

‘NOT FOR THE TENDER HEARTED’

Moving from block contracts and tenders, to individualised services

Owen Cooper, Chief Executive, IAS Services
and Helen Sanderson, Consultant, HSA

Introduction

People requiring support to live an ordinary life have historically found themselves grouped together within a block contract, where a commissioner contracts with a provider to support a number of people. Putting People First calls for individualised services, which cannot be delivered using this ‘wholesale’ service approach. Innovative commissioners and providers are exploring how to move from this traditional system of block contracts to individual service funds, where the individual determines their service and the provider is accountable to provide this (see our earlier paper, ‘What are we learning about Individual Service Funds’ on supportplanning.org for a fuller discussion of this)

This paper suggests one approach for moving from block contracts to individual service funds, through person centred reviews. We begin by thinking in more detail about the problem we are trying to solve and then proposing a way forward.

What is the problem we are trying to solve?

The block contract and tendering process may appear to be an efficient process for serving lots of people but in reality it is of questionable benefit for any individual. In fact, the re-tendering of block contracts creates uncertainty and anxiety for people supported within the contract, and for family members and friends. It could unsympathetically be described as putting people up for sale. Very few of us like to be passive players when major decisions are being made about our lives, even when the decision makers are benevolent people.

Many people connected to the tendering of block contracts have been unhappy with the process, but have struggled to come up with a suitable alternative. Putting People First creates an opportunity for people to take an active role in deciding how they will be supported and by whom. Progressive Local Authorities are working hard to ensure each person has a Personal Budget and people have the capacity to exercise choice and control.

Where people are already served as part of a block contract, this creates a challenge of how to deconstruct this and provide individualised and accountable services. How do you create a straightforward and transparent process that would enable a person to decide whether they wanted to continue with the existing provider or explore other options?

How can you create a process that is readily understood, relatively simply to implement and endorsed by all the key players - individuals and their families, providers, contracts staff and commissioners?

Such a process would need to be available for everyone, regardless of their ability to communicate and make decisions, or whether they have the support of family members, close friends or circles. It would also need to be simple to implement, to avoid a default position of people remaining in a block contract that goes out to tender because implementation was too complex or too resource intensive.

In summary the questions and challenges become:

- How can we create a commissioner or Care Management led process that enables people to move from block contracts to individually funded services?
- How can we create a process that is easy to implement and which can be facilitated by someone independent of the provider? i.e. it is not the provider 'choosing' itself.
- How can we create a process that demonstrates that a person has exercised choice and control? i.e. pleased with the current arrangement and wishes it to continue, or unhappy and wants it to change.
- How do we ensure there are sufficient resources available to facilitate an independent and transparent decision being made?
- How do we train and equip those given the responsibility to facilitate this process?

A potential solution

To move from a block contract with a provider to an individualised service means that we need to know:

- What the indicative allocation is for each individual
- Whether each individual is happy with their existing service and wants to remain with the provider but with an individual service fund instead of a block contract, or
- Whether the person wants to look at other options for using their personal budget (for example an individual service fund with another provider, an individually commissioned service or employing their own Personal Assistants)

In Lancashire the commissioner has approached this by working with preferred providers and by talking individually with people directly about these options. This has been effective, and is described in the interim report (ref). As Local Authorities move to making this happen at scale, other options may need to be explored, that also include a transparent process that records how the decisions were made.

One possible process would be to use a person centred review to discover what is working for the person, and what is not working and to decide on balance whether the person wants to continue to be served by the existing provider or to use their personal budget differently.

A person centred review

Person centred reviews were originally used with young people in transition, and are now used in adult services, by care managers, commissioners and providers. The process now has widespread support in being used within adult services generally.

- A small scale study showed that individuals who use services prefer this approach (Person Centred Reviews in Adult Services on www.helensandersonassociates.co.uk).
- Several of the large national providers have committed to implementing person centred reviews with everyone they serve, and also using information from these reviews to inform service development and business planning (see 'Individual to strategic change' on www.helensandersonassociates.co.uk for a description of this process).
- The Department of Health has been working with four Local Authorities to use person centred reviews as a way to provide information to 'co-produce commissioning'.

