Architecture for Personalisation
Toolkit

A toolkit for exploring care management
and community-based support

by **Simon Duffy** and **Kate Fulton**

Architecture for Personalisation
Toolkit

A toolkit for exploring care management and community-based support

by **Simon Duffy** and **Kate Fulton**

4

About the Authors

Simon Duffy

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.

Kate Fulton

Kate is a Senior Consultant for Paradigm, with a particular interest in support brokerage. She has worked in a variety of settings, supporting people with learning disabilities and people who experience mental ill health. Kate's work has included working in the statutory, private and independent sector. Kate also spent many years in the advocacy field exploring planning and service design. Kate co-developed and led Paradigm's Brokerage for Change development programme in 2007 and more recently co-authored the CSIP guidance on best practice in support planning and brokerage in 2008. Much of Kate's work focuses on the development of support brokerage and she is keen to ensure that the new system empowers citizens to really direct their support.

Contents

Preface

The purpose of this toolkit is to help local leaders develop the best possible architecture to support personalisation.

In practice this means three distinct, but connected, reforms:

1. Making sure that there is an underpinning system of community-based support to help people direct their own support
2. Reforming the current care management system to work with self-directed support
3. Changing the wider organisational systems within which self-directed support operates

The toolkit allows local areas to examine their own needs and set their own goals; but it offers some practical ideas and a clear framework for gathering information and setting local goals.

The toolkit was developed in partnership with the Yorkshire and Humber Joint Improvement Partnership and it was used and furthered developed by at least 11 local authorities across the Yorkshire and Humber region. We are grateful to all of the local authorities and their partners who piloted the toolkit; their learning and experience has been invaluable.

We suggest that in order to gain maximum benefit from the toolkit a range of partners should complete it together including: people and families, peer support networks, community services, support providers and the local authority.

Alongside this toolkit we have published a report which is based on the information we gathered Architecture for Personalisation (Duffy and Fulton, 2010) which offers further thoughts and evidence based upon local experiences - available at www.centreforwelfarereform.org

6

Summary

The objective of this toolkit is to help local authorities develop the best possible architecture for personalisation.

In practice this means three distinct but connected system reforms:

1. Making sure that there is an underpinning system of community-based support to help people direct their own support
2. Reforming the current care management system to support personalisation
3. Changing the wider organisational systems within which personalisation operates

7

The toolkit allows local leaders to examine their own needs and set their own goals; and it also offers some practical ideas and a clear framework for gathering information and setting local goals.

Introduction

Personalisation is a complex systemic innovation, and its successful implementation depends upon changes across a number of different systems. As we see in Figure 1 not only should the experience of the citizen be different as they take more control, but so should (a) how they get support (b) how they relate to their care manager and (c) the underpinning systems and commissioning arrangements. We are still at an early stage in learning about these different aspects of the architecture for personalisation, and if you are interested in a more extended exploration of the issues raised you may find it useful to read:

- Should We Ban Brokerage? by Simon Duffy & Kate Fulton
- Care Management & Self-Directed Support by Simon Duffy
- Smart Commissioning by Simon Duffy
- Architecture for Personalisation by Simon Duffy & Kate Fulton

In order to develop the intellectual framework for this toolkit we have built upon the ideas in these papers and the latest findings from the field. We have also worked with leaders in Yorkshire & Humber to develop a framework that is both rigorous and practical. On this basis the toolkit is divided into 3 parts and each part, after a brief exploration of key ideas, offers a simple framework which can be used by the local authority to gather information and shape local plans.

It should also enable regional and sub-regional collaboration. The 3 three parts of the toolkit are:

1. Investing in Community-Based Support - a universal, enabling and flexible support system, that is rooted in the local community
2. Reforming Care Management - a system for ensuring people get their entitlements, the right support and an appropriate level of monitoring
3. Refocusing Commissioning - organisational systems which are able to invest directly in citizens and communities

