The Transformation of Adult Social Care

Exploring the opportunity for Social Enterprises

A market scanning exercise undertaken for Social Enterprise East of England by Tony Brown and Ben Higham of Community Music East Ltd.

Context

The Transformation of Adult Social Care is a prominent and early expression of a wider commitment to the radical reform of the public service agenda. At the heart of this is the commitment to give individuals control over their own destiny – that is to provide services that respond to the individual needs and preferences of service users (as opposed, for example, to standardised services whose design may be overly influenced by the convenience of the provider). The Transformation is also associated with a reduction in costs, an improvement in efficiency, and the encouragement of innovation.

This moment is linked to the conviction that Third Sector organisations – in particular Social Enterprises – could and should play an expanded role in innovative, cost efficient service delivery.
This report seeks to establish the terms of a dialogue between commissioners and service providers in the social enterprise sector which can lead to a greater shared understanding of the market opportunity, and how it can be made to work best for service users. We hope to point to practical benefits for all parties in this market, and indicate what conditions will need to be in place for these benefits to be fully realised.

We have conducted a short series of interviews with well-informed participants in the emerging practices outlined here. Our stance was to be positive, critical and realistic, believing that the Transformation initiative will have the best chance of success if approached in this way.

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We have structured this discussion around the following themes:

Philosophy (understanding the thinking that got us here)
Culture and process (the change management challenge)
Partnerships and relationships (identifying mutual interest)
Market development/shaping (if it's a market, who's doing the New Product Development? How are users involved? How are services and providers sustainable in a fragmented and unpredictable market?)
Communications (the challenge of developing shared understandings)
Product/delivery (what are the services? Are they new? What will they cost?)
Quality/Evaluation (trying to understand the relationships between cost; budget; value; outcomes; engagement; energy; enthusiasm; risk; accountability etc.).
The discussion leads to some suggestions about how the dialogue between social enterprise and the care sector could be taken forward, and identifies some agenda items/key messages on which the dialogue might focus.

Philosophy

According to the influential report from Demos [Making It Personal, 2008], four key factors have come together to spur innovation in the social care sector:

- A growing recognition that current approaches to social care are failing to deliver value for money to the taxpayer, on the one hand, or the flexible and personalised services people want, on the other (service users complain that services are inflexible, and systems are bureaucratic)

- This recognition leads to a political environment favourable to innovation: 'politicians and policymakers in all parties are searching for a new account of how to improve public services after sustained criticism of overly prescriptive, top-down, target-driven approaches' [Demos, 2008]

- Organisational capacity is emerging, or being created to deliver radical innovation, pioneered by the in Control collaboration (see below)

- A sense of urgency, generated by 'the looming crisis in social care as the population ages, expectations of quality rise, demand for personalised services becomes the norm and budgets remain tightly constrained' [Demos, 2008]

The policy context for the Personalisation agenda can be traced back to the Department of health's 2001 White Paper Valuing People: a New Strategy for Learning Difficulties for the 21st Century. The 4 key themes, or priorities identified in the White Paper are **Rights, Choice, Independence** and **Inclusion.**

The particular buzzwords associated with personalisation are Choice and Control, as articulated in the Executive Summary of the White Paper:

More Choice and Control for People with Learning Disabilities
People with learning disabilities have little control over their lives, few receive direct payments, advocacy services are underdeveloped and people with learning disabilities are often not central to the planning process. The Government's objective is to enable people with learning

disabilities to have as much choice and control as possible over their lives and the services and support they receive.
[Valuing People Department of Health 2001]

These themes chimed with the experience and vision of a group of practitioners from local government, service providers, charities and consultants who came together as **in Control** – a sort of Think-and-Do Tank (to borrow the self-designation of the new economics foundation).

in Control builds on decades of work by disabled people, their families and supportive professionals to overcome the oppression and institutionalisation of disabled people. Justice cannot be done here to the full history of disabled people's fight for the right to control their own lives. It is possible, though, to identify two critical movements. Both have contributed enormously to the thinking behind in Control. They are the **Independent Living Movement** and the **Inclusion Movement**.

These movements have developed in parallel but slightly different ways. Each has its own emphases and language. The following table sets out just some of the key terms and ideas that play a positive role for each movement.

