

# Practical approaches to improving productivity through personalisation in adult social care

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Produced in association with SCIE who are publishing in parallel an overview of the relevant evidence

# Practical approaches to improving productivity through personalisation in adult social care

## What is this paper for?

This paper looks forward to the new phase of implementing radical transformation in adult social care in England. Specifically, it explores how the sector can sustain momentum in delivering personalised services – especially through the extension of self-directed support – in the context of the recent spending review settlement and developments in social care policy.

The paper suggests that self-directed support should be seen as a core part of the wider transformation process that aims to promote independence, extend choice, and offer cost-effective solutions for people needing ongoing support. It emphasises the importance of developing efficient operating systems, and of streamlining the businesses processes associated with self-directed support.

The paper:

- builds on the commitments in the Coalition Government's vision for adult social care, and the proposed sector-wide partnership agreement *Think Local, Act Personal*;
- reviews the evidence on whether personal budgets have so far proved to be a cost-effective way of delivering care and support;
- highlights initiatives that are now under way to reduce costs while simultaneously achieving more personalised outcomes;
- offers advice on key sources of further information, with relevant references and website links.

The paper incorporates material from a new SCIE overview of the evidence on personalisation and efficiencies, which is being published separately<sup>1</sup>.

## Key messages

**The cost-effectiveness of personal budgets:** There is already a body of evidence from the UK and international studies that indicates that the development of more personalised services can enable more effective use of scarce resources. There are also some useful examples of emerging practice which illustrate the levers there may be to accelerate cost-effectiveness in personalisation. However, there is a pressing need for robust, strategic analysis in this area.

**Understanding costs at individual and strategic level:** The transformation programme in adult social care has triggered in-depth financial analysis in many councils, and shed light on historic patterns of spending. Steps are now being taken across the country to improve financial systems while accelerating work to disaggregate budgets to individuals.

**Simplifying business processes:** In the early stages of implementation, self-directed support has often been bolted on to existing systems and processes in a way that has created inefficiencies. The mainstreaming of personal budgets now offers an opportunity for a more thorough overhaul, including the introduction of new operating models that address the whole customer journey from the point where people first ask for support. These should:

- ensure that all people have access to advice and information about how to maintain their independence;
- include efficient systems for allocating and monitoring personal budgets; and
- make best use of the resources and expertise in the community.

**Building community capacity:** A key advantage of self-directed support is that it can enable people to make more use of informal support from family, friends, neighbours and other sources in the community. Researchers are beginning to build an economic case for investing in initiatives that build community capacity.

**Achieving better value for money for people who require ongoing support:** Studies on the potential of self-directed support to deliver cash-releasing savings have suggested that a cautious approach should be adopted by those responsible for financial planning. On the other hand, the introduction of personalisation has enabled many councils to review some people's support packages, and to work with them to find solutions that offer better value for money.

**Shaping markets to offer personalised services at a fair price:** Councils are, increasingly, implementing new arrangements for commissioning and procuring services that offer transparent choices for local people while also providing assurance about both the price and quality of services.

**Personalisation: the key driver of strategic change?** Across England, the extension of self-directed support is driving the kinds of strategic change that have proven and significant financial benefits, both for those receiving state-funded support and for those who pay for their own services. Personalisation can therefore be seen as the key building block in a transformed system that offers people more choice and control, promotes their independence, and delivers better value for money.

## Policy background

### The Coalition Government's new vision for adult social care

The Department of Health has issued a new vision for adult social care which has personalisation and productivity as two of its key principles. The vision emphasises the need for whole-system reform that should aim both to ensure good outcomes for people who need social care and to make best use of resources. It highlights the importance of:

- Helping people to stay independent for as long as possible;
- Developing crisis or rapid response services;
- Providing care and support to meet people's goals;
- Reducing spending on long-term residential care for reinvestment in other services;
- Maximising spend on front-line services;
- Ensuring high quality assessment and care management services;
- Developing a strategic approach to quality and outcomes<sup>2</sup>.

The vision calls for faster progress in offering people choice and control over their services and confirms that personal budgets (preferably in the form of direct payments) should be provided for everyone eligible for ongoing social care by April 2013<sup>3</sup>.

### ***Think Local, Act Personal*** – a proposed sector-wide partnership agreement

The local government and provider sectors have produced a proposed partnership agreement which has been endorsed by the Department of Health<sup>4</sup>. This document reinforces personalisation as the core direction of travel for adult social care, while acknowledging that “the current financial context and consequent reductions in public expenditure now present an even greater challenge”<sup>5</sup>. It emphasises that continued reform will be even more important during this period of financial pressures:

“The most significant efficiencies are likely to come through reducing people's reliance on paid support and changing the way that support is provided....Public agencies and providers will need to ensure their implementation of personalisation makes a contribution to the better use of resources as well as transforming outcomes for people”<sup>6</sup>.

The document also points out that measures to make best use of resources should apply to all those who need social care support – not just to those eligible for public funding. Councils should:

“Ensure that people have the information and advice needed to make care and support decisions which work for them, regardless of who is paying for that care. This includes help to make the best use of their own resources to support their independence and reduce their need for long-term care”<sup>7</sup>.

## The wider context

The sector has, for some time, been grappling with the challenge of re-shaping services in the context of demographic pressures and unsustainable rises in costs. Efforts are already well under way to achieve an overall shift - from a system that creates long-term dependency to one that promotes independence, choice and control. The extension of self-directed support has been a key part of this transformation process.

In 2009, the Department of Health published detailed advice for councils on the use of resources in adult social care<sup>8</sup>. The document's main theme is that whole-system reform will be needed to ensure financial sustainability for this sector. The document includes some early evidence about the cost-effectiveness of personal budgets, and states that self-directed support is a fundamental part of social care transformation.

Most councils are now achieving good progress in redesigning their systems and models of care, and some of the relevant initiatives are featured in this paper.

## A whole system approach

To contribute to this agenda, the adult social care sector is leading a work stream within the Local Government Group's Place-based Productivity Programme, that is collecting examples of initiatives that can deliver improved outcomes and real efficiency gains<sup>9</sup>. The Association of Directors of Adults Social Services (ADASS) is developing a paper which suggests the key main components of a new effective system<sup>10</sup>. To support this work, ADASS and the Department of Health are also collecting a range of new practice examples to illustrate "what good looks like". Best use of reducing resources proposes that an effective system could potentially encompass the six areas set out in the box on page 7; the first three address what should be offered to people, and the remaining three address how this should be delivered.

