



Market Shaping Review

Market Shaping to Support Individual Purchasing of Care

July 2016



OXFORD
BROOKES
UNIVERSITY



Working in partnership to support implementation of the Care Act

1 Introduction

This paper has been prepared as part of the Market Shaping Review undertaken by the [Institute of Public Care](#) (IPC) at Oxford Brookes University, working in collaboration with the [Care Provider Alliance](#), for the Department of Health ([DH](#)), the Local Government Association ([LGA](#)) and the Association of Directors of Adult Social Services ([ADASS](#)).

The Review aimed to support local authorities to help them discharge their market shaping duties by identifying, analysing and disseminating best practice. During spring 2016 IPC worked with the sector to identify what works best in market shaping, where and why, and then refreshed or supplemented existing tools and guidance. The Review was informed by responses to questionnaires and by a series of interviews with commissioners to obtain case studies, as well as visits to a number of regional forums and three national market shaping workshops. Thank you to all who participated.

Other Market Shaping Review products are listed below:

- [What is market shaping?](#) – an introduction to market shaping, including guidance on who shapes the market and key actions they should be taking
- [Market position statement database](#) – a fully searchable database of all published market position statements in England
- [Market position statement guidance](#) – guidance to help you (re)develop an effective MPS, with real examples, and a checklist to help you assess the quality of your MPS
- [Place-based market shaping: co-ordinating health and social care](#) – a paper, aimed at health and social care commissioners, that explores the importance of developing a place-based approach to shaping the care market
- [Cross-local authority and regional working on market shaping](#) – a paper that explores when and how to take a regional joint approach to market shaping

This paper is for local authorities and providers of care and support to help them think through what market-shaping means in terms of people who purchase their own care and support. In this paper we use the term ‘people who purchase their own care and support’ to mean self funders and people with a personal budget who have chosen to take this as an Individual Service Fund or a direct payment.

It explores what commissioners, social workers (or those involved in the assessment, support planning and review process) and providers can do to understand and shape the market so that the needs of people who purchase services can be met, and to enable them to make informed decisions about their care. Practice examples are included (and case studies in the Appendix) to illustrate some of the approaches which have been taken to address these issues.

2 Individual Purchasing and Personalisation

The majority of care and support in England is purchased by individual purchasers. Personalisation has necessitated an evolution in the role of the local authority, from commissioner of block contracts for part of the population, to facilitator of opportunities for all. As the local authority is increasingly neither purchaser (although it may be the funder) nor the provider, the value it brings is found in the facilitation of supply meeting needs.

This move to greater individual purchasing of care and support means that providers have to promote their services directly to individual purchasers and tailor services to individual needs. Commissioners concerned with shaping the market will want to work with providers to ensure that the needs of people who use services are matched by the supply of services. Those involved in the assessment, support planning and review process will need to take a strengths-based approach underpinned by good local knowledge. For some this will require a change in organisational culture.

Across the sector, there needs to be greater ambition to realise the benefits offered by personalisation. Offering people the same services, but just with different methods of payment, is not personalisation.

Shaping the market to enable individual purchasers of care and support to be able to make good choices about their care will require innovation and change by local authority commissioners, social workers (or those involved in the assessment, support planning and review process) and providers. The benefits will be a more flexible and diverse market that is better able to meet the needs of all citizens.

3 The Context for Individual Purchasing

Under the Care Act (2014), local authorities are required to assign a [personal budget](#) to all people who are eligible for care and support. A personal budget is a sum of money that a local authority allocates to a person to meet their assessed, eligible care and support needs. The money comes solely from adult social care funding. An individual can choose to take a personal budget in one of three ways (or a combination):

- A personal budget can be managed by the local authority (sometimes known as a managed budget) i.e. the person chooses to let the local authority arrange their care and support services.

- An individual service fund (ISF) is a personal budget that a care provider (or other third party) manages on a person's behalf with support provided in line with the person's wishes. The care provider is contracted to do so by a local authority under a flexible, outcome focused contract.
- An individual can choose to take their personal budget (fully or partly) as a [direct payment](#) so they can purchase their own care and support.

In this paper we use the term people who purchase their own care and support to mean individuals with an ISF or a direct payment as well as self-funders who purchase services with their own money.