Although this toolkit is divided into 3 parts it is important to understand that each of these parts is closely interlinked. Change in one part of the system is constrained by the degree to which other changes have been implemented. Personalisation does not mean just doing new kinds of activities - it also means changing or stopping old types of activities - unless we are able to change the system so that it becomes both more efficient and effective the whole process of change will grind to a halt.
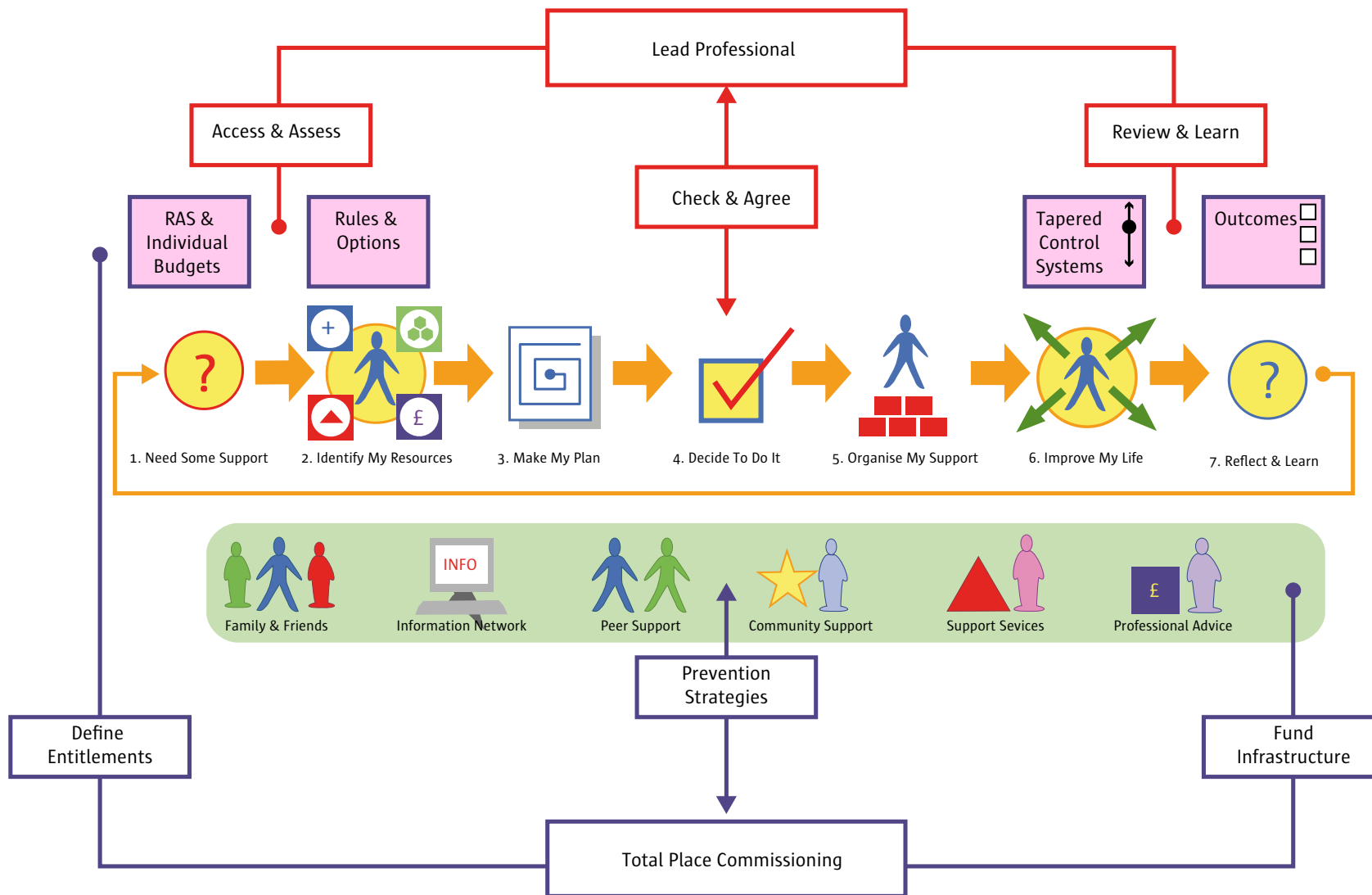
Figure 1. Personalisation Model

Part 1
Investing in Community-Based Support

Supporting Citizens to take Control

This part of the toolkit enables local leaders to develop the underpinning support system for citizens using Self Directed Support. Sometimes this kind of support is called 'brokerage' but this term is used here in a purely functional sense. No one model of support or one type of organisation is going to be right to provide support to all people. Instead it is proposed that local authorities develop a system of community-based support which includes a full range of possible options (see Figure 3).

Ideally your local system will:

1. Encourage and support people to do more for themselves
2. Make peer-to-peer support easily available
3. Make better use of the current investment in community services
4. Encourage service providers to design and develop personalised support
5. 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 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 people with this kind of support. *We need systems which are empowering, open and capable of constant innovation and improvement.*

This toolkit helps you to explore these approaches and assist in developing ideas around what may be needed to ensure there is a range of support available locally for all citizens.

The Functions of Brokerage

When we refer to brokerage we are referring to the range of tasks (or functions) that may be necessary in order to help citizens direct their own support. There is no one task or function that can be treated as brokerage and different people and different organisations can provide some or all of these functions. Exploring 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 7 steps of self-directed support as we can see in Figure 2.

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.

| 1. Need Some Support | 2. Identify My Resources | 3. Make My Plan | 4. Decide to Do it | 5. Organise My Support | 6. Improve My Life | 7. Reflect & Learn |