The Independent Living Movement	The Inclusion Movement
Independent living	Supported living
Personal assistance	Person-centred planning
User-led organisations	Self-Advocacy
Direct payments	Self-determination
Accessibility	Community development

The subtle differences between these two movements have sometimes led to confusion and even mistrust. It is clear, though, that the fundamental values of each movement are the same:

- Each and every human being has their own unique value, regardless of their disability
- Everyone can participate in society and make an important contribution
- Every individual can lead their own life, with as much autonomy as possible
- Society should offer the support people need and ensure that the community is fully accessible to all disabled people.

These beliefs represent a commitment to treat all disabled people as citizens. in Control's partners shared these beliefs and so in Control's fundamental starting point was the idea of citizenship. in Control's system of Self-Directed Support… is merely a vehicle that disabled people can use to travel towards the goal of genuine citizenship.

in Control thus identified an
urgent need to establish better commissioning of more flexible and individualised support to people with high needs and for people where there is risk of their no longer being able to continue living in the community.
[A Report on in Control's First Phase 2003-2005]

And this 'need' was reflected in the Cabinet Office's 2005 update to Valuing People:

Improving the Life Chances of Disabled People:
The overall aim would be to enable existing resources to be allocated and services delivered in ways that personalise responses to need, and give disabled people choice over how their needs are met.

At the heart of this system would be a new way of allocating resources:
The new system would be underpinned by a number of key principles: a simplified resource allocation system, including a 'one-stop' assessment and information provision, enabling available resources to be allocated effectively according to need...

For example, based on the approach being tested out by the in Control pilots...

in Control developed its system of Self-Directed Support as a way of supporting disabled people to have real power and responsibility - a system based on the principle that disabled people are citizens like other people. Such power and responsibility are conspicuously absent in the lives of many disabled people. The impact of this lack of control and participation were described in the Government's Improving the Life Chances of Disabled People. This important paper notes that disabled people are more likely to live in poverty, have fewer educational qualifications, be victims of hate crimes, live in poorer housing and have less access to transport.

The adverse outcomes experienced by many disabled people reduce quality of life for both the disabled people themselves and for their families. Many disabled people feel isolated, unwanted and a burden to society. This has economic and social costs.
[Cabinet Office 2005].

The Cabinet Office report shows how thoroughly the in Control analysis and the practical changes derived from it **have been adopted across government Departments**. Currently, the provision of Adult Social Care is the earliest priority for the Transition. But the philosophy of Personalisation is starting to be accentuated in the provision of Healthcare as well. So the economic/commercial impact of the Transformation is potentially huge, with very significant implications for all current and potential service users and providers.

Culture and process
At a presentation in September, Dilys Faife, the Regional lead officer on the transformation of adult social care, referred to 'a radical reform of the public service agenda.' A striking feature of our interviews has been the lack of a sense of urgent, or radical change. Indeed one respondent admitted that while 'the potential is for something quite radical, at the moment the thinking is quite incremental.'
A small number of service users have been engaged in the new model in the past 18 months (around 475 in Norfolk, which 'has moved further [than some] to address the cultural issues' according to one service provider). We were told that 'many of the cases in the individual pilots were huge successes' by the same respondent.

The changes involved in the transformation are profound in terms of mindset, and practical application.

They involve a serious change to the practice and self-image of professional social workers. It does not appear as though these changes have been fully articulated or worked through.

Basically, the transformation is intended to move from this
- social worker makes assessment of an individual
- writes Care Plan (predicated by existing services and facilities)
- costs Care Plan (which establishes the budget)
- service(s) delivered in line with plan, and usually delivered from established providers as part of a block contract

to this
- a new points-based questionnaire generates desired **outcomes**; and an individual **budget** based on the points scored
- individual service user is entitled to choose how the budget is spent (ie without being limited to pre-existing services or providers) in support of achieving the outcomes; that is to create her/his own support plan, which must be negotiated (eg with carers, an advisor, or broker) and approved by the social worker
- the support plan is implemented and reviewed (annually).

It is easy to see how, in theory, this blows the market wide open, to the possible advantage of innovative new services and providers (as well as delivering choice and control to service users).

However, there are a number of practical considerations which may render the model problematic:
- the habits and disposition of the social worker
- the habits and disposition of the service user
- the accessibility of information about non-established services and providers
- the imagination required to invent/envisage new ways of achieving desired outcomes
- the cost of developing new services with no certainty of demand; and of delivering services to unviable numbers of users
- concerns about the quality and safety of 'unproven' new services.