A personal health budget uses money from the NHS. The “right to have” a personal health budget has been introduced for all people who are eligible for NHS Continuing Health Care since October 2014. In addition, CCGs must offer personal health budgets to people with learning disabilities (in line with Transforming Care) and children with special educational needs and disabilities (in line with SEND reforms). Beyond this, CCGs have flexibility around the scope of their local personal health budget offer. So whilst personal budgets are mandatory for everyone in social care they are not for healthcare. Nine local areas are currently trialling personal budgets that integrate health and social care funding through the [Integrated Personal Commissioning Programme](#).

Individual purchasing arrangements offer the opportunity for greater choice and control for individuals, enabling them to meet their needs and achieve their desired outcomes in more creative and diverse ways. [Think Local Act Personal](#) has produced a wide range of resources to support commissioners and providers in shaping the care market to facilitate the implementation of more personalised approaches.

Many direct payment recipients employ Personal Assistants (PAs), enjoying the benefits that they decide what they want the PA to do and when they want them to work. In March 2015 Skills for Care¹ estimated that there are currently 120,000 PAs in England employed by approximately 70,000 people through direct payments, either employing them directly or making use of an intermediary organisation. However, “There is no real evidence about those ‘self-funders’ who may be employing PAs and who currently have limited contact with any local authorities” (Skills for Care (2015) Supporting individual employers and their personal assistants p2).

The number of Personal Assistants is predicted to continue to increase in the wake of the Care Act. There are resources available to support Personal Assistants and the people that employ them including:

- The SCIE [personal assistants resources](#).
- Skills for Care [Employing Personal Assistants](#) toolkit which is targeted at both Personal Assistants and people who employ them and offers information and support on a range of issues.
- The [Personal Budgets Minimum Process Framework](#) which is an interactive tool that is designed to help local authorities deliver Care Act compliant lean social care systems and processes which relate to personal budgets.

¹ Skills for Care (2015) Supporting individual employers and their personal assistants

Historically there have been concerns expressed by some practitioners and managers² about the risks and responsibilities involved for people with direct payments, particularly those directly employing a PA, as the market is largely unregulated. To enable greater flexibility and choice, direct payment recipients are free to use providers, including PAs, that are not registered with the Care Quality Commission (CQC) if they wish. Self-funders will likewise face new risks and responsibilities where they choose to employ an individual to help them to live independently, rather than purchase from a regulated care and support provider.

It is important to recognise that these developments have taken place within the context of a challenging financial environment for local authorities. Research indicates that these changes have affected the sustainability of some parts of the care market³, leading to some providers to focus their services on the growing number of self-funders.

The adult social care market involves both public and private spending. In addition to public spending it is estimated⁴ that self-funders spend at least £10 billion of their own money on care services. Nearly half of all care home fees are met by individuals with their own money, for example, and estimates suggest that self-funders currently represent between 20% and 25% of the home care market. In 2010, an estimated 339,000 adults bought their own social care. Of these, 170,000 purchased a place in a care home, representing about half of care home places. The extent of self-funding varies considerably across England from 22% of care home residents in the north east to 55% in the south east⁵.

As part of the Market Shaping Review in spring 2016 IPC reviewed a third of published market position statements in England. We found that market intelligence about self-funders – what they purchase and the providers who primarily cater to this market – is limited. See the market position statement guidance for more details. Knowing more about self-funders, and giving them useful information and advice, is one of the most challenging areas of market shaping.

4 Market Shaping Activities to Support Individual Purchasing

“Local authorities must: ‘establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers’.”

Care and Support Statutory Guidance, Section 3.2

² Stevens M et al (2015) Risk, Safeguarding and Personal Budgets exploring relationships and identifying good practice: SSCR Findings 41, NIHR SSCR.

³ County Councils Network (2015) County Care Markets: Market Sustainability and the Care Act

⁴ Skills for Care (2013) The Economic Value of the Adult Social Care Sector

⁵ National Audit Office (2014) Adult Social Care in England: Overview

“Market Shaping... includes working to ensure that those who purchase their own services are empowered to be effective consumers, for example by helping people who want to take direct payments make informed decisions about employing personal assistants.”

Care and Support Statutory Guidance, Section 4.7

The Care Act (2014) introduced new duties for local authorities to facilitate and shape the market, emphasising that local authorities have a responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund. Although the local authority may still act as a purchaser of care and support, its overarching responsibility is to ensure there is a diverse, sustainable and quality care and support market operating in its area. There needs to be sufficient care and support available to enable choice for all those who need care and support, including carers.