| Informing & Connecting | Guidance & Planning | Negotiating & Advocating | Organising & Setting-Up | Managing & Improving | Reflecting & Developing | |
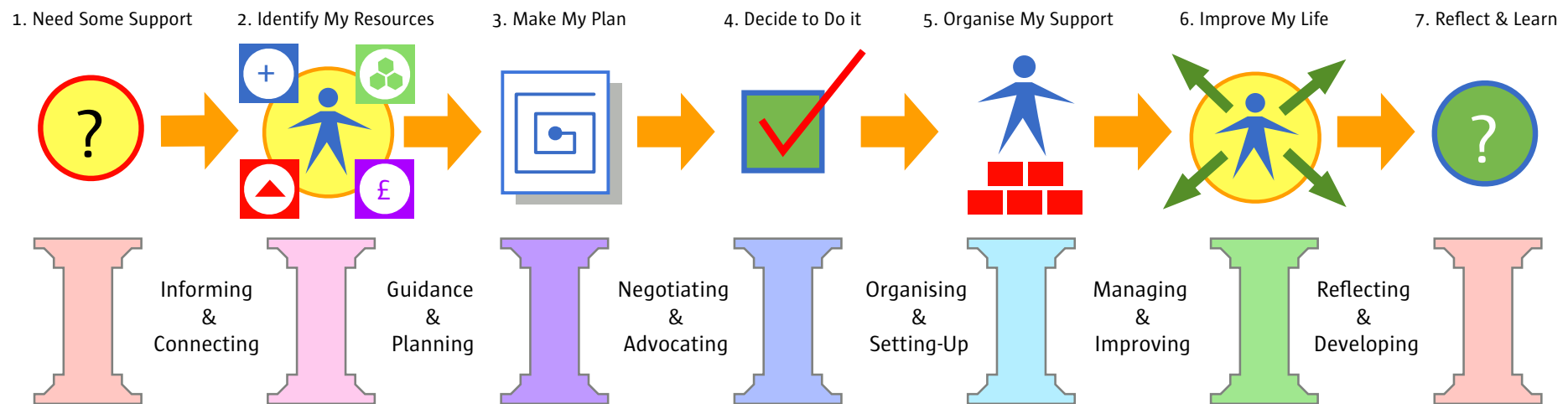
Figure 2. The Functions of Brokerage

Community-Based Support

Many different people and organisations are capable of providing some or all of these different kinds of help. Moreover most of these people and organisations are already available 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.

It is this perspective which has given rise to the community-based support model which we will be using in the toolkit. Community-based support:

1. Starts by assuming and encouraging the capacity of citizens and families and 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

12

Citizen, Family & Friends

1. Information Network   2. Peer Support   3. Community Supports   4. Support Services   5. Professional Advice

Figure 3. Community-Based Support

Early Days

We are still at a very early stage in the development of personalisation. We want an inclusive approach, one that enables everyone to take advantage of the flexibilities and benefits of personalisation and which is sensitive to the different support needs of individuals. We know that one model of support will not suit everyone, hence it is important that we have a wide range of options and each option will have its own relative strengths:

Citizens & Families	Possible Strengths	Possible Weaknesses
1. Using information networks	Real knowledge of individual Natural commitment Strong community connections	Possible 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	Networks may be hard to access Possible subjectivity
3. Using community supports	Knowledge of community Funded from mainstream Relative objectivity	Support may be be tightly rationed
4. Working with support services	Incentive to offer attractive and responsive support Knowledge of support systems Possible experience of different solutions	Relatively expensive Bias towards their own services
5. Taking professional advice	Knowledge of other support solutions Expert knowledge Relative objectivity	Low community focus Limited knowledge of individual

Table 1. Strengths & Weaknesses of Different Providers of Brokerage

13

Task 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 obstacle to people and families is the difficulty that professionals can have to 'let go' and to trust that there will be a good outcome without their professional intervention. But citizens cannot take control with insufficient information.

Desirable Outcome

People can easily find accessible information about what is available and what they are entitled to. Information should be easy to find, relevant and in places that people find useful.

14

Questions to Explore

- How do people find out about their entitlements?
- Is there a local directory of services and community opportunities?
- What information can be found through the internet?
- Do we understand how people actually find and use information now?
- What organisations already work to develop and share information?
- Can we help people make better use of the information with their own networks of family and friends?
- What books and guidance are readily available?

STRENGTHEN INFORMATION NETWORKS

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

15

Task 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 models of peer support in existence including Centres for Independent Living, who at their best, are excellent structures for promoting peer support.

Desirable Outcome

People directing their own support can easily access peer support and networks, relevant to them, which offer support and inspiration.

16

Questions to Explore

- Do care managers standardly refer someone to someone else with similar experiences?
- Do you have a Centre for Independent Living and does it actively promote peer support?
- How do we recognise and support peer support networks both formally and informally?
- What do user-led organisations offer locally?
- Are there networks of self-advocates, experts by experience, families?
- What use is made of condition-focused networks?
- Are there champions for self-directed support locally?
- What volunteering initiatives exist locally?
- Are there any internet-based initiatives for sharing local experiences?

EXTEND PEER SUPPORT

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

17

Task 3. Use Community Supports

Many people can access good support from existing community services. There are a plethora of community services, voluntary associations, third sector organisations and other groups already in existence. Some are funded by Social Services, many are not. However all may have a positive role to play in supporting people to be in control.

Desirable Outcome

There is a range of community organisations offering a variety of support from information, advice and guidance to practical assistance in developing support plans, designing and setting up supports and offering long term budget management supports.

Questions to Explore

- Are most people, including care managers, aware of the range of community services and organisations available within the local community?
- Do local organisations have people willing and able to offer assistance to people within their current roles and supportive functions?
- Have the principles and practices of self-directed support been explained clearly to local organisations?
- Do local organisations collaborate to develop skills and services?
- Do local organisations actively market their expertise and skills locally?
- What services are currently specified in contracts with community organisations?

18

USE COMMUNITY SUPPORTS

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

19

Task 4. Engage Support Services

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 take more 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.