## The key components of an overall system

- 1. Prevention.** “I am not forced into using health and social care earlier than I should need to. I am enabled to live an active life as a citizen for as long as possible, and am supported to manage any risks”.
- 2. Recovery.** “When I initially need health or social care, I am enabled to achieve as full a recovery as possible, and any crises are managed in a way which maximises my chances of staying at home.”
- 3. Continued support.** “If I still need continued support, I am able to choose how this is done. I can choose from a range of services which offer value for money. The resources made available to me are kept under review”.
- 4. Efficient process.** “The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need.”
- 5. Partnership.** “The organisations who support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government functions, and the independent sector”.
- 6. Contributions.** “I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or playing my own part in achieving the outcomes described above”<sup>11</sup>.

The paper also emphasises that many people who require social care support can be helped to fully recover, or partially recover, their independence. Most of those who need ongoing support, as well as financial help to secure this, will be offered this via a personal budget.

## Are personal budgets cost-effective?

**There is already a body of evidence, from UK and international studies, that indicates that the development of more personalised services can enable more effective use of scarce resources.** This evidence has been summarised by SCIE, in an overview report which is being separately published<sup>12</sup>.

However, SCIE's report concludes that some of the most reliable national evidence comes from various early surveys and studies on direct payments, which were introduced in 1997, and the IBSEN evaluation of the individual pilot schemes published in 2008. Furthermore, the early research has provided little evidence on indirect costs such as the costs of changing to the system of personal budgets – although it is widely recognised that the start-up costs associated with such radical change will initially offset any efficiency gains<sup>13</sup>. The wider roll-out of personal budgets has only happened in the last two years, with some councils having been early adopters and others making slower progress. Some of the best practice in the country – including some featured in this report - is currently being implemented on a small scale, or in only a few locations, making it impossible at present to draw generalised conclusions. The conclusion of the overview report is as follows:

“Overall it appears that it is too early, and there is not enough robust data available, to make conclusive evidence-based decisions on whether personalisation...has delivered efficiency savings and reduced costs... However, **there is some evidence that self-directed support could lead to improved outcomes for the same cost if implemented efficiently and effectively. There are also some useful examples of emerging practice which illustrate the levers there may be to accelerate cost-effectiveness in personalisation**”<sup>14</sup>.

SCIE's report is optimistic that “local data on efficiency will be emerging as the longer-term impact of the personalisation reforms become apparent”. One caveat, however, is that councils' systems for capturing the relevant data are relatively underdeveloped, according to a series of studies including those carried out by the Audit Commission<sup>15</sup>. In a recent paper entitled *Personal budgets - checking the results* the Putting People First consortium emphasises the importance of measuring the success of local implementation, and especially of capturing the outcomes being achieved<sup>16</sup>.

The paper points out that an understanding of the outcomes is essential, as without this, it will be impossible to evaluate whether personal budgets are delivering value for money. Cost reduction measures that are not linked to demonstrably improved or sustained outcomes cannot be regarded as an effective way to approach personalisation.



**There is a pressing need for robust, strategic analysis in this area.** At present, almost all councils can cite successes at individual level, including inspirational examples that show people using their personal budgets to live at home, sometimes drawing upon non-traditional forms of support that cost less than standard public sector responses. On the other hand, few can aggregate these stories either to demonstrate that personal budgets are driving overall shifts in the types of care used and the outcomes achieved, or that they are helping to deliver efficiencies. A further complication is that this radical new way of supporting people is likely to impact more widely on local health and social care economies, with costs and benefits shared across agencies in ways that will be hard to measure.

For all these reasons, this paper cannot and does not seek to present hard evidence that the recent extension of personal budgets across England has delivered positive financial results for councils and their partners. Instead, it illustrates some of the innovative measures councils have recently been taking, that appear to have achieved efficiency gains as well as improved personalised outcomes. It concludes that there is reason for continued confidence that personalisation can deliver better outcomes at the same or reduced cost, if implemented alongside the other key elements of transformation, and in partnership with others.

## Understanding costs at individual and strategic level

**The transformation programme in adult social care has triggered in-depth financial analysis in many councils, and shed light on historic patterns of spending. Steps are now being taken across the country both to improve financial systems and to accelerate work to disaggregate budgets to individuals.**

### Systems change

The Department of Health's *Use of Resources* publication has illustrated how analysis of the available comparative data can help individual councils to understand how well they are targeting their resources at strategic level. The next phase of transformation will involve even more significant challenges, as councils release bigger proportions of their budgets to people themselves. It is expected that by April 2013, councils will be providing personal budgets to everyone eligible for ongoing social care – and this is expected to be around 1 million people.

A more recent Department of Health publication suggests that councils should:

“Work towards a locally appropriate balance of investments between specific interventions, universal and community based supports, and funding that is available for personal budgets...**Care should be taken to ensure that the greatest possible proportion of the available budget is open to self-direction by personal budget holders**”<sup>17</sup>.

Work is currently being undertaken within the Putting People First consortium to model how a council's budget might typically be deployed within the new, transformed financial environment.

The introduction of personal budgets is having very significant implications for councils' finance systems. The Audit Commission has highlighted the need for councils to "consider the most suitable and least burdensome resource allocation arrangements" and to develop budget monitoring, management accounting and management information arrangements that enable them to control their finances effectively<sup>18</sup>." Some of the key systems requirements and principles are set out in two relevant publications by the Putting People First consortium<sup>19 20</sup>.

### **Case study 1: Improving financial systems**

In Richmond, the council is making good progress in implementing changes to its financial systems, including the imperative to identify expenditure on early intervention separately from ongoing support needs, and to track how its resources are being shifted over time. The council has also designed a model way of recording expenditure at an individual level to produce personal budget statements for each recipient<sup>21</sup>.