Information and advice is fundamental to enabling people to take control of, and make well-informed choices about their care and support and how they fund it. Importantly, the information and advice duty under the Act, like the market shaping duty, relates to the whole population of the local authority area, not just those with care and support needs or in some other way already known to the system or funded by the local authority.

To ensure that local authorities can fulfil their duties, market shaping to support individual purchasing can be broken down into three key activities as shown below:

Figure 1: Three key market shaping activities to support individual purchasing



4.1 Identifying what is needed

Commissioners can work with providers and people who use services to identify what is required to meet their needs in terms of market shaping. This can cover both the types of services and the way in which they are delivered. A range of methods have been used by local authority commissioners to help them identify what is needed, with many commissioners moving towards a co-production approach.

Building an evidence base about what people with personal budgets or self-funders currently spend their money on could be used to develop an understanding of what people want and where there are gaps. This could be done by:

- Collecting information about what people use their direct payments (or own resources) to purchase, and summarising these at a population level.
- Using information from individual assessments and reviews to inform an understanding of demand and identifying where there are gaps.
- Enabling people searching within, say, eMarketplaces to submit an 'interest' in services not yet provided, allowing the authority to build a picture of potential demand.
- Targeted research into what is purchased by, and provided to, self-funders and by whom.
- Providing a clear mechanism for brokerage, advocacy and providers to feed in observations about local needs and supply.

Provider panels and other forums offer an opportunity to find out what providers think are the gaps in services to meet the needs of individual purchasers, and how best to facilitate the development and promotion of those services to people with direct payments and self-funders.

For personalisation to occur, the local authority needs to be able to identify, with people who use services and providers, different services that will better meet needs and the potential for new services to meet currently unmet needs.

For example, commissioning staff at East Sussex County Council liaise with their One Stop Shop colleagues to find out what kinds of services people are looking for when they contact adult social care. This has highlighted a need for a mobile hairdressing service for people who are unable to leave their home.

Another approach is to use a range of consultation and engagement methods, such as focus groups, consultation events, 1:1 interviews and surveys, with people who use services. Good commissioners will be doing much of this as standard. The difference here is the focus on consulting and engaging those with direct payments and self-funders in order to identify what is needed in the market from their perspective.

In Calderdale, Personalisation Engagement Workers (PEWs) visited everyone with a home care service (over 900 people) to talk to them about their experience of home care and to discuss options for them to take more control over their care and support plans, including direct payments and ISFs. Commissioners then shared the outcomes from this work with home care providers with updates each month about who had been visited, what decisions they were

making, and any other feedback on the quality of home care. The exercise was originally intended to inform the retendering of home care contracts.

In Calderdale it was clear that people thought that which organisation provided their care and support was a lower priority than quality issues, such as continuity of care worker and being kept informed if the worker was running late. Most people wanted to stay with their current provider. Also, the majority did not want to manage a direct payment which they thought involved too much responsibility. Calderdale worked with providers to develop an Individual Service Fund Agreement as an alternative mechanism for personalised contracting of flexible support. The ISF provides for the control of a direct payment, but with the provider and the council taking responsibility for payment and audit of the fund. The ISF has proved to be very popular: over 600 people receiving home care chose this option when they were offered it by a PEW as an alternative to being part of the new managed service or to taking a direct payment.



Self-funders have a growing importance in local care markets to a greater or lesser extent across the country. There are a variety of approaches to identifying what they need, including surveys, focus groups and interviews with self-funders and potential self-funders. For example, Richmond Users Independent Living Scheme (RUILS) conducted focus groups and interviews with self-funders in 2013 to gather information on people's needs and what services they wanted developed. This informed the Borough's self-funders needs assessment.

Hampshire County Council commissioned a survey of self-funders in 2011 which showed that: the more intense the level of need, the more likely people were to pay for an agency rather than a more informal individual arrangement; and that many self-funders paid for lower level domestic support, such as cleaners and gardeners, to help them to live independently.

Overall, adopting a co-productive approach with providers and people who use services throughout the commissioning cycle is important in identifying needs. A new style of conversation is required with people who use services and their carers. Commissioners also need to engage providers in mature conversations in identifying what services are needed.

4.2 Sharing what is needed

There are a variety of methods through which local authorities can share with practitioners, providers and potential providers (including micro-providers and PAs) about what is needed by individual purchasers of care. Market position statements and marketplace events are useful ways to share and develop information and awareness about gaps in the market and potential areas for service development.