Partnerships and relationships

A key concept in the Transformation programme is the **Market**. This implies a (more or less) free choice of services and sources by the newly enfranchised Personal Budget holder. In fact the freedom of choice is still to be mediated, or authorised by the social work professional. But the new practice certainly includes a commitment to allowing more autonomy to the service user – and, potentially, to stimulating the creation and delivery of new services from new providers.

The market model seeks to create an effective relationship between **Demand and Supply**. The Transformation is designed to empower service users to imagine and articulate new expressions of Demand.

If the market mechanism is to work effectively a method needs to be found to collect and disseminate Market Intelligence as it emerges to reflect patterns of Demand: eg for new services, and/or for existing services which could be provided more effectively, economically, or creatively. It will be difficult for providers to imagine new opportunities/types of demand unless this **Market Intelligence** is available. So a new role for Social Services Departments – or perhaps for some other new or existing body/ies – will be to collate data on the kinds of services most in demand by budget-holders, in order to stimulate the Supply of in-demand services.

On the Supply side, new opportunities will only materialise if a range of new services and providers can create awareness and understanding of what they have to offer to budget-holders. In other words, providers have to find ways to market themselves to a new and nebulous market of potential users. It will be very difficult for individual providers, particularly those who are not already known service suppliers, to describe and offer services and products directly to Personal budget holders as customers. We believe that there may be an opportunity for a (new) social enterprise, or a network to take on the role of collecting and projecting marketing information to users, on behalf of the provider community, which is itself highly fragmented. (The Liberation Partnership in Essex has been set up as a social enterprise by disabled service users to help support personal budget holders in the decision-making.)

It will be difficult for service users to imagine new kinds of service. Consumers in all markets find it difficult to imagine products and services that they have no experience of. So if the transformation is to be achieved, someone or something will have to undertake the essential marketing communications tasks of creating awareness and understanding of the new processes and the new services.

We have characterised this phase of the Transformation in terms of a dialogue. Basically this is – or should be – a dialogue between Demand and Supply.

By collating market intelligence on Demand – as expressed by individual Self-directed Care Plans – Social Services may be able to stimulate and articulate Demand. We believe there is a structural need/ opportunity to create a corresponding mechanism **for promoting awareness and understanding of new sorts of Supply.**

Market development/shaping

If the Transformation agenda is serious about creating 'new sorts of supply' – ie new and better services from a range of new and existing providers – then some method needs to be found/invented to stimulate and financially support New Product Development (NPD). In conventional markets, investment in NPD, and other ongoing Research & Development is often funded out of surpluses generated by existing sales. Alternatively venture capital and other pump-priming funding is attracted according to the persuasiveness of a Business Plan which indicates how the new product will competitively satisfy a Demand that can be quantified with some confidence.

For social enterprises considering the opportunity presented by Personalised budgets, neither the surplus from existing sales, nor the confident prediction of demand are likely to be available. So the funding, or investment necessary for NPD seems to be problematic.

The concept of **"Market shaping"** came from a national survey reviewing how the environment must change as a result of the autonomy of the personal budget holder from one where the market was

"managed" by social work professionals. Shaping might also be a way of **connecting up demand** in order to make the resource (those who have the need and the capacity to pay) meet the need achievable; so, there is a key role in identifying customer need and organising a response. It has been suggested that some kind of **universal advice and information** role might be achieved through partnerships involving individuals (customers - "people in control"), providers – voluntary organisations, social enterprises, commercial businesses, and the social care and health sectors. This is a rather grand aspiration and still begs the questions of

- the need for cultural change within the social care sector, statutory and voluntary,
- the opportunity and capacity for the customer to choose what they want, given the levels of customer concern about how their needs will be met and the contextual knowledge of those who will advise them, and
- the capacity of providers to develop and plan services to meet the expectations of innovation, continuity and quality with any kind of confidence.

In the context of stimulating a potential market, **social enterprise** is seen as a way of diversifying services, products and offers and creating (more) choice. The circumstances that inform this thinking are that the population is living longer and there will be an increasing demand for services particularly to support older people in the future. Some of these will be acute services, supporting those with dementia for instance, and some will be about encouraging and supporting **independent living** amongst elderly people as well as those with disabilities and health problems.

The expectation is that the market stimulated will be far larger than those numbers of people who, eventually, will manage their own Personal budgets; both from social care, and eventually health resources. The rest of this market will be made up of an **increasing number of "self-funders"**; people who wish to buy services that will not qualify for Personal budgets as the criteria and definitions of eligibility become ever tighter.