## **Disaggregating budgets to individuals**

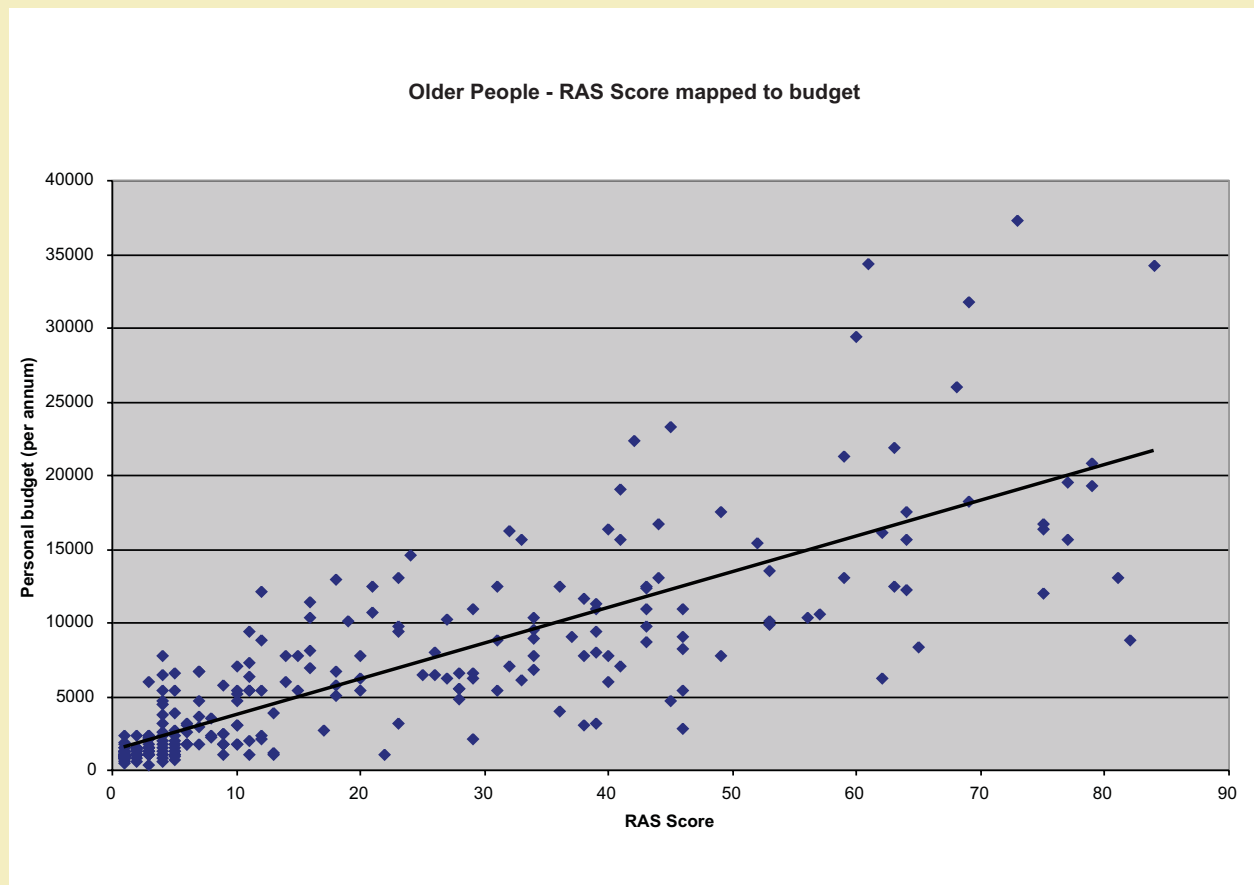
The research conducted for this paper suggests that the necessity to produce transparent resource allocation systems (RAS), and to track expenditure at individual level for those in receipt of personal budgets, has triggered more rigorous analysis. The following comment from a senior manager is very typical:

"The fact that finances are being so closely scrutinised in terms of developing the RAS has highlighted inequalities, subsidy arrangements, double funding, financial charging anomalies etc that are being addressed...This potentially will lead to efficiencies..."

## Example

As part of an exercise to develop its resource allocation system (RAS), a London borough provisionally estimated the points that would be allocated to a sample of older people already in receipt of services. It then estimated the costs of these people's existing packages of support. The analysis showed wide variation in the cost of support for people with apparently equivalent levels of need (see the graph below).

The council realised that some of this variation might be justified, for a number of reasons relating to people's personal circumstances. On the other hand, the analysis prompted the council to ask questions about its historic practices, about the costs of some services, and about whether its distribution of resources was equitable. A key issue was that there were few alternatives to traditional building-based day centres for older people. Historically, many older people declined these services and were offered no alternative way of having their social and leisure needs met. By contrast, some attended for up to 7 days/week, at an estimated cost of around £10,000 per person per year. The council is now beginning to implement a new, more equitable policy, underpinned by the development of services that offer older people more flexibility and choice.



Later in this report, further examples are given of councils using this type of analysis to understand, explore and address situations where costs seem unjustifiably high or inequitable. Many have consequently calibrated their RAS to build in assumptions about the savings that might be achieved overall, while allowing for the fact that a person's provisional allocation (as indicated by applying a RAS) may need to be adjusted once their support plan is agreed. Many councils have planned initially to reinvest any savings achieved in this way. Some are now developing methodologies to test whether their initial planning assumptions are proving valid over time. However, our research for this report produced no recently completed evaluations that can be published at this stage. The emerging evidence suggests that a cautious approach should be adopted, since the scope to achieve cost reductions will vary from one locality to the next, and will in any case depend on wider changes designed to re-shape markets and to introduce new models of care<sup>22</sup>.

It must be acknowledged that councils are still facing methodological challenges in understanding their unit costs, in disaggregating their budgets to individuals, and in reaching conclusions about how the costs of new types of support package compare with more traditional solutions. These relate to a range of complicating factors such as:

- Services being provided directly by councils, or by external providers historically funded through block contracts, which obscure the true cost for each individual;
- Social care services commissioned or delivered jointly with other agencies such as housing and health, or involving multiple funding streams;
- Services receiving significant income from people funding their own care;
- Councils having contributions policies which vary according to the nature of the services used. For example, in-house services such as day centres and transport may be subsidised. This makes calculating a person's contribution more difficult and can mean recalculating the contribution and total budget whenever the person's circumstances change;
- Individuals receiving funding from multiple sources including the ILF and various welfare benefits;
- People receiving significant but varying levels of help from hidden and informal sources including volunteers and grant-funded community organisations as well as family members.

Councils generally have little information on their overheads and transaction costs. The introduction of personal budgets has highlighted a need to understand these much better; this will make it easier to assess the business case for externalising aspects of the whole process associated with the personal budget regime (such as information, advice, support planning and brokerage).

Even so, personal budgets – especially where these are administered through a direct payment – potentially offer a simpler approach to understanding costs and a better way of targeting public money. Where a person is receiving a direct payment, the cost to the state of their care and support package is completely transparent. All purchasing of support is individualised and carried out outside the council. The business process can also be made simpler, thus reducing transaction costs. The latter issue is explored more fully in the next section.

## Simplifying business processes

In the early stages of implementation, self-directed support has often been bolted on to existing systems and processes in a way that has created inefficiencies. The mainstreaming of personal budgets now offers an opportunity for a more thorough overhaul, including the introduction of new operating models that address the whole customer journey from the point where people first ask for support, and make optimum use of alternative resources and expertise within the community.

### Background

Ever since self-directed support was first introduced in England, there has been an assumption that this approach could help to reduce bureaucracy, and to streamline decision-making processes. Hartlepool Borough Council – which was an early introducer of the new model – has impressed researchers in this respect.