Desirable Outcome

Service providers are in a position to support people in developing support plans, marketing their own services to people and to offer a variety of individual supports at reasonable costs, which is open, honest and transparent.

20

Questions to Explore

- Are support providers clear about their role in self-directed support?
- Are any providers willing to offer wider support functions to people and families?
- Do support providers share clear information about their services and have good avenues to market directly to people?
- Is there a provider-developed directory available?
- Are there internet-based places that are used and updated locally or nationally that people can access?
- Do any providers use internet-based market places like Shop4Support or You2Choose?
- Are there any partnership initiatives developing with local providers to share skills, resources and develop networks?
- Do providers understand concepts like individual service funds or managed personal assistance?
- Are there any systems for local people to voice their opinions and views about the supports they purchase?

ENGAGE SUPPORT SERVICES

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

Task 5. Ensure Professional Advice

Some 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. It is important that the local authority has the capacity to provide expert help to these people. Within social care this support is often provided by social workers or care managers, in health care it may be provided by use of a care co-ordinator. It would also be possible to purchase that support from a private contractor such as an Independent Professional Broker or the services of another expert professional who offers specialist advice.

Desirable Outcome

People who need help are able to get support from professionals who have the time to get to know the person, explore good supports for the person and assist them in designing and developing their support and/or services.

Questions to Explore

- Is professional advice available from care managers?
- Have care managers had the chance to understand the implications of self-directed support for their work?
- Are other professionals (e.g. health professionals) equipped to support people to develop support plans and organise support?
- Is there a clear understanding of when external professional advice should and should not be purchased?
- Is any other expert professional support available (e.g. on housing, technology, behaviour or communication etc)?
- Are there ways of making use of professional advice that are more cost effective (e.g. encouraging experts to act as trainers to a wider group)?
- Is there a process for capturing the input of external specialist advisors and building it into local supports in the future?
- How is access to local or national professional advice funded?

ENSURE PROFESSIONAL ADVICE

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?
23		23

Part 2
Reforming Care Management

Potentially self-directed support can have a dramatic impact upon the care management function. However it is very important to note that there is no automatic correlation between self-directed support and any increase or decrease in the use of care management. Everything depends on how self-directed support is implemented.

Local authority leaders need to manage the implementation of self-directed support thoughtfully.

In the following sections we offer a framework for calculating the impact of self-directed support on care management. However it must be repeated that changes in the demand for care management will be directly related to changes in community-based support and the wider system. A plan which only focuses on only one strategy will fail.

One other important point is that this toolkit is only concerned with the function of care management - not the professions of social work, nursing or any other professional group who may carry out this function to some degree or other. The relationship between self-directed support and these professional groups is explored elsewhere and will not be the subject of any extended discussion here.

24

Figure 4. The 5-Gear Model of Care Management

Care Management

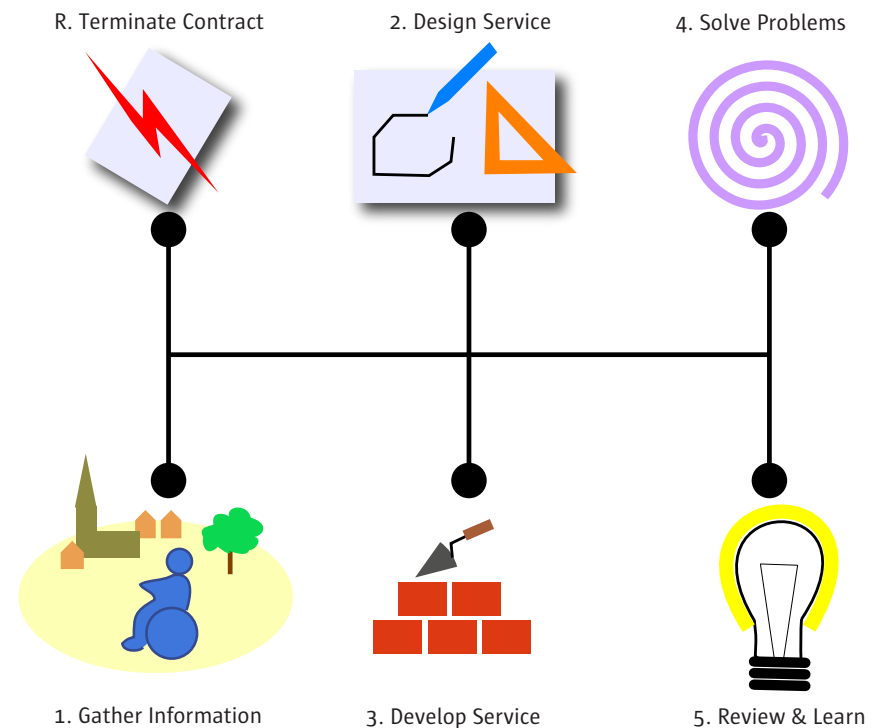The primary functions of care management can be described within the following 5-Gear Model of Care Management. Care managers (1) gather important information or assess individual situations (2) then design services or write care plans (3) develop services for individuals or make placements

(4) solve problems and respond to crises and (5) review, learn and amend services. In addition, from time to time, they may have to terminate services or contracts and begin the process again. In practice most people move up or down the 'gears' of care management over time and as their needs or situation change.