In this situation social care authorities identify a responsibility to ensure that services are/will be available for all – budget holders as well as those supporting themselves. They recognise an overarching responsibility for the quality of the environment stimulating the availability of services. The expectation that personal budget holders will be far fewer than others buying the same services is viewed as a significant stimulant to the potential and scale of the market.

It is also believed that the Prevention agenda - the process of supporting people to be more independent and socially engaged – will lead to a shift in what people want in 10-15 years time. This perspective shared by both statutory and independent service providers recognises that the next generations of customers will have more assets and more buying power as well as different expectations of the nature and quality of service that they would expect. The sorts of service requirements that could be envisaged include advice on the use of assets to support personal needs using market place services, developing new financial tools and so on. There will be a significant need to increase the purchasing power as well as awareness and expectation of the future generations in order for a viable market to be sustained.

But we were made aware that opportunities can certainly be threats in the short term. One respondent described an example where the personalisation process potentially threatens day services and this is because, though the need may continue, the demand is uncertain due to resource. Some centres are

already closing due to the lack of certainty that users will continue to have the means to pay, and there has not been enough time and funding for the outcome of Choice and Control to indicate viable continuity with any confidence. Current users may not be future users as Social Services "re-assess" individuals for personal budget eligibility and level. According to need most day care service users pay about 20-40% of the service cost that is currently subsidised. If funding is withdrawn then individuals will have to pay the full cost, either out of a personal budget or their pensions and savings. This level of transfer of expenditure to the customer, with only an (increasingly) few of them with access to Personal budgets, makes anything else but a very cautious market assessment for a viable business service solution possible.

Communication

Discussions with respondents around understanding the Transformation agenda identified that "public service" is driving the "shift" in Government thinking. Historically "forces" – responsibilities, liabilities, and perceptions – have "conspired" leading to a welfare state approach to the exclusion of other opportunities in life. There is now a need to "re-balance", a need to shift from a service to a needs-based approach, a need to recognise the "value of social capital". As part of this process assumptions around the value of services and providers are being made that may stem from understandings based on presumptions of shared ideology.

For instance Social Enterprise is an identity associated **with the community**; its purpose is identified as being of benefit to the community. This is understood as a strength; a "quality" that suggests worth. Practitioners expressed an expectation that personal budget holders will care about these values when they make their decisions. They "[won't] want to line private sector pockets as we do at the moment". It should be noted that for some provider respondents such a simplified analysis does not recognise the business challenges faced by any organisation providing services to this market and a social identity is not necessarily any guarantee of quality.

Respondents recognised that **ideological and political (and personal) issues** and perspectives for social work professionals will pose challenges to a successful Transformation process. Indeed they may be a contributing factor to the delays in the process so far. This is supposed to be a radical change and it may be being approached in an incremental way. "Commissioning", as was, is not now appropriate. The social care role has now become to **commission the nature of service** required; to create an over-arching role that is visionary, informed, influential and directive. There will be cultural tensions in attempting to achieve this role and there is a need for social work professionals to "**re-conceptualise**" their practice. The language of change is inevitably a challenge (a circumstance not unique to Social Services). There is a need to enable social work professionals to think differently in working with providers in order to manage individual expectations now and then.

Quality and impact will be measured as **outcomes**, not inputs or outputs, against the objectives agreed in the personal support plan. The review process should enable a reframing of expectations that will always have the benefit of the individual as the defining purpose. **Well-being** is a legitimate outcome for people on Personal budgets. The efficacy of the experience would be identified/measured in relation to the individual's score on their support plan. The understanding of the social care professional tasked with approving the plan will be key in supporting the exploration and expansion of horizons and aspirations. A respondent noted that Choice and Control is about decision-making not necessarily budget–holding.

The need to **manage information** in such a way that it is understandable by users (and advisors) thereby enabling choice will be key to the success of the Transformation process. There must also be **a responsibility for information to be shared with providers** in order to identify and justify the demand opportunity. As part of this role it was felt that the social care services need to gather some sense of the overall needs of personal budget holders, as well as identify attractive emerging practices that are valued – i.e. improved health through singing etc., in order to share this information in terms of recognising emerging sophistication and developing demand in the marketplace.