“Hartlepool has relatively little red tape – no middle managers placed between the person and the exercise of their personal budget. Processes are very streamlined and effective. Decision-making processes around individuals are swift. In Hartlepool so few key people complete the tasks that some other authorities seem to need multitudes of people to process”<sup>23</sup>.

However, other researchers have expressed concerns that, in many parts of the country, the processes associated with agreeing people’s personal budgets have been disappointingly cumbersome, and even off-putting to some potential recipients, during the early stages of implementation<sup>24</sup>. The Audit Commission’s 2006 study contained the following warning:

“In the services we examined we found that, properly introduced and under the right conditions, choice can produce higher-quality and more efficient services. **When choice is introduced inefficiently, it can add to costs and reduce value for money**”<sup>25</sup>.

## Changing the operating model

Many of the early challenges in this area relate to the fact that councils have introduced self-directed support by bolting on new steps to their existing business processes, or by creating new specialist functions or teams to implement the new approach. The rolling out of personal budgets will necessitate a more thorough overhaul.

### Case study 2: Introducing a more efficient operating model

In Richmond, the council has introduced personal budgets for 70% of the people who use its services. It is now in a good position to realise efficiency savings by implementing a new operating model, designed to deliver services more quickly to people in need, while also ensuring that available resources (especially the time of professionally qualified staff) are used more efficiently. The council aims to deliver 9% cashable efficiency savings from the assessment and care management budget over the next three years<sup>26</sup>.

### Case study 3: Shropshire's maximising independence model

Shropshire County Council is implementing a new operating model and processes that encompass an emphasis on reablement, as well as the rolling out of self-directed support. One of its principles is that only one assessment should be undertaken for each individual – although several disciplines may contribute to this. The model was first piloted in one locality, and this helped the council to clarify what data should routinely be collected to analyse performance, and to measure outcomes and costs. The model is now being rolled out across the county, and rigorously monitored<sup>27</sup>.

The Care Services Efficiency Delivery programme (CSED) at the Department of Health has led work to suggest how councils can introduce new operating models, and re-engineer their business processes. It has worked with some councils to map their business processes using a brown paper exercise, which can help to identify duplication, wastage and unnecessary steps<sup>28</sup>. ADASS has published suggested new operating models, drawing upon the lessons learnt by the early adopters of the new agenda<sup>29</sup>. Business process improvements are also a major feature of the work of several Regional Improvement and Efficiency programmes (RIEPs)<sup>30</sup>.

Many councils are currently focussing their efforts on improving their initial access arrangements. Many are restructuring their customer services, most are developing on-line information, and many are commissioning new and innovative information and advice services in the community. CSED has advocated the creation of a single point of access to services, and have produced a range of guidance and tools in this area, including evidence of the scope for substantial savings for councils<sup>31</sup>. The Putting People First consortium has published a proposed framework strategy on information, advice and advocacy<sup>32</sup>.

#### **Case study 4: Delivering efficiencies through improvements to information provision**

In Stockport, a cost/benefit analysis of the council's information provision was carried out in 2007 by CSED; this suggested improvements including the potential for efficiency savings. A project was initiated to provide better information to customers, and a new website ([www.mycaremychoice.org.uk](http://www.mycaremychoice.org.uk)) was launched formally in October 2009. The council has now published an evaluation report suggesting that possible annual efficiency savings of £331,133 have been made – reduced to around £150,000 in the first year owing to the time devoted to setting up the project<sup>33</sup>.

In the research for this report, councils were found to be using a variety of methods to review other aspects of their business process. The best of these place a strong emphasis on the involvement of people using services – who often have unique insights into the bureaucracy and duplication involved. Staff are another important stakeholder group, and are often the best placed to understand where wastage is occurring and to suggest improvements.

#### **Case study 5: Using a lean approach to review business processes**

Kent is a council that has been using the lean methodology to review its processes, and has trained 50 staff to be champions of this approach. One of the council's first lean projects resulted in 15 practical suggestions from staff on how to improve the first response to telephone callers<sup>34</sup>.

### **Delivering efficiencies in assessment and care management**

In 2008/9, councils spent £2.0 billion on assessment and care management; this was around 12% of gross spending on adult social care. By simplifying processes, and making more effective use of the skills of professional staff, there is likely to be scope to reduce these costs. The Coalition Government's new vision makes it clear that efficiency savings in this area are expected:

“We expect councils to show that they have reduced unnecessary management costs in their assessment and care management processes and redirected it to funding more care and support”<sup>35</sup>.

For councils that are experiencing problems associated with double-running the new and old systems, there is now plenty of scope to consolidate the self-directed support process and, in doing so, to reduce costs. Havering is a recent example of a council that has reduced confusion and duplication, by switching over to the new system on an appointed day in October 2010. Prior to this, extensive work was undertaken to overhaul their existing assessment and care management framework and documentation in consultation with all relevant stakeholders, and to deliver training to staff and partner agencies (including service providers). The go live day was widely advertised and full compliance was expected from that day.



“We now have a consistent framework and set of forms that are used, whereas before all departments had their own forms – one was 18 pages long!” (Manager, L.B. Havering)

ADASS has promoted practical ways of reducing the bureaucracy associated with the self-directed support process, including the time spent on assessment activity and on panel arrangements to approve people’s budget allocations. The ADASS review of current legal requirements helps to identify those activities that are, and are not, required by law<sup>36</sup>.

In 2011, the Audit Commission plans to conduct a study on the scope to achieve efficiencies in assessment and care management. It will review the use of various business process reengineering techniques and other methods to achieve efficiency savings in this area.

## **Improving value for money through external support planning and brokerage**

External support planning and brokerage, particularly that by user-led organisations (ULOs) and centres for independent living, are regarded by some researchers as a crucial element in the effective introduction of personal budgets, at least for some people<sup>37</sup>. Advice from independent support planners (including peers) can lead to different approaches being adopted which are less likely to rely on use of conventional social services, with greater use of mainstream services and alternative solutions. In Control has produced a number of helpful guides on the development of support planning, while stressing the important point that:

“..whenever possible, disabled people, and their family members and allies, should be encouraged to plan for themselves. There must be no assumption that disabled people and their allies simply lack the capacity to develop their own support plans”<sup>38</sup>.

CSED’s work with some councils has illustrated that reductions in assessment and care management costs can be achieved by improving the skill mix to make better use of non-social work staff to broker support packages, and/or by using electronic solutions<sup>39</sup>. Some councils have considered including the costs of support planning in the personal budget as a way to promote external brokerage. Another option being considered is the development of voucher schemes to purchase independent advice and support.