Care management was a successful step towards individualising support arrangements. However care managers have had to work within an overarching system of commissioning which has often limited choice, control and flexibility. Self-directed support has enabled the changes that many care managers have been seeking - but with those changes come new challenges for care managers.

Functions outside Care Management

It is also important to recognise that care managers do not always just 'do' care management, as defined above. As with all professionals there is likely to be a significant degree of sign-posting or prevention work which will take place instead of or before care management. In addition many professionals combine a care management function with clinical treatments, counselling or other forms of direct help. It is important that any analysis of care management is done in such a way that it distinguishes between care management tasks and other professional tasks.

In the task that follows every effort should be made to distinguish care management functions from other professional functions which have their own purpose and validity. For example, do not count counselling, cognitive behaviour therapy or medical treatments as part of care management even if some care managers carry out these tasks (see Figure 5).
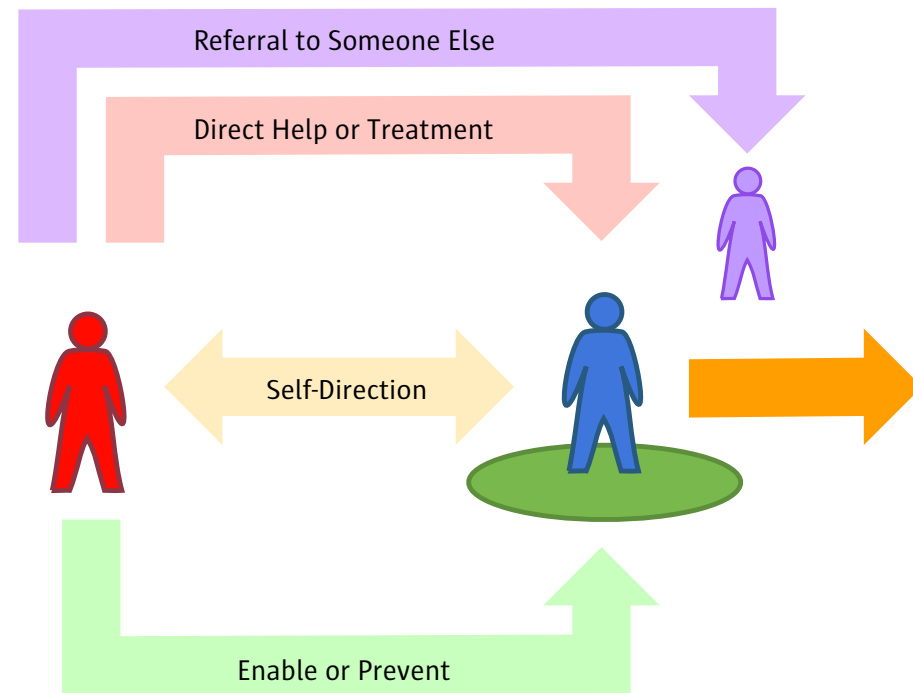

Referral to Someone Else

Direct Help or Treatment

Self-Direction

Enable or Prevent

Figure 5. Primary forms of Professional Intervention

25

Impact of Self-Directed Support on Care Management

Currently the impact of self-directed support 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:

- 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 self-directed support 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 self-directed support 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. Primarily care management should be an enabling function.

In principle there are 6 areas where self-directed support could bring greater efficiency to the care management function and these are set out in Table 2 below. However it is important to note that each of these possible efficiencies depends upon how self-directed support is implemented in practice and the systemic reforms that it brings with it.

26

	Efficiency will increase if...	Efficiency will decrease if...
Gather Information	the use of the Resource Allocation System (RAS) replaces some or all of the older assessment process	the 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 intermediate agencies	care managers are left to organise most people's support package
Solve Problems	people can easily make changes without involving the care manager and are able to purchase management support from within their Individual Budget	people are unable to 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 flexibility and dynamic nature of personalised support creates more pressure for professional reviews
Terminate Contracts	the services designed have robust leadership and effective risk-management	management arrangements for support packages are inadequate

Table 2. Possible Impact of Self-Directed Support on Efficiency of Care Management

In fact this table makes it clear that the efficiency of care management and the pressures placed upon it by self-directed support will be directly correlated with the wider system innovations that it will be necessary for local leaders to develop.

Positive Possibilities for Reform

Although reform will be challenging there are some signs that it is possible. Not least of which is that care managers themselves are able to identify the opportunities for reform.

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

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.

[Note also that the model used in these exercises was more primitive than the current model of community-based support in that it (a) did not distinguish peer support from support from family or friends nor (b) distinguish

between brokerage provided by community organisations from that provided by independent professionals.]

	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 3. Data from Care Managers on Best Source of Support

These figures, which depend upon the professional judgement of care managers themselves, suggest that there is room for radical reform of the current care management function. [It may be interesting to carry out this same exercise with local teams of care managers. Although it would be better to use the community-based support framework in future].

Task 6. Understanding the Care Management Function Now

Care management is part of the infrastructure of personalisation. It is an essential and important function. However, like any infrastructure it is important that it is as efficient as possible because any extra infrastructure costs are likely to drive down the resources available for citizens to control directly. The table below shows how you can readily develop an overview of the relationship between the costs of the care management system and those served by the system.