However, the purchasing relationship with a provider will necessarily change the way many providing organisations work particularly if they come from the voluntary and social enterprise sectors; and this change in the relationship with primary beneficiaries may prove difficult both for organisations and those that work for them. It is important to recognise that actual and potential provider organisations do understand the imperative to be businesslike and the nature of commercial relationships whilst remaining committed to their primary purposes of adding value.

But it is difficult to be entrepreneurial when the market doesn't really exist yet. The rhetoric and the mechanisms are not familiar and are ideologically difficult, and possibly unattractive to some. Statutory services and, to some extent, social enterprise and voluntary organisations are generally operating in an established providing context, not particularly competitive but also promoted by their own existence. So, the current environment makes it very difficult to think about the nature of service that might derive a steady viable income as a result of the personalisation process.

Product/delivery

As we have identified the funding, or investment necessary for the development of new products seems to be problematic. One way of getting round this may be offered by another tenet of Transformation – that is the involvement of Users. There is, as suggested above, a chicken-and-egg element to this. Will users be able to suggest new ways of satisfying their needs without someone showing what these new ways might look like?

If a supply side marketing mechanism can be achieved, to create awareness of the existence of new services, then Users should be able to vote with their feet. However, we need to acknowledge here the powerful mediating effect of the social work professional, and possibly of some other broker(s) (eg a carer, and/or an existing service provider who is trusted by the service user).

Our discussions recognised that there is **no clarity** around what the possible opportunities could be. There were clear frustrations that recognised threats to current and established practices without much lead on how these could be adapted or developed in a secure way. This lack of confidence does not encourage existing providers to develop alternative service solutions and the newcomers to this market are not being identified or engaged in the discussions.

The social care services felt that providers expect to be told what to do or what is possible and do not realise the opportunity. However, it is recognised that these opportunities are not evident without clarity on expectations, procedures, measures and so on. There is a need to have **more conversations with actual/potential suppliers** about the nature of opportunity in order to prepare ground for new and

different expectations for all. This is a necessary part of establishing the basis for some confident product development, which will, of course, require some investment. The prospect of return must be at least possible if potential provider organisations are to take such **risks.**

As well as the need for shared information mentioned earlier the provider market needs to have some confidence that the mechanisms for understanding the value of a service can be recognised and taken into account in the process of product development. If the role of budget approval is going to be to consider the broader benefit to the individual – say improved well-being – then providers could expect that social care professional would encourage an informed and adventurous approach by budget holders whilst still managing expectations of their own professional responsibility.

The quality assurance and validation of services would appear to be managed through the following criteria:

- **safeguarding** – there will be less direct social care service control but the process is linked to the support planning process including the regular review and approval
- **prevention** – there is a link to a broader intention to have a positive impact on the nations health in 10-15 years. The definition used was "less people less well" – which expressed an expectation of specific health benefits though it is not clear how this might be understood financially and begs the question of how the services will be linked up in relation to identifiable savings cross-silo; between social care, health, economic well-being and so on.
- **cos**t – the market will be competitive but it will be necessary to be able to differentiate between the values of different service approaches. For instance singing or film-making delivered by an organisation which is learner-centred and experienced and skilled in working with certain client groups may have their service offer differently costed and valued than, say, an instrumental teacher.
- **quality processes** – providers may need to demonstrate certain procedures (evident through status i.e. charity, or achieved through commitment to other procedures, common operational standards – Investors in People, PQASSO etc.)

However, these would be measures at an organisational level and not necessarily the best way of determining the quality of the service itself. There is also the concern that cost issues and procedural controls, perhaps the conventional models of standards, may well be in tension with devising creative and diverse new solutions and offers. This situation poses some key questions:

> How do we recognise 'value for money' profitable activity that can be afforded, or even invested in?
>
> What do we need to measure and how do we go about it?
>
> Will this be a regulated market? We need to know or at least understand the expectations of quality and regulation.
>
> Is "shaping the market" in tension with a free market?

A further observation on the potential limited expectations of the market identified the potential allegiance to the current statutory provision (in the form of statutory services), even enhanced or subsidised by other income, as the kind of services that are expected by users. So – 'I love this service, I don't want to change it...'. Given these kinds of expectation it is even more difficult to test new products and services, as well as

making it difficult for others who do not receive these kinds of services to identify what their needs might be in the future.