SCIE’s review of the evidence in this area concludes:

“Brokerage and support is needed but the support infrastructure is not yet sufficiently well developed in England. Emerging evidence indicates that support is more successful when it is independent of the service system”.

Our research for this report suggests mixed results in stimulating this aspect of the social care market. However, some impressive work is under way in some places to develop the role of user-led organisations:



### **Case study 6: Commissioning support planning from a user-led organisation**

Essex Coalition of Disabled People (ECDP) is an example of a user-led organisation which is working with the county council to shape and inform the approach to support planning. ECDP won an open tender to complete 300 support plans each year at a cost of around £500 per completed plan. The organisation's approach promotes the active involvement of people themselves in their own support planning, to the extent that over 90% of people need just one visit from a support planner. So far, every person who has used the support planning service has taken up a direct payment for all or part of their support package. This compares well with the reported national average take-up of direct payments of 6.5% in 2008-09; ADASS report that in September 2009, around one in two people taking up personal budgets in England were using direct payments<sup>40</sup>.

### **Proportionate auditing of direct payments**

Disproportionate auditing of direct payments and personal budgets has shown to result in inefficient use of resources, particularly staff time<sup>41</sup>. It is unnecessary to make detailed checks on all transactions by direct payment holders where there is no evidence of abuse or misspending. Both Hartlepool and Lincolnshire have evidenced the efficiency impact of introducing simplified, 'lighter touch' auditing, which is the approach recommended by CIPFA<sup>42</sup>.

### **Case study 7: Introducing a risk-based approach to auditing direct payments**

Lincolnshire employed a corporate risk management approach to support the development of a simplified, flexible approach to direct payments, with light-touch and proportionate auditing. The council reports that in the following year, cashable savings of £130,000 were made. In addition, over £77, 000 non-cashable savings were achieved, calculated from the estimated time saved by care managers not following up high volumes of unhelpful audit reports<sup>43</sup>.

Several councils (including Enfield, Kent and Stockport) are continuing to pilot the use of pre-payment cards which can potentially reduce administration costs for both customers and councils including: the need for individuals to open special bank accounts or prepare financial accounts for their council, the time spent on sending and chasing paper invoices, and the time spent on audit<sup>44</sup>.

## Improved use of IT systems

The importance of effective IT for care management and finance for the efficient implementation of personal budgets has been well evidenced<sup>45</sup>. Many councils are currently using a capital grant from the Department of Health to upgrade their IT systems to develop more effective infrastructure and efficient processes; it is likely that the benefits of these new systems will be realised over the next five year period.

CSED has also projected that further savings may come from process/technology improvements such as web-based commissioning<sup>46</sup>. Work to develop e-commerce is being taken forward by several of the Regional Improvement and Efficiency Partnerships (RIEPs): the North East's Social Care eCommerce project is one example.

### Case study 8: Online systems for arranging support

The North East Improvement and Efficiency Partnership's Social Care eCommerce project explored the potential for savings from introducing an online system for people to arrange support. The project anticipated that the overall Newcastle market could accrue efficiencies of £2.1m (of which £1.7m should be cashable) if the 'shop4support' eMarketplace for health and social care and support were introduced in the city<sup>47</sup>.

Other innovative examples of the use of web-based technology are referred to later in this report.

## Building community capacity

**A key advantage of self-directed support, according to early and more recent studies<sup>48</sup>, is that it can enable people to make more use of informal support from family, peers, friends, neighbours and other sources in the community. Researchers are beginning to build an economic case for investing in initiatives that build community capacity.**

For some people, an over-use of paid support can restrict opportunities and make it less likely that they will build real relationships. Throughout this report, many examples are given of initiatives that have achieved improved outcomes with reductions in the use of paid support. Of course, it cannot be assumed that this will be possible in every case – and it could be positively damaging to impose reductions in support without working with the recipients to develop better arrangements that enable choice and control.

### **Case study 9: Thinking differently about how support can be provided, and reducing the use of paid support**

In the North West, a group of providers got together to share learning about how to rethink the way support is provided and reduce the use of paid support. They then extended their work to involve a range of other stakeholders, who spent two days together thinking creatively about this issue. The group has published a report entitled *Altogether Now: Thinking differently about how support can be provided* which includes useful top tips and a wealth of case examples<sup>49</sup>.

The research undertaken for this paper produced many individual stories which illustrate that people can make creative use of personal budgets to co-produce new solutions, or to harness new kinds of support from within their communities<sup>50 51</sup>. Many relevant case studies are also available on the Building Community Capacity website<sup>52</sup>. The site also gives illustrations of how individuals' resources can be pooled to achieve a common purpose such as the development of a new club or social group.

So far, there has been little economic evaluation of the emerging new models - and it may be impossible to quantify the potential efficiencies that might be achieved in each locality by reducing people's need for paid support. Even so, the Personal Social Services Research Unit has recently proposed an economic case for investing in building community capacity through such initiatives as time-banking, befriending schemes and low-level preventative services which aim to enhance social inclusion, well-being and independence<sup>53</sup>.

KeyRing's Living Support Networks are one model that appears to have demonstrated both improved outcomes and efficiency gains.

### **Case study 10: Living support networks**

Living support networks are networks of people who need some support to live safe and fulfilling lives in the community. Each network aims to stimulate mutual support by members, and a volunteer helps each person to realise their full potential by using their talents to the full.

KeyRing is a charity that has developed living support networks since 1990. Currently, it supports around 900 people in 54 separate local authority areas throughout England and Wales. The organisation has calculated that the model can achieve around 25% sustainable savings compared with alternative models, depending on geographical area and if the network is running at full capacity. CSED studied a network in a market town that had an annual running cost of £38,090. Alternative support would have cost £55,430 - a net saving of £17,340 or 31%<sup>54</sup>.

## Achieving better value for money for people who require ongoing support

**Studies looking at the potential of self-directed support to deliver cash-releasing savings have suggested that a cautious approach should be adopted by those responsible for financial planning. On the other hand, the introduction of personalisation has enabled many councils to review some people's support packages, and to work with them to find solutions that offer better value for money.**

The Audit Commission's recent study echoes the findings of previous studies, in concluding that "the overall value for money implications of personal budgets cannot be assessed as the information required does not exist". The Audit Commission does, however, point out that "the introduction of personal budgets (has) challenged previous arrangements and costs".

Our own research for this paper generated many examples where the personalisation agenda appeared to be driving reviews of costs, with some positive financial results. Many councils have now completed the kind of analysis illustrated on page 11 of this report, and uncovered some inequalities in the way resources are distributed, as well as high unit costs for particular services.