The review process takes about an hour and a half, and uses a series of questions to discover what is important to the person now and for the future, what best support is for them to stay healthy and safe, and what is working and not working for them from their perspective and from others perspectives. A review ends with actions, and with person centred information that can form the basis of a person centred plan or support plan.

From person centred reviews to individualised services

One possibility would be for each individual to have a person centred review, facilitated by their care manager, involving family and friends (where possible) with the provider to look at what is working and not working about the current service. At a simple level, on balance, where things were working well from the person's perspective and from others perspective as well, then the decision could be made for the person to use their personal budget to be used as an individual service fund through their existing provider. The actions would include the provider working with the individual to use existing person centred information and the information from the review to develop a costed support plan to be approved by the relevant

budget holder. This is, or could be, described as an example of a 'Provider Pathway' to support planning and brokerage.

If there were significant concerns, either by the person themselves, their family, care manager or provider themselves, then other options would be explored separately by the person and their care manager. The existing provider would no longer support the person.

The diagram opposite demonstrates how this could work.

Some earlier questions addressed

Here is how using person centred reviews could address some of the challenges and questions posed earlier.

In Wiltshire the whole of the community learning disability team (including care managers) are using person centred reviews. The 'Care First' IT system has been developed to be able to accept information from person centred reviews.

In Halton many of the care managers are trained in person centred reviews, and are using these to review packages of support. As we already have examples of care management teams using this process, this suggests that it may not be too difficult to implement. In addition, care managers and health professionals have commented that this takes them back to the heart of why they wanted to work as social workers/ care managers or health professionals, and are more successful than traditional reviews.

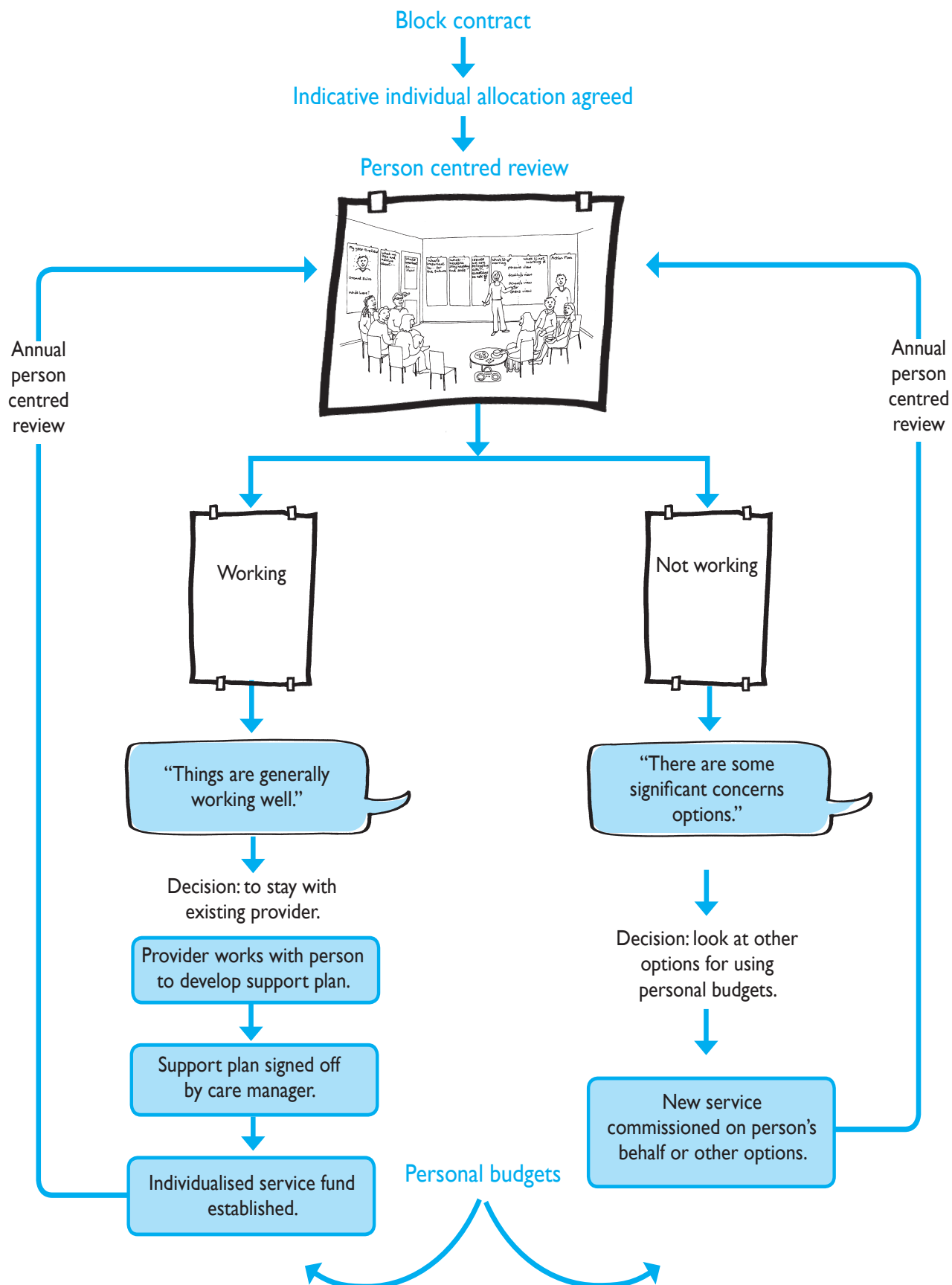
"I've done thousands of reviews in the traditional sense but these two person centred reviews were the most successful reviews that I have every completed, and now several months later they still have their effect. Brilliant." Paul Butler, Social Worker