Quality/Evaluation

When trying to reframe our understandings and expectations of **quality** in relation to this market opportunity we need to consider this as part of a **developmental approach**. How will individuals understand a qualitative difference, in this context an 'improvement', as a result of services purchased in response to a support plan? Respondents indicate an expectation that, more often than not, customers will expect a suitable service based on existing relationships with providers that will suggest **confidence and trust**; this would be the case whether the provider was an organisation, an agency, a friend or a relative. This approach might minimise risk but also might limit potential. Where customers decide to buy new services – from the case studies from personalised budget trials examples of purchases include holidays and dating services as well as canvasses and paints – these individuals are happier **taking chances** in order to **change** their circumstances.

In both cases the only measurement framework we were made aware of was the concept of 'less people less well'. Despite the slightly negative-sounding connotation of this phrase on consideration it has real potential to be an over-arching perspective for valuing the relationships between cost, budget, value, outcomes, engagement, enthusiasm, risk and accountability. This process would require a deal of confidence and commitment to the expectation of medium-term impact, at least, and would translate as a measure of usefulness and benefit in a person-centred environment, embracing personal development, confidence, trust, engagement, adventure, stimulation, control and so on.

So the market mechanism is complicated by the involvement of other players who may influence user choice, and who – in the case of the social worker – will still have the ultimate authority in setting the personal budget, and approving the personal choice of expenditure. But the relationship between the personal budget holder as user/customer and the advisor/approver will be key to the successful agreement of support plan objectives and consequent reviews that will enable the individual to engage with services and recognise their achievement and improvement. The frame for measuring this improvement will be **greater capacity and autonomy** in the particular individual as well as the broader context of 'less people less well'; that is to say that what proves to be good for each person will contribute to the broader social goal of **healthier people at less cost**. However, this impact will have to be captured in quite a sophisticated way to inform judgements on investment and return across health, social and economic well being strategies and interventions.

There is an expectation from respondents that self-funders will also benefit from the advisory role to be performed by social care professionals though how, and at who's cost, is not yet clear. It may be that the dynamics of the marketplace will justify this service; either because the service will be worth paying for by the self-funder or because the broader benefits and returns identified through 'less people less well' will make funded provision viable.

Even recognising the potential of this greater market there will still be a challenge for smaller, community-based social enterprises as demand is likely to be fragmented, unpredictable and inconsistent. So it may be difficult for social enterprises to plan and commit thinly stretched resources in a context of uncertainty. This may stifle exactly the sort of creative and cost effective service development the policymakers have

envisaged.

For a **justifiable** and, presumably, **affordable** offer it will be essential that customers, advisors/approvers and providers work closely together to understand, stimulate and develop the range of service offers in the marketplace. Respondents agreed that some of the key issues to be examined through working together to promote this emerging market would be:

- to overcome allegiances developed through personal trust and relationships
- to maximise allegiances developed through personal trust and relationships
- to identify innovations in services; current providers need to reflect on whether current offers are relevant to the current/emerging demand
- to introduce new providers, who may well be existing businesses extending their offers, e.g. pubs, community cafes, taxi firms, cleaning services and so on
- to recognise the need for income generation to stimulate investment in developing service and products
- to recognise opportunities to diversify existing businesses, e.g. CME, Age Concern, Big C, and maybe even Tescos, as providers who may also offer universal advice and information to customers who trust them
- to recognise the developmental aspect of the market and encourage a reframing of need and
- response
- to identify what sorts of direct supplied services are going to be available for open market offer
- to recognise the potential for provision to be spawned directly from public sector social care
- to develop a better understanding of the Transformation process in relation to the maintenance of service/provision
- to identify the size of this market opportunity including expectations now and in the future of what kind of customer will manage what scale of Personal budgets
- to identify an expectation of the self-funder market bearing in mind that assessment and support systems will be available to all in need of service regardless of the availability of Personal budgets.

So, our exploration of the potential market arising from the Transformation of Social Care lead us to suggest key messages that should inform the necessary dialogue and a framework for how that dialogue might be managed.

Key messages:
Expectations of the nature of service and the potential outcomes and benefits need to change for personal budget holders and those advising and supporting them.

The process of Transformation of the system through the personalisation agenda should be recognised by social work professionals as developmental rather than incremental. This would apply to their negotiations of expectation and outcome with personal budget holders as well as to the management of change in relation to their own professional roles and expertise.

The new system of calculating individual needs and estimating how these needs equate to a level of

personal budget will "correct" some earlier estimates and is likely to leave some individuals with more and some with less.