It should be emphasised that superficial analysis of existing unit cost data may lead to unreliable conclusions unless accompanied by deeper consideration of the costs, quality and outcomes being achieved for individuals. The Department of Health's *Use of resources* publication discusses this issue in detail. However, councils that have undertaken sensitive, in-depth analysis have been identifying areas where there is a rather poor fit between the prices being paid and the outcomes being achieved; this has often been most marked in services for people with learning disabilities. Some councils are now using the care funding calculator as a lever to re-negotiate prices; the best are combining this approach with major strategic developments designed to re-shape local services for this group to ensure more choice and control (see case study 11, on page 21).

### **Case study 11: Improving the value for money of services for people with learning disabilities**

Many councils have begun to use the care funding calculator to benchmark the cost of support for people with learning disabilities. The Valuing People Support team advocates using this tool in tandem with initiatives to ascertain people's own desired outcomes, to deliver choice and control, and to commission more flexible local services. The team is working with three London boroughs on a demonstration project to deliver improved outcomes and value for money for people with learning disabilities. Better local services, including more flexible housing options, are gradually being developed. The project is achieving a reduction in the proportion of funds spent on residential placements, improved local support arrangements, and very significant financial savings within all the participating boroughs<sup>55</sup>.

### **Case study 12: Reducing costs by introducing personal budgets for people who have high cost home support packages**

Oxfordshire County Council has taken steps to introduce self-directed support for older and disabled people who already have a home care package. The council carried out re-assessments for 241 people who had high cost support packages. The council used a sensitive and thorough approach to the re-assessment exercise, often involving other professionals such as OTs. Each person was given an indicative allocation, and was offered advice to produce a support plan; 72 people used an external brokerage service provided by the voluntary sector. Of the 241 people who took up self-directed support as a result of this exercise, 36 now have a direct payment for the first time, and 82 people now make less use of paid support than before. The council estimates it will make cashable savings of £485,000 per year as a result<sup>56</sup>.

## **Shaping markets to offer personalised services at a fair price**

**Councils are, increasingly, implementing new arrangements for commissioning and procuring services, that offer transparent choices for local people while also providing assurance about both the price and quality of services.**

The introduction of personal budgets is driving new ways of commissioning and procuring services across the country, changing relationships between commissioners and providers, and stimulating new types of service provision.

Recent papers from the National Market Development Forum provide an authoritative overview of the relevant issues<sup>57</sup>.

There is widespread consensus that an approach focussed simply on freezing or reducing the costs of existing provision is bound to fail, not least because existing service models themselves need to be transformed. The recent guidance from the Department of Health sums up the need for a more flexible approach to securing services as follows:

“Councils should look to secure services in the market through flexible, outcome-focussed arrangements that reflect fundamental changes in the relationship between commissioners, providers and individual users as well as the need to secure value for money. This will mean fewer block contracts let on a task and time basis and greater use of framework contracts and approved provider lists. Formal tendering should not be the first recourse when securing services and all procurement should be proportionate and fair while enabling people with support needs to drive the process throughout”<sup>58</sup>.

The publication includes some examples of evolving best practice, and our research for this paper generated more. Very importantly, service providers are themselves emerging not only as key partners in the change process, but also as the innovators of new models of care.

### **Case study 13: A business case for building the capacity and quality of personal assistants**

The West Midlands Personal Assistant project has produced a variety of tools designed to help to stimulate the market for personal assistants, in response to a perceived capacity gap in the region. In the process it has defined the priorities for wider market shaping in the region. Its outputs include a strategic justification and business case for building the capacity and quality of personal assistants. Using the improvement and efficiency measurement tool (mietool) developed by the West Midlands RIEP network, it has identified that financial benefits (averaging £900k for each participating authority) could be achieved by implementing all the recommendations<sup>59</sup>.

### **Case study 14: Re-shaping services for people with autism spectrum disorders and Asperger syndrome**

The North East Autism Consortium: Since 2007, 12 primary care trusts and 12 councils in the North East have been working as a consortium, to encourage the development of person centred care and support packages, and to re-shape services for people with autistic spectrum disorders and Asperger syndrome. The project aims to realise efficiency savings of £100,000 per year for the councils and PCTs, by using modern and innovative commissioning approaches. The consortium’s objectives over the next two years include the delivery of a cultural change training project involving both providers and commissioners<sup>60</sup>.

### **Case study 15: Offering transparent choices to people using personal budgets**

Peterborough has introduced framework contracts for domiciliary care, rapid response and other community-based services; the new contract specifications emphasise the importance of a personalised and flexible response, which promotes independence. The council has also created a web-based schedule, which is accessible to council and third sector staff who are assisting people in support planning; this includes details about each of the agencies within the framework, including a ranking based on quality and price criteria. The aim is to enable personal budget holders to make an informed choice. Peterborough is confident that the new framework has led to quality improvements, while also delivering a 10% reduction in the unit cost of domiciliary care<sup>61</sup>.

### **Case study 16: Extending the use of individual service funds**

In Thurrock the council has adopted a concerted approach to outcome-based commissioning. For people needing home care, the council has already embedded a system whereby care managers agree the required outcomes and the budget available, leaving the individual recipient to negotiate with the provider about what specific support will be helpful. The council is now piloting the use of individual service funds (ISFs) with one of its four approved home care providers and plans to extend this further in 2011. The council and service provider have set up effective back office systems to ensure that each individual has their own personal account, with flexibility to roll over unspent funds from one month to the next. The council has worked with a local user-led organisation to explore how to explain ISFs to local people and is publicising the scheme through its direct payments advice service. Once more providers have adopted this system, the aim is that people will be able to transfer their ISF from one provider to another if they choose<sup>62</sup>.



## Personalisation: the key driver of strategic change?

**The research carried out for this report suggests that the rolling out of self-directed support is driving the kinds of strategic change that have proven and significant financial benefits. Some examples are set out in this section.**

From the beginning of this report, it has been emphasised that self-directed support, per se, may be unlikely to deliver cost reductions unless accompanied by measures to deliver wider strategic change. Conversely, personalisation is the core element in the programme to transform adult social care. Just as personalisation may not, in itself, deliver budget reductions, nor will the transformation agenda succeed unless it prioritises the requirement to offer people more choice and control, and to promote independence.

### **Reducing reliance on residential care and other forms of institutional care**

Personalisation is at the heart of many new initiatives designed to prevent people's needs escalating, to enable them to move on from institutional settings, or to help them stay living at home.

A recent Department of Health report on services for people with profound and multiple disabilities showed that personalisation could lead to much better experiences for people with the most complex disabilities and their families<sup>63</sup>. The Department of Health's *Use of Resources* publication features the example of Birmingham's SLOT team, which has enabled 26 people who previously lived in out-of-area placements and forensic services to move back to ordinary housing in the city, with cost savings averaging 33% for each individual.