A number of local authorities operate an eMarketplace. However, the majority are focused on providing information to individual purchasers about what services are available, rather than sharing information with providers. Northamptonshire County Council provides an example of this approach, working with employee and customer engagement specialists to create a web-based marketplace as a one-stop-shop for anyone looking to buy health and support services, either with their own money or with a personal budget provided by the council or the NHS. As well as benefits for people with care and support needs, the council considers that the eMarketplace provides a range of business benefits for suppliers that are registered on it. These include:

- Promotion of the business to the population of Northamptonshire
- Enhanced web-visibility through search engine optimisation
- Improved cash-flow through fewer payment delays
- Ability to tap into increasing demand

Free registration events were organised for local businesses providing such services. As well as being given the opportunity to register for inclusion on the website for free, businesses were also able to speak about the design of their web-presence on the eMarketplace. The eMarketplace aimed to bring together all the support-related service providers, making it easier for people looking for such services, goods, equipment, advice and guidance to buy within a one-stop-shop.

East Sussex County Council adopted a more targeted approach to sharing information about what is needed in order to stimulate and develop the market in terms of micro-providers. The council developed a Needed and Desired Services List which brings together information gathered from ongoing discussions with adult social care commissioners, operational teams, community groups and a service user survey about needs and gaps in the market. The List is a live document which is regularly updated and shared with providers.

Essex County Council is one of a number of local authorities, developing a dynamic purchasing system which will enable individuals to search for and purchase care while service providers will be able to see what services people are looking for. The council will be piloting the approach with social care passenger transport later in 2016. It is hoped that by sharing information about what is needed with providers and potential providers, the market will respond accordingly. The aspiration is that this live feedback will help to shape the market to meet local needs across the county.

4.3 Enabling services to be purchased

Part of enabling services to be purchased, involves the influencing of expectations about what is available and what is possible. Assessments, conducted using a strengths-based approach and underpinned by local knowledge, are influential in setting expectations of the best services for that person to be purchased.

Individual purchasers should have support available to enable them to make the right choices about their care and support options. The Care Act placed responsibilities on local authorities to provide information, advice and guidance to all people who use services, and support those people, should they need it, to make choices about the options they have available.

The funding mechanisms available to people can also influence what they are able to purchase. Throughout this paper we have used the term people who purchase their own care and support to mean individuals with an Individual Service Fund (ISF) or a direct payment as well as self-funders who purchase services with their own money.

The smallest of these three groups is currently individuals with an Individual Service Fund (ISF), and the potential role of these is worth exploring. For some individuals, the ISF can be an attractive alternative to a direct payment as it can remove some of the responsibilities which individual purchasers would otherwise have to bear, such as becoming an employer and dealing with PAYE; while providing greater choice than traditional local authority commissioned services. A number of factors may facilitate the use of ISFs to deliver choice and control to people who use services including:

- Trusting relationships between those involved (providers, commissioners and individuals who use services).
- A diverse and sustainable local market.
- Mechanisms to support and maintain quality of provision.
- Culture change to deliver more flexible, holistic and outcome-focused services.
- Information about the market available to individual purchasers, including price and quality of services.

One approach to widening the availability of provision for individual purchasers is the Support with Confidence scheme. The scheme, which enables services to be purchased from micro-providers by providing market information, is run by a number of local authorities and provides a list of businesses and/or individuals providing care and support services who have been successfully approved, demonstrating that they have undergone the appropriate training and met background checks. Although the detail varies across each local authority, approved scheme members must agree to:

- Be subject to DBS checks.
- Be subject to appropriate background checks including customer references, financial history and trading status.

- Be qualified or trained to a standard of competence to complete the tasks required.
- Be trained and familiar with the local Safeguarding protocols and procedures and know how to spot the signs of abuse and raise a concern where necessary.
- Provide people with appropriate information regarding the services to be performed e.g. costs.

The scheme does not provide a guarantee of the financial status or accept liability for any goods or services provided by any provider. There is also no guarantee of quality or that the price of goods and services supplied is competitive relative to any other provider. However, individual local authorities can use the background checks, including trading history, any county court judgements, and evidence of phoenixing⁶ to provide useful reassurance in relation to financial status and practice. Similarly, training packages for PAs, minimum standards for accreditation and client feedback are used to ensure quality.

East Sussex County Council Adult Social Care developed a [Support with Confidence scheme](#) in partnership with their Trading Standards department to provide accreditation to PAs, day opportunities providers, community provision and other non-CQC registered services in order to allow more diversity in the market. It was seen as a way to accredit the unregulated part of the market so that direct payment recipients, self-funders and care planners could feel confident about purchasing from micro-providers. Approved home care providers and start-up home care agencies have also sought accreditation and this has facilitated new entrants to the home care market. The scheme provides a free six-day training package for PAs and includes DBS and other checks.