Overview	Data	Notes
Number of Care Managers (WTE)	11	
Total Cost of Care Management (£)	£385,000	Including on-costs where identifiable
Number of people now served (n)	500	Figure for whole system at one point in time
Ratio (1:X)	46	This will not be the same as 'active case load' in most systems
Working days per year (dy.)	220	
Working hours per day (hrs.)	8	
Total hours of Care Management per year (hrs.)	19360	
Average hours per person (hrs)	38.72	
Average cost per person (£)	£770	

Table 4. Data on Overall Costs of Care Management

The data used above is real data gathered for one care management team in a Local Authority. How the care management function operates locally will already vary from place to place depending upon local systems, local pressures and the nature of the professional teams in place. It is therefore useful to develop a functional understanding of how care management time is currently used.

29

An exercise which can give a reasonable estimate of time-usage, without unnecessary expense, is to ask a significant sample of care managers to make an estimate of their time usage against the following framework. The data used below in Table 5 is from the same source as the data above.

	Hours (PW)	Functional Share	Cost
First point of contact & initial sign-posting	4	0.9%	£3,500
Overview Assessment	32	7.3%	£28,000
Comprehensive or Full Assessment	68	15.5%	£59,500
Basic Planning - e.g. provider develops detailed plan	12	2.7%	£10,500
Intensive planning, service design or support planning	162	36.8%	£141,750
Problem solving & responding to crises	115	26.1%	£100,625
Short reviews - basic, e.g. at planned review meetings	7	1.6%	£6,125
Long reviews - intensive, e.g. at re-assessment	40	9.1%	£35,000
Total functional hours	440		
Total cost (from Table 4)	£385,000		

Table 5. **Use of Different Functional Activities**

Task 7. Developing a Plan for Reforming Care Management

It would be possible to go further and to develop a more sophisticated model of care management within the context of personalisation however this may be a more complex task than we currently require. Instead it is probably more important to capture, with reasonable accuracy, the local picture of current care management usage and to explore how this could be effectively reformed in the light of the implementation of personalisation - in the light of current realities.

For example, the data shared from the local site above would suggest that the 3 top priorities for this particular authority would be:

- To ensure that the relatively small number of people who need intensive service development can get effective support from other sources - as this function currently uses 33% of care management time. There are several ways this could be achieved, for example delegating the function to a local service like a Centre for Independent Living or encouraging service providers to get involved at an earlier stage to develop personalised support.
- To ensure that the support arrangements around individuals are robust and flexible, requiring less crisis responses from the care management team - as this currently takes up 26.6% of the functional time. There are several ways this could be done, for example linking individuals and families into networks of peer support, analysing the leadership capacities of the initial packages, giving service providers more flexibility and responsibility for managing crises and changes of need.
- Ensure that an intensive assessment process is only applied when

really necessary - as this takes up 13.3% of functional time. This could be achieved, for example, by giving people the tools to self-assess and to develop their own support plans.

Again it is important to note that the data provided from this one site is not meant to be typical. Other analyses suggest more time is spent on assessment in some places. However this underlies the importance of rooting our thinking about the reform of care management in reality. Above all else it vital that local leaders begin the process by working out what is the current reality.

This also has an impact on the possibility of any shift in resources from care management to other services. Without some analysis of the actual functionality of local care management systems it would be easy to make the wrong assumptions about how the current system really works and what room, if any, there is for improved efficiency.

This toolkit is simply a beginning. You are welcome to use this to help bring about local changes. If you learn more about either current reality or the possibilities of local change then we would love to share your findings with others so that we can make future innovation easier.

REFORM CARE MANAGEMENT

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

32

33

Part 3
Refocusing Commissioning

Personalisation depends not just upon changes in care management and the development of community-based support; it also depends upon wider and deeper changes. These include considering:

1. How the resources that underpin the brokerage and care management functions are deployed
2. What systems and processes are used to implement self-directed support
3. The process of learning, education and information sharing across the whole community
4. The wider commissioning process, priorities and commitments
5. The whole system, including the partnerships with the NHS and education

In the following sections we will explore some of these different opportunities for increasing the depth and breadth of personalisation.

Funding for Brokerage

Before beginning this task however it is important to develop a model of what kind of brokerage will be funded in which ways. We recommend the following model (see Figure 6):

- All start-up support, the kind of help that people need before they have an individual budget, must be underwritten by local authority investment. This does not mean that it must all be paid for as an additional cost, because if the local authority has invested in a community-based approach the support available from family, peer support, community and provider organisation should require no increase in the overall cost of infrastructure. Any support required for professional advice will also be primarily sourced from within the existing care management team.