New initiatives to extend personal budgets to both younger and older people with mental health needs are also beginning to deliver impressive results, including reductions in the number of residential placements and associated efficiency gains.

#### **Case study 17: Cost-effective solutions for people with mental health needs**

Since 2009, the East Midlands JIP has supported a project in five localities to improve health & wellbeing outcomes for adults (including older people) with mental ill-health and their carers, by increasing the numbers of people benefiting from self-directed support. The project has succeeded in increasing take-up of personal budgets, and improving outcomes, including avoidance of residential care or hospital admissions. The participating authorities are currently developing a way of quantifying the efficiencies that have been achieved; in one individual case, a man with early onset dementia, whose family felt he needed residential care, is now being supported at home with a personal budget that costs £12,600 per year less than the alternative of residential care<sup>64</sup>.



## Developing a wider range of housing and support options

The Department of Health's *Use of resources* publication illustrates that most of the money spent on social care is currently spent on a very narrow range of options – home care, residential care and day services. While more supported housing has been developed, this is often based on a group living model that limits choice and maintains dependence on high levels of paid support. However, there is increasing use of a wider range of housing options, linked to support that can be tailored more closely to a person's needs. The publication includes several examples of innovative housing and support schemes, linked to the introduction of self-directed support. These include initiatives which have enabled people to:

- buy their own homes, perhaps through a shared ownership scheme;
- adapt their own or their families' properties;
- live in private rented housing, sometimes with intensive floating support;
- live with a host family, within a Shared Lives scheme<sup>65</sup>.

A personalised approach can not only reduce the unit costs of services, but also promote independence. Initiatives from across the country can demonstrate many instances where a move from residential care has released people's own potential and reduced their need for paid support, sometimes quite dramatically.

## Increasing employment opportunities for disabled people

Councils spend significant parts of their budget on day services for younger adults, with £660 million spent on day services for people with learning disabilities in England in 2008/9. Some councils have started to refocus the use of this money and use it to help more people get jobs.

Some councils are working actively across children's services, adult services, schools, colleges and employment services to ensure that getting a job is seen as the goal for disabled children. *Getting a Life* ([www.gettingalife.org.uk](http://www.gettingalife.org.uk)) is a cross-government programme working with 12 demonstration areas to help ensure that young people with severe disabilities have the chance to work. The Department of Health's *Valuing Employment Now* strategy is supported by a delivery plan and a literature review of the evidence base in this area<sup>66</sup>.

### Case study 18: Employment in the public sector

Project Search is an internships programme that has been running in the Norfolk and Norwich University Hospital, Leicester City Council and Leicester College since 2008. Over the course of a year, students with learning disabilities rotate through a series of job sites, offering on the job experience of work skills combined with classroom tuition. This provides the opportunity for many Project Search graduates to gain permanent work with the host employer at the end of the course. Other graduates are supported to use their skills to find jobs with different employers<sup>67</sup>.

### **Case study 19: Re-shaping day services for younger disabled people**

Derbyshire County Council has delivered improvements, including efficiencies, by working with an independent sector partner to re-shape its day services for younger adults. Six local hubs have been developed, to provide activities and learning opportunities. Many service users have been helped to find paid or voluntary work. The new service has also developed some innovative spin off projects such as a person-centred transition scheme for school leavers, so that the right level of support is in place before moving from children's to adults services. Efficiency savings of £100,000 a year have been achieved in a variety of ways, including through personalised contracts so there are no longer big contracts with one or two suppliers<sup>68</sup>.

### **Case study 20: Achieving social return on investment by promoting employment**

Kirklees Council and NHS Kirklees have contracted with Mental Health Matters to provide support into employment for people with serious mental health needs. Since April 2008, the service has supported 147 people into further education, 86 people into volunteering, 36 people into work placements, and 94 people into paid work. A tool called the mental health recovery star is used to measure outcomes. The star shows the person's aspirations and progress towards achieving these. Additionally, the commissioners have undertaken an initial analysis of the costs of services before and after this service intervention with 6 individual journeys. This has demonstrated that the savings to the state are in the range £600 pa to £11,000 pa per individual. The project is to feature as a pilot on social return within the region and will be working with Liverpool and Sheffield universities to evaluate the scheme using the Social Return on Investment methodology<sup>69</sup>.

## Useful links

The Association of Directors of Adults Social Services (ADASS) ([www.adass.org.uk](http://www.adass.org.uk))

Audit Commission (<http://www.audit-commission.gov.uk>)

Care Quality Commission (<http://www.cqc.org.uk/>)

CIPFA (<http://cipfa.org.uk>)

CSED (<http://www.csed.dh.gov.uk>)

Demos (<http://www.demos.co.uk/>)

Department of Health (<http://www.dh.gov.uk>)

In Control (<http://www.in-control.org.uk>)

Institute of Public Care (<http://ipc.brookes.ac.uk/>)

Kings Fund ([www.kingsfund.org.uk](http://www.kingsfund.org.uk))

Local Government Improvement and Development (<http://www.idea.gov.uk>)

NAAPS ([www.naaps.co.uk](http://www.naaps.co.uk))

Office for Public Management (<http://www.opm.co.uk>)

PSSRU ([www.pssru.ac.uk](http://www.pssru.ac.uk))

Putting People First (<http://www.puttingpeoplefirst.org.uk>)

Social Care Institute for Excellence (<http://www.scie.org.uk>)

Valuing People Now (<http://www.valuingpeoplenow.dh.gov.uk/>)

Voluntary organisations disability group (VODG) (<http://www.vodg.org.uk>)