The dynamic purchasing scheme being developed in Essex has grown out of the wish to move from directories of available services which simply signpost individual purchasers, to an online marketplace. This enables individuals to look for the services they require, including criteria such as quality thresholds and make direct transactions.

Another approach is illustrated by Sheffield City Council's [recognised provider list](#) (RPL) and application process which provides individual purchasers with a degree of confidence and reassurance about the quality of the service they commission. This helps to develop confidence in the market. The list allows adults in Sheffield who are looking for packages of care and support to choose from a list of providers who adhere to a clear quality framework. The RPL quality standard mark means the care and support provider, meets the Council's standards; will be checked on a regular basis; and will aim to give customers a quality service.

In order to gain Recognised Provider status and the quality mark, providers must be able to meet specific quality standards including: customer-focused care, safeguarding, confidentiality, health and safety, insurance, and quality assurance. Each application is evaluated and scored by assessors who are council employees and people who use services. Applications are accepted twice a year to go on the list. RPL providers are required to send in monitoring information twice a year. They must provide:

⁶ Phoenixing, or phoenixism, are terms used to describe the practice of carrying on the same business or trade successively through a series of companies where each becomes insolvent (can't pay their debts) in turn. Each time this happens, the insolvent company's business, but not its debts, is transferred to a new, similar 'phoenix' company. See <https://www.gov.uk/government/publications/phoenix-companies-and-the-role-of-the-insolvency-service/phoenix-companies-and-the-role-of-the-insolvency-service>

- Statistics about people who use services.
- What feedback they have received from people who use services and how this has been used to improve the service.
- Details of complaints received.
- Details of DBS checks carried out.
- Reviews of policies and procedures.

If providers do not return monitoring information after reminders, they are removed from the RPL. The council also carries out site visits to a sample of the providers on the list. A monitoring visit includes a review of employment practices, client files, policies and procedures, including evidence of how these are implemented. However, the council does not monitor the agreements that are made between providers and an individual using the services.

As part of its overall development of social care and support options, East Sussex has a [website section about micro-providers](#) that:

- defines micro-provision
- outlines sources of support
- offers a contact point and membership of a mailing list
- provides a guide for micro-providers

The guide takes readers through a range of national and local information to get support for their business, and includes sections on where to get support for your business, and detailed listings of sources of funding, tools and resources, and key contacts. This approach makes it clear to small enterprises that they are recognised by the council and needed in the range of service provision.

In Lancashire, the County Council has commissioned a social enterprise (Salvere) to provide a brokerage service which has enabled people to manage their own support flexibly and provided them with information about the services they need. The contract is comprised of two aspects, split 2:1 in value. The first is to provide advice around direct payments, and the second is to innovate in the provision of support planning. The council pays a fixed amount for the delivery of the first aspect, with funding drawn down on a case by case basis for the other. The experience so far is that older people making use of the support planning service, whilst still tending to choose traditional home care options, are beginning to feel more confident in choosing other options instead, or as well. Similarly, Suffolk County Council is piloting use of Trusted Provider Organisations (TPOs) to undertake care and support plans/reviews for customers who are not using their services.

These examples illustrate a range of approaches to enabling services to be purchased. From taking some of the burden of employer responsibility away through ISFs, to providing the individual purchaser with some level of confidence and reassurance about the quality and safety of the service, to sharing information about what is available and facilitating transactions, there are a number of approaches that local authorities are taking to shape the market to enable individuals with direct payments or self-funders to make good choices about the care and support they purchase.

5 Principles for Market Shaping and Individual Purchasing

The key principles for market shaping activities to be effective in supporting individual purchasing are that they are:

- **Ambitious for the individual:** Recognising that personalisation can support people who use services to live their life in the way they choose and promote their wellbeing. If the same services are provided in the same way as before then no one is better off. Commissioners, social workers (or those involved in the assessment, support planning and review process) and providers need to be more ambitious about what can be achieved.
- **Evidence-based:** Market shaping activities need to be evidence-based. This means finding out what people who use services need in order to meet their outcomes, and sharing it with providers and potential providers so that they can develop the kinds of services that individuals want to purchase.
- **Co-produced:** Individual purchasers should be the party 'in control' of what is provided and how it is provided. Local authorities and providers need to work with people who use services to co-produce an understanding of what services are needed, and what is needed in terms of information about providers, in order to facilitate individual purchasing. For some local authorities and providers this will require a significant culture change, learning to hand over power to the people receiving services.
- **Encourage diversity and innovation:** As part of their wider responsibilities, commissioners are required to encourage diversity and innovation in the market. Sharing the evidence of what people need with providers, potential providers and care managers will help to foster diverse and innovative responses.
- **Are outcome-focused:** Shaping the care market for individual purchasers will benefit from an outcome-focused approach. This will also contribute to greater diversity and innovation as individuals may wish to move away from traditional care services in order to meet the outcomes that are most important to them. For example, a trust which preserves historic canal boats provides volunteering and employment opportunities for people experiencing poor mental health.

A market dominated by individual purchasers may present challenges to those tasked with shaping the market. The purchasing power of the local authority to negotiate on price, quality and level of service is likely to be reduced. Transaction costs may increase as a result of the growing number of people purchasing their own care. All of these are transitional issues as the power dynamics shift away from local authorities towards people who use services and their carers.

The challenges faced in facilitating and shaping a market for individual purchasers are worth the prize – a more flexible and diverse market that is better able to meet the needs of all citizens.

6 Useful Links and Further Reading

County Councils Network (2015) [County Care Markets: Market Sustainability and the Care Act](#)

The report presents the culmination of an extensive research project into the sustainability of local care markets in county areas. It shows that the social care system is unsustainably reliant on cross-subsidisation by those people that fund their own care.

<http://www.countycouncilsnetwork.org.uk/countycaremarkets>

Department of Health (updated 2016) [Care and Support Statutory Guidance](#)

Guidance on the implementation of the relevant elements of the Care Act which came into force in April 2015. The Care Act places new statutory duties on local authorities to facilitate and shape their market for adult care and support to ensure there is high-quality, personalised care and support available to meet the needs of all people in their area. The guidance also explains the role of market position statements to set out local authorities' strategies and ambitions and articulate future demand. The market position statement is a key tool of this approach to allow local providers to innovate and adapt services to better meet the needs of local communities and improve their wellbeing.

<https://www.gov.uk/guidance/care-and-support-statutory-guidance>

Health Services Management Centre (updated 2015) [Commissioning for better outcomes: a route map](#)

Co-produced with a wide range of local authorities, service providers and service users, these commissioning standards are designed to drive improvement, provide a framework for councils to self-assess their progress against best practice in commissioning and enable them to identify areas for further improvement. Particularly relevant is standard 4: "Good commissioning is coproduced with people, their carers and their communities. Good commissioning starts from an understanding that people using services and their carers and communities are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and shape of services locally."

<https://www.adass.org.uk/policy-documents-commissioning-for-better-outcomes/>

House of Commons (2016) [Committee of Public Accounts: Personal budgets in social care: Second Report of Session 2016–17](#)

Personal Budgets in Social Care inquiry. All transcripts, written evidence and other material related to the Personal Budgets in Social Care inquiry are available at:

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2015/personal-budgets-social-care-15-16/>

Institute of Public Care (2015) Market Shaping toolkit (MaST)

The Market Shaping Toolkit supports both smaller care providers and local authorities to engage in market shaping, and to work together to develop innovative practice to meet local needs. It highlights good practice around the country in the way that local authorities and smaller care and support providers collaborate and provide innovative services. It offers a series of checklists and materials to encourage good quality market shaping activities.

- For local authorities the toolkit gives some new ideas and suggestions about who to engage with, why and how, in local care markets
- For providers the toolkit offers a stimulus and encouragement to ask local authorities 'Why are we not doing this?'

<http://ipc.brookes.ac.uk/mast>

Institute of Public Care (second edition 2015) Understanding the self-funding market in social care: a toolkit for commissioners

This toolkit was been produced to help local authorities ensure that they comply with the requirements of the Care Act, helping them understand their self-funder population so that they can facilitate and shape their local care market to meet the needs of the whole population. This version includes new information on estimating numbers as well as updated case studies.

http://ipc.brookes.ac.uk/publications/publication_824.html

Institute of Public Care (2010) Assuring quality in the provision of non-regulated adult services

This options framework was designed to help commissioners of adult social care and health services in the South West of England to identify the most appropriate regulatory processes for providers of services not falling under Care Quality Commission (CQC) regulation. Its aim is not to be prescriptive, but to help authorities develop their own set of resources for identifying the contracting and accreditation processes that best fit local circumstances. The emphasis is on balancing responsibility for the safety of vulnerable service users with avoidance of levels of scrutiny that may prove disproportionately burdensome to smaller provider organisations.

http://ipc.brookes.ac.uk/publications/publication_653.html

National Audit Office (2016) Personalised commissioning in adult social care

A review and analysis of progress in personalised commissioning. Based on pre Care Act implementation information.