Given that the care management role includes reviews, adopting this process requires some additional training (3 days) and support to use it (care managers are usually coached and supported to do their first review using this process). Wiltshire have demonstrated that the IT systems can be adapted, and in Enfield, fill in booklets have made it easier for care managers to use the process by streamlining the paperwork.

By having an independent care manager facilitating the process, it is less likely that providers would be able to 'choose themselves' the person and their allies look at the balance of working over not working and are supported by the care manager to decide to stay with their existing provider or look at alternative ways of using their personal budget. This demonstrates that a person has exercised choice and control.

What are some of the challenges in using this particular approach?

Person centred reviews cannot be accelerated into 20 - 40 minutes. One of the challenges in adopting this approach is that where resources are tight and



care managers conduct telephone reviews, this process could not work. Yes, you could use some of the person centred questions from the review process in telephone reviews, but part of the strength of this process is hearing from different perspectives on the deceptively simple questions of 'What is working and not working'. So, like many innovations, time and resources could limit effectiveness. However, this approach would be targeted to the people who are served in existing block contracts. The amount of time invested in the retendering process (for everyone - care managers, contracts staff and providers) would need to be balanced against the time taken to facilitate person centred reviews. However the argument made earlier for adopting person centred reviews is not about efficiencies (although these are possible) but for a transparent decision making process that truly puts individuals and their families at the centre of deciding about their future.

Conclusion

In many areas of the country there is support for providers to be innovative and to make significant contributions to moving progressive agendas forward. Many people have moved out of shared tenancies/group homes into an individually designed service as a result of joint work on developing person centred approaches. The range of housing options available to people has increased, and has included people taking on their own mortgage via shared ownership schemes. Providers and commissioners may face different pressures, but have a joint goal of wanting to explore how we might put real choice and control into people's hands.

A lot of work and thought is going into changing the commissioning processes to not rely on the tendering of block contracts. Many people are unhappy with the existing process of block contracts and a variety of ways of resolving this dilemma have been looked at without having found many answers. There's been a fair share of frustration and disappointment at having not cracked it, and for allowing multiple agendas (and life!) to get in the way of better progress.

We offer this as a straight forward and implementable process that will allow each person to exercise choice and control. This care management led process will ensure a sufficient degree of independence in finding out whether the person is content with his/her lifestyle and the way they are being supported. If this is the case the person can choose to stay with their existing provider and work with them to develop a costed support plan and use their money as an Individual Service Fund. If the person is not happy with the current arrangements, they can be supported by the care manager to look at other options.

We are cautiously optimistic that this approach may offer a way forward, and are in discussion with three local authorities to test this out. The will is there. We also know that things can take twice as long as you would imagine, and that unforeseen obstacles can appear. Taking all that into account, we are confident that this approach can work, and will share what we have tried and learned from this.

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