## Footnotes

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- <sup>3</sup> *ibid.*, paragraph 4.9.
- <sup>4</sup> Sector-wide Partnership Agreement (November 2010): "Think Local, Act Personal – Next Steps for Transforming Adult Social Care".
- <sup>5</sup> Sector-wide Partnership Agreement (November 2010): "Think Local, Act Personal – Next Steps for Transforming Adult Social Care". p.1
- <sup>6</sup> *Ibid.* p.4
- <sup>7</sup> *Ibid.* p.2
- <sup>8</sup> Department of Health (2009): "Use of resources in adult social care".
- <sup>9</sup> See: <http://local.gov.uk/lgv2/core/page.do?pageld=579930>
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- <sup>11</sup> *Ibid.* p.1
- <sup>12</sup> Carr S (2010): "Personalisation, productivity and efficiency London": SCIE Report 37S
- <sup>13</sup> Audit Commission (2006): "Choosing well: Analysing the costs and benefits of choice in local public services".
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- <sup>16</sup> ADASS/LGA (2010): "Personal budgets – checking the results".
- <sup>17</sup> Department of Health (2010): "Practical approaches to market and provider development".p.7.
- <sup>18</sup> Audit Commission (2010): "Financial management of personal budgets: challenges and opportunities for councils"
- <sup>19</sup> Putting People First Consortium (2010): "Finance systems and Putting People First: Requirements and Principles".
- <sup>20</sup> Putting People First Consortium (2010): "Making resource allocation work in a financial environment".
- <sup>21</sup> Source: SCIE Good Practice Framework, <http://www.scie.org.uk/goodpractice>
- <sup>22</sup> See section on Shaping markets to offer services at a fair price (p22)
- <sup>23</sup> Tyson, A (2009): "Self-directed Support in Hartlepool 2006-2009". Wythall: In Control.
- <sup>24</sup> See, for example, Henwood, M and Hudson, B. (Jan 2009): "Keeping it personal: supporting people with multiple and complex needs. A report to the Commission for Social Care Inspection". London: CSCI.
- <sup>25</sup> Audit Commission (2006) "Choosing well: Analysing the costs and benefits of choice in local public services".
- <sup>26</sup> Source: SCIE's Good Practice Framework, <http://www.scie.org.uk/goodpractice>
- <sup>27</sup> Source: SCIE Good Practice Framework, <http://www.scie.org.uk/goodpractice>
- <sup>28</sup> See CSED (2009) "Process improvements in assessment and care management systems". <http://www.csed.dh.gov.uk/assessmentCareManagement/>
- <sup>29</sup> ADASS/LGA (October 2009): "Operating Models: Learning From the Early Adopters"
- <sup>30</sup> See, for example, the West Midlands RIEP's business process improvement and transformation programme: <http://www.idea.gov.uk/idk/core/page.do?pageld=10401230>
- <sup>31</sup> See: <http://www.csed.dh.gov.uk/assessmentCareManagement/accessmanagement/>
- <sup>32</sup> IDEA (2010): "Transforming Adult Social Care: access to information, advice and advocacy"
- <sup>33</sup> Stockport Council (April 2010): "Post Implementation Analysis of Improvements to Adult Social Care Information within Stockport Local Authority". <http://www.stockport.gov.uk/2022/3028/app5postimplementationanalysis1?view=Standard>
- <sup>34</sup> Source: SCIE Good Practice Framework, <http://www.scie.org.uk/goodpractice>
- <sup>35</sup> Department of Health (Nov 2010): "A vision for adult social care: capable communities and active citizens"
- <sup>36</sup> ADASS/LGA (2009): "Personalisation and the law: Implementing Putting People First in the current legal framework"
- <sup>37</sup> IBSEN (2008): "Evaluation of the Individual Budgets Pilot Programme: Final Report". Pub. York: SPRU, University of York. Also, Office for Public Management (2010): "Delivering personal budgets for adult social care: Reflections from Essex". London: OPM
- <sup>38</sup> In Control (June 2010): "Planning and brokerage: a guide for local authorities on creating a local system of self-directed support".

- <sup>39</sup> See CSED (2007) "Better Brokerage".  
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- <sup>40</sup> Source: Essex Coalition of Disabled People. See  
<http://www.ecdp.org.uk/support-planning/>
- <sup>41</sup> See Stainton T, Boyce S & Phillips C (2009): "Independence pays: a cost and resource analysis of direct payments in two local authorities". *Disability and Society* 24 (2) pp161-172. Also Tyson A (2009): "Self-Directed Support in Hartlepool 2006-2009". Wythall: In Control
- <sup>42</sup> CIPFA (2007): "Direct Payments and Individual Budgets: Managing the Finances"
- <sup>43</sup> Source: Rowlett, N and Deighton, S (2009). See:  
[http://www.rowlettconsulting.co.uk/includes/documents/2009-02\\_SimplifyingDirectPayments.pdf](http://www.rowlettconsulting.co.uk/includes/documents/2009-02_SimplifyingDirectPayments.pdf)
- <sup>44</sup> See Department of Health (2010): "Personal budgets for older people: making it happen".. See also Stockport Council (2010):  
<http://www.stockport.gov.uk/2013/2996/41143/prepaidcard>
- <sup>45</sup> Audit Commission (2010): "Financial management of personal budgets".
- <sup>46</sup> CSED (2009): "Electronic Placement of care packages".  
[http://www.csed.dh.gov.uk/\\_library/Resources/CSED/CSEDProduct/EPCP.pdf](http://www.csed.dh.gov.uk/_library/Resources/CSED/CSEDProduct/EPCP.pdf)
- <sup>47</sup> Source: North West IEP.  
[www.northeastiep.gov.uk/.../NEIEP%20Regional%20Exec%20Summary%20091207.pdf](http://www.northeastiep.gov.uk/.../NEIEP%20Regional%20Exec%20Summary%20091207.pdf)
- <sup>48</sup> See, for example, Bartlett J (2009): "At your service: navigating the future market in health and social care". London: Demos. Also Wood C (2010): "Personal Best". London: Demos
- <sup>49</sup> Source: See  
<http://www.helensandersonassociates.co.uk/whats-new/all-together-now-paper.aspx>
- <sup>50</sup> See, for example, Department of Health (2010): "Practical approaches to co-production"
- <sup>51</sup> Department of Health (2010) "Practical approaches to improving the lives of disabled and older people through building stronger communities".
- <sup>52</sup> <http://www.puttingpeoplefirst.org.uk/BCC/caseStudy/BuildingTheBigSociety/>
- <sup>53</sup> Knapp M, Bauer A, Perkins M & Snell T (2010): "Building community capacity: making an economic case" London: PSSRU/LSE (unpublished working paper)
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- <sup>55</sup> Source: SCIE Good Practice Framework,  
<http://www.scie.org.uk/goodpractice> Also VODG/IPC (2010): "Gain without Pain". Oxford: IPC
- <sup>56</sup> Source: SCIE Good Practice Framework,  
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- <sup>58</sup> Department of Health (2010): "Practical approaches to market and provider development"
- <sup>59</sup> Source: West Midlands IEP:  
<http://www.westmidlandsiep.gov.uk/index.php?page=606>
- <sup>60</sup> Source: NEAC/North East JIP:  
<http://www.northeastautismconsortium.co.uk/>
- <sup>61</sup> Source: SCIE Good Practice Framework,  
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<http://www.scie.org.uk/goodpractice>
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- <sup>64</sup> Source: East Midlands JIP:  
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- <sup>66</sup> Department of Health (2009): "Valuing employment now - real jobs for people with learning disabilities".
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- <sup>68</sup> Source: VODG/IPC (2010): "Gain without Pain". Oxford: IPC.  
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