<https://www.nao.org.uk/report/personalised-commissioning-in-adult-social-care/>

NHS England Integrated Personal Commissioning Programme

The Integrated Personal Commissioning (IPC) programme was formally launched in April 2015 as a partnership between NHS England and the Local Government Association. IPC is a new approach to joining up health, social care and other services at the level of the individual. It enables people, carers and families to blend and control the resources available to them across the system in order to 'commission' their own care through personalised care planning and personal budgets. Nine demonstrator sites were selected to redesign the model of care for people with complex needs in England.

<https://www.england.nhs.uk/commissioning/ipc/>

Shared Lives Plus and Community Catalysts (2013) Commissioning for provider diversity

A short guide and model for local authorities to help them commission in a way which gets better value for money through having a wide range of local services available using personalised commissioning, not just a few large contracts. The guide also seeks to encourage individuals receiving support through personal budgets to consider providing support themselves.

<http://sharedlivesplus.invisionzone.com/index.php?/files/file/184-commissioning-for-provider-diversity/>

Think Local Act Personal (updated 2015) Personal budget minimum process framework

The Personal Budgets Minimum Process Framework is an interactive tool. It is designed to help improvement officers and managers working in councils, and their partner organisations, deliver Care Act compliant lean social care systems and processes which relate to personal budgets. It also addresses other common issues related to delivering the best outcomes for personal budget holders.

www.thinklocalactpersonal.org.uk/Personal-Budgets-Minimum-Process-Framework/

Think Local Act Personal (2015) Individual Service Funds (ISFs) and Contracting for Flexible Support

This TLAP guide, aimed at council commissioners and providers, sets out how councils can contract flexibly with a service provider to meet a person's needs, and contract in a way that gives the person more control over their support.

<http://www.thinklocalactpersonal.org.uk/Latest/Individual-Service-Funds-ISFs-and-Contracting-for-Flexible-Support/>

Think Local, Act Personal (2015) Top Tips: Commissioning for Market Diversity

This guide aims to help council commissioners focus on the work they need to do in developing a care and support market that reflects the diversity of their local population and offers choice to all. Top Tips offers examples and links to further information and a short series of questions that will help councils assess their progress in meeting market shaping duties and developing a diverse local market, as defined in the Care Act 2014.

http://www.thinklocalactpersonal.org.uk/_assets/Resources/NMDF/TLAPTopTips.pdf

7 Appendix – Case Studies

7.1 Calderdale – Engagement Exercise on Home Care and Independent Service Funds

What is the market shaping activity?

Calderdale Council wanted to develop a new service model for home-based care and support which put the person in control of how their outcomes were being met and delivered. They took the opportunity of the end of the existing home care contract to try and modernise the local offer and embed a reablement focus into all home-based care and support, which would involve a culture change for some providers.

Personalisation Engagement Workers (PEWs) visited everyone with a home care service (over 900 people) to talk to them about their experience of home care and to discuss options for them to take more control over their care and support plans. PEWs visited people to:

- Find out what was important to them about their support and what they felt makes a good life
- Let them know that the home care contracts would be changing and how this might affect them
- Discuss what options were available to them to take control of their situation in terms of direct payments, individual service funds etc.

Commissioners then shared the outcomes from this work with home care providers with updates each month about who had been visited, what decisions they were making, and any other feedback on the quality of home care.

It was clear that people were less bothered about who provided their support than about quality issues, such as continuity of care worker and being kept informed if the worker was running late. A large number of people did not want to disrupt their care through changing their provider (over 60%); they just wanted small changes that would improve the quality of their current arrangements, such as being able to contact their care provider easily.

The Council worked with providers to develop an Individual Service Fund Agreement (ISF), which puts the person in control of who provides their care without the bother of having to administer the finances. This proved more popular than expected with more than half of service users applying for an ISF.

Why is this market shaping?

The Council wanted to increase choice for people who use services in Calderdale while focusing on developing relationships with three strategic partners covering the three parts of Calderdale. The initiative helped to identify what was important to people and to facilitate a mechanism for meeting the needs of individuals better.