- All on-going support (except in exceptional circumstances) should be paid for from within the individual's budget, for the budget should have been calculated so that it includes management costs. This also requires no increase infrastructure costs, although it does mean that some of the current infrastructure, say payroll services for direct payment users, could be converted into a cash allowance which should be within the budget.
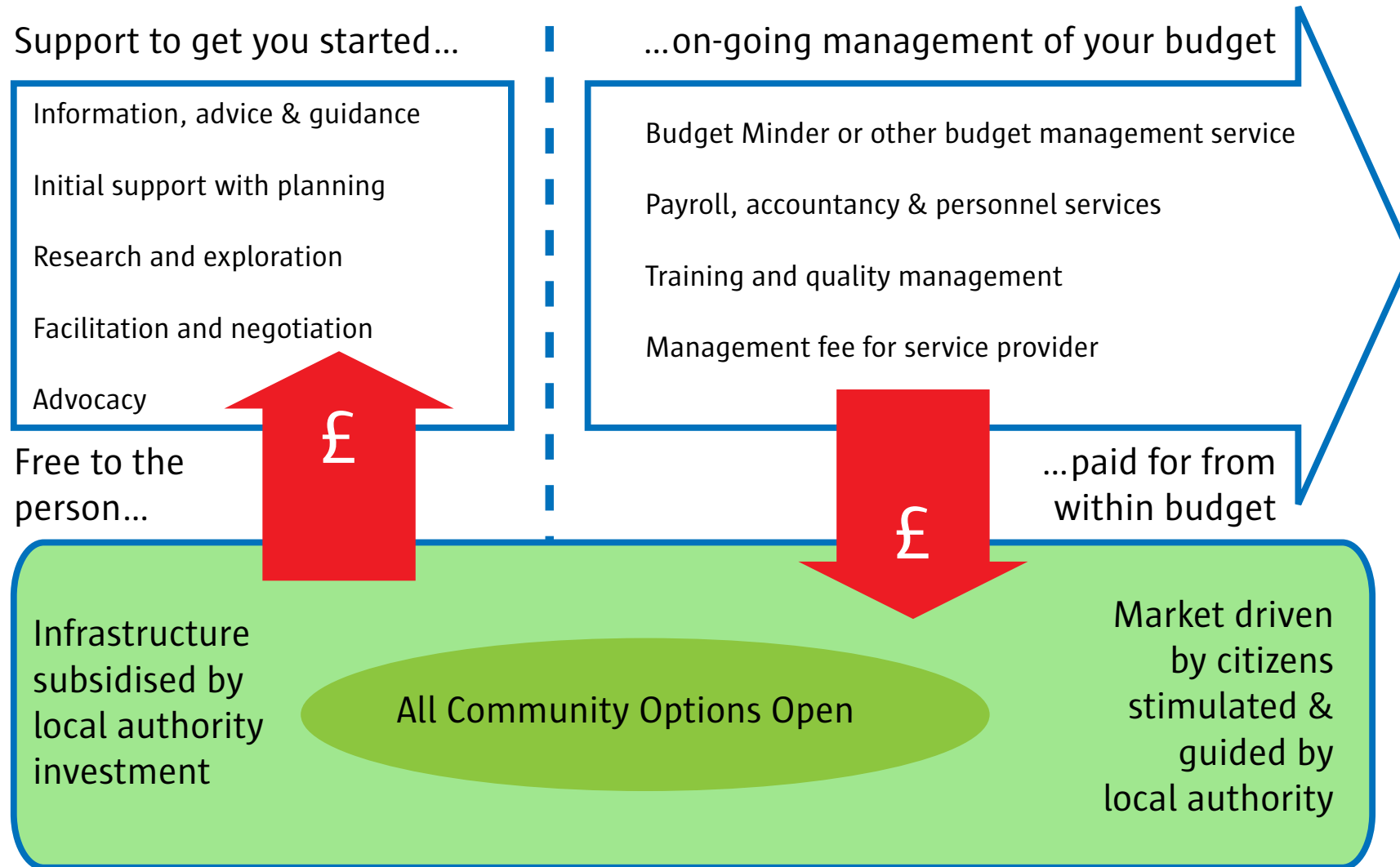
Support to get you started…

Information, advice & guidance

Initial support with planning

Research and exploration

Facilitation and negotiation

Advocacy

Free to the person…

£

…on-going management of your budget

Budget Minder or other budget management service

Payroll, accountancy & personnel services

Training and quality management

Management fee for service provider

…paid for from within budget

£

Infrastructure subsidised by local authority investment

All Community Options Open

Market driven by citizens stimulated & guided by local authority

Figure 6. Commissioning Brokerage

Task 8. Use Resources Wisely

It is important that all local authorities understand the resources they have to develop a local community-based support system. In developing a new infrastructure (or reorganizing 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 really understand the resources they have and distribute this accordingly across the range of approaches. The danger of adding more infrastructure costs to the current system are significant.

To take this approach is to ask local authorities to face the same challenge that is asked of disabled people and older people - to make the best use of limited resources.

Desirable Outcome

The overall level of resources spent on infrastructure is reduced, or at least does not grow.

Questions to Explore

- Is work underway to understand infrastructure costs and is an agreement around capping infrastructure costs being developed?
- Is work underway to understand existing resources in care management?
- Do the individuals and organisations understand the need to work within current resources?
- Do individuals know that their budget is meant to pay for on-going management and support?
- Are service providers who rely upon block contracts re-modelling their financial systems and thinking about the need to market directly to people?

USE RESOURCES WISELY

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

37

Task 9. Make Self-Directed Support Easy to Use

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 was required from a support plan. Many people, as long as they are encouraged, can do this planning with very little support.

Desirable Outcome

It's easy and inexpensive to develop a support plan, agree a budget, to take control and stay in control.