There has been a trend towards limiting the statutory resources available to those with higher levels of dependency and lower levels of mobility. This narrowing of the resource offer may continue through the personal budget approach.

For every person who qualifies to benefit from the personalisation agenda there are others with similar needs that will not. These individuals may also be customers for services developed as a response to the personalisation opportunity.

The statutory services recognise a broader remit to promote and establish a service environment that will meet and respond to the needs of all customers (personal budget holders and others who wish to, or have to, pay some other way).

Quite a lot of existing funded provision is enhanced by additional non-statutory resources and services found through the efforts of providers and their supporters that aim to improve personal confidence, capacity and quality of life in the medium and long, as well as, short term.

The opportunity is for the development of services, existing, re-invented and new, for more customers than those who do, or will, receive Personal budgets.

If innovative and creative provision is to be driven by a market opportunity serving the needs and interests of the individual customer the market must be able to afford to develop such services.

The price of innovation and sustainable service delivery that will achieve the longer-term aim and, therefore, quality control measure of "less people less well" must be recognised in the calculation of individual Personal budgets to ensure the capacity of all to participate in the opportunity.

The impact, particularly the financial impact, of achieving "less people less well" must be understood across statutory sector delivery. The potential benefit must be calculated not only in social care and health but also in social inclusion and economic development terms.

All decision-makers in this new marketplace must understand the rhetoric, mechanisms and structure of business. The continuity, development and improvement of service can only be achieved if providers can be legitimately successful in their activities.
Assumptions around how quality and cost-effectiveness of service might be understood must be frankly explored in order to identify viable ways of identifying worthwhile and valuable offers to customers, including personal budget holders.

Dialogue and Agenda

If the model of the Market is appropriate, we need to create a way of mediating it. How and where will the Demanders and Suppliers communicate? If new services and new providers are to be encouraged, a place needs to exist where they can generate an understanding of the users' needs and motivations. And if service users are to exploit their new freedom of choice, there must be ways of giving them access

– physical and imaginative – to new creative opportunities.

And if Partnership is the new organising principle (as distinct from Commissioning) then structures need to be created where the subtle and complex processes of partnership can be played out.

During the formative phase of the new model we would advocate the creation of 4 new communication frameworks to support the development of an effective marketplace.

## 1.	Market Intelligence Forum

Made up of key players at regional and sub-regional level representing service users, providers and sources of advice and authorisation, the Forum should meet 6-8 times per year to ensure:

- Updated information on Self-directed Care Plans is aggregated, analysed and disseminated to users, advisers and providers, to inform new product development and delivery
- Updated information on available and emerging new services is collated and made available to users, advisers and providers
- Evaluations/user feedback are made available to help inform planning, decision-making, and new product development
- Effective marketing communication promotes the awareness and understanding of new services and providers
- Information is made available through digital/hard copy sources identified below

## 2.	Change Management Implementation Group

Made up of representatives of professional practice, advisers, user-led organisations and providers at regional and sub-regional level, this group should meet 6-8 times per year in order to:

- Identify priority issues for managers and professionals responsible for delivering the Transformation
- Set the agenda for change in relation to local needs and opportunities
- Monitor progress towards the successful implementation of the change agenda
- Generate and disseminate learning about operational challenges and successes in implementing change
- Feed this learning into the ongoing review and development of operational priorities

## 3.	User Opportunity Source

This needs to be a user-friendly and updateable resource which maps service availability according to service type, geographical availability, user benefit/ experience, intended outcome, cost etc. We envisage a web-based, downloadable Directory, with the contents generated and moderated by the Market Intelligence Forum.

We would suggest this service is funded by Social Services as part of its statutory responsibility to service user. It may be delivered by a social enterprise, or a representative network, or a

commercial marketing services business.

4.   Provider Opportunity Source

This provides updated information to providers – and other service users – about emerging patterns of service demand and consumption. The aim is to stimulate creative and cost effective innovations in response to user preference. This resource aims to support new product development by identifying aggregated demand for services that are really valued by users – both with and without Personalised budgets.

This should be funded and populated by Social Services who will have immediate access to Self-directed Care Plans as they are negotiated, authorised and reviewed.

Finally, if the aspiration of the policymakers and the sector itself – that social enterprises should play a prominent role in implementing the Transformation agenda – is to be fulfilled, it will be important that individual enterprises and/or their representatives are present and contributing to the dialogue that these 4 mechanisms are designed to bring about.

Appendix 1

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