What local conditions enable this to work?

The time and effort put into the engagement exercise contributed to the success of the approach. The Council also worked hard with providers to develop a greater degree of trust.

What did you have to overcome?

The amount of consultation was a challenge, but was considered to be worthwhile.

What has been the impact on the market?

The overall result has been to stabilise the market with a reduced number of providers. SME participation in the market has been sustained and developed. The number of people with an ISF has increased by 530, and the number with a direct payment has increased by 54 between 2012 and 2015. ISF hourly rates have remained stable and close to the home care standard hourly rate.

What has been the impact on the wellbeing of people who user services / carers?

The success of the approach from service users' perspective is indicated by the great increase in take-up of ISFs and to a lesser extent in direct payments. Service users have more control of their care. An example is a provider who arranged on behalf of the lady they provide care for to take a holiday in Wales with a local Welsh care agency providing Personal Assistants to support her. This was the first holiday she had had in over 10 years.

For further information, contact Elaine James at: Elaine.James@calderdale.gov.uk

7.2 East Sussex – Needed and Desired Services List**What is the market shaping activity?**

Starting in 2012, a pilot project aimed to explore and facilitate the use of Support with Confidence and micro provider services to deliver creative solutions to meeting service users' identified needs and outcomes. The pilot was run as a prototype with the Lewes and North Wealden Assessment and Care Management Team and with representatives from the Countywide Reviewing Team.

The Support with Confidence scheme was developed by Adult Social Care in partnership with the Trading Standards department to provide accreditation to PAs, day opportunities providers, community provision and other non-CQC registered services in order to allow more diversity in the market. It was seen as a way to accredit the unregulated part of the market so that both self-funders and care planners could feel confident about purchasing from micro-providers.

Approved home care providers and start-up home care agencies have also sought accreditation and this has facilitated new entrants to the home care market. The scheme provides a free 6-day training package for PAs and includes DBS and other background checks.

The pilot highlighted the way that the brokerage system did not support social workers to look at the market beyond traditional home care, and the need to collate local market intelligence on what alternatives were available. This resulted in the development of the Needed and Desired Services List which brings together information gathered from ongoing discussions with adult social care commissioners, operational teams, community groups and a service user survey, about needs and gaps in the market. The List is a live document which is regularly updated. Staff liaise regularly with the Front Door Service team to find out what kinds of services people who contact them are looking for.

It identifies gaps in services that micro-providers might be able to fill in particular localities. The outcomes of this research are shared with all micro-providers to inform any potential service development, though with careful caveats about ensuring that providers explore the potential fully before investing in a response. In order to spread knowledge about micro-providers among care managers and other operational staff, the market development team ran a “Dragon’s Den” style marketplace event. All micro-providers had a minute to put their particular offer across and this alerted staff to the alternative options available in the market, sharing information and developing awareness in a time-efficient way.

Why is this market shaping?

The List has enabled care planners to take a more creative approach to support planning and for micro-providers to develop their services. For example, using the list as a basis for talking to mothers and toddlers groups and being able to offer the Support with Confidence scheme has encouraged individuals to become PAs. There are examples of people who have become PAs through the scheme who now employ their own staff, or have moved into a career in the voluntary or statutory sector.

What local conditions enable this to work?

Good relationships with operation teams and the Front Door Service have enabled the List to be kept up to date and assisted creative approaches to support planning. The Council team also has good links with Social Enterprise East Sussex and both organisations signpost people to each other.

What did you have to overcome?

Resourcing regular updates has been a challenge. Demand for PAs continues to grow and it remains challenging to meet the level of demand.

What has been the impact on the market?

The List has provided an evidence base to go out to the market and talk about what is needed. The Council is careful however, to emphasise that it is not a guarantee of work. The Support with Confidence scheme has given people the confidence to use PAs and other micro-providers.

What has been the impact on the wellbeing of people who use services / carers?

The List has enabled the Council to support the development of new services that enhance the wellbeing of some service users. For example, updating the List led to recognition of a growing number of people with hoarding behaviours. This led to the development of a service specification. Through Support with Confidence, the Council started working with a cleaning company that was linked to a home care provider to develop a supportive decluttering service which has been highly popular.

The Council has not been informed of any safeguarding alerts with PAs in East Sussex which indicates the success of the training provided as part of the Support with Confidence scheme.

For further information, contact Bianca Byrne at: Bianca.Byrne@eastsussex.gov.uk