Questions to Explore

- Are current systems clear and easy to navigate?
- Do people know their rights?
- Do local leaders understand people's experience of self-directed support?
- Are there on-going efforts to simplify and clarify processes?
- Can as much of the process as possible be managed without professional input?

MAKE SDS EASY TO USE

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

39

Task 10. Create an Inclusive Learning Environment

It is time to re-visit training and education within social care. Currently training is primarily focused on professional staff. This is despite the fact that most care and support is provided by family and friends. Instead we could be training and educating people together and, in particular, getting people to share their expertise: bringing together the perspectives of citizens and families with the perspectives of professionals.

Desirable Outcome

Training and education is inclusive and enables all groups to share relevant skills and information.

Questions to Explore

- Do current training initiatives reinforce the importance of self-directed support?
- Can everybody receive helpful training, not just professional staff?
- Are systems for paying for training fair on all concerned?
- What training is required for everyone and is this reasonable?
- When do people using support get the chance to train professionals?
- Are people who are directing their support partners in developing local workforce plans which reflect what is needed?
- Are people and families acknowledged as valued co-trainers and contributors to all training for the workforce?
- Are places on training courses ring-fenced for disabled people, older people and families?

40

CREATE AN INCLUSIVE LEARNING ENVIRONMENT

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

41

Task 11. Integrate into Commissioning Plans

Local authorities have the role of developing and supporting market development including local provider development and ensuring that local communities have the right supports and resources for all citizens. In this role developing a community support system is a priority for now and in the future. Commissioners need to understand their local community and local support requirements and where necessary stimulate developments. However it is natural that many good organisations will come forward to seek funding in order to help provide support to people using self-directed support. But these demands should be carefully managed. Instead organisations should be challenged and supported to think about how they will change their current services as the model of personalisation develops.

Desirable Outcome

The local commissioning strategy embraces the principles of personalisation and ensures the development of competent systems of community-based support.

Questions to Explore

- Are all current contracts being reviewed to ensure consistency with self-directed support and community-based support?
- Are local organisations aware of the new expectations of personalisation?
- Are there systems in place to measure the different kinds of support used and evaluate its outcome?
- Can current resources be redirected or is the contractual environment blocked?

INTEGRATE INTO COMMISSIONING PLANS

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

43

Task 12. Integrate into Wider Local Developments

It is important that any plans for developing the community-based support system link with wider mainstream community initiatives and strategies: particularly linking with the Joint Strategic Needs Assessment, the Community and Neighbourhood Strategy and recent commissioning plans. Personalisation is a strategic responsibility for all departments within the local authority and beyond. It's particularly important that a shared model is developed with education and health.

Desirable Outcome

The principles of self-directed support and the responsibilities it places on all local partners are understood and personalisation is used to bring the widest possible benefit to community priorities.

Questions to Explore

- Do partners in health understand personalisation and are care navigators familiar with its principles?
- Are schools, particularly schools supporting people with complex needs, familiar with personalisation?
- Do discharge policies from hospital reflect the need for self-direction?
- Is the enablement process consistent with personalisation?
- Are community development initiatives focusing on the new contribution disabled people and older people can make?
- Is there a broad strategic understanding of the value of personalisation to the whole community?

44

INTEGRATE INTO WIDER DEVELOPMENTS

What is in place already to build on, explore and develop?	What would you like to see in the future?	What would it take from where you are now, to where you want to be? What are your 3 most promising strategies to develop now?

Acknowledgements

Our thanks to the Yorkshire & Humber Joint Improvement Partnership for providing financial support and Barnsley Metropolitan Borough Council for leading the project. We would also like to thank all those who attended the seminars and provided feedback on the toolkiit.
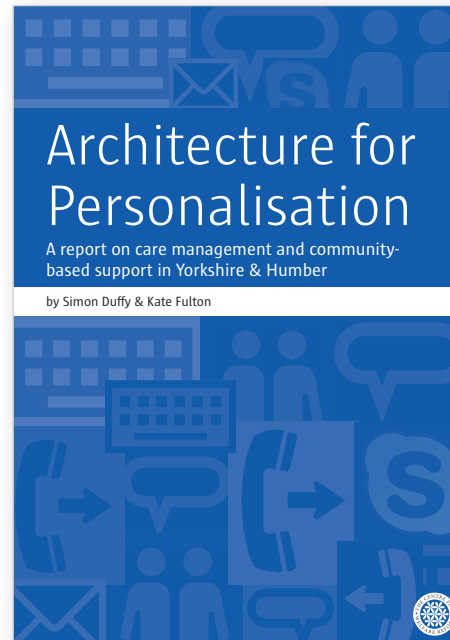
The Centre for Welfare Reform

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

Architecture for Personalisation

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

by Simon Duffy & Kate Fulton

You may also like to read **Architecture for Personalisation**. A report on care management and community-based support in Yorkshire & Humber.

**Catherine McGovern,
York City Council says...**

I found the toolkit very helpful. It is clear and easy to follow, and I found the practical examples, questions and prompts particularly useful in guiding you through the sections. I also like the summary table towards the beginning which highlights the strengths and weaknesses of the various approaches to brokerage because it highlights that all have potential merits.