

Be Bold

developing the market for the small numbers of people who have very complex needs



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Introduction and Purpose



We chose the title “Be Bold” to give courage to those individuals, families, commissioners and providers who are striving, seemingly against the odds, to create good local services for people who, more often than not, find themselves excluded. The examples of best practice illustrate that brave, determined and creative leadership can and does

overcome what can appear to be insurmountable barriers. By sharing their strategies and ideas, and learning from their example we hope you will be inspired and emboldened to do likewise.

Bill Mumford Chair, Voluntary Organisations Disability Group (VODG) and the National Market Development Forum

This document was produced by the National Development Team for Inclusion (NDTi) for Think Local Act Personal’s National Market Development Forum (TLAP’s NMDF). It is a practical, solution-focused resource that brings together the headlines on what is known about how to develop the adult social care market. It is intended to help adult social care commissioners and their health partners, providers, and people who use services and their families to work together to develop local, individualised services that increase choice and control. For commissioners and providers, the document offers pointers on the actions to take. For local people and families, it provides a framework for holding commissioners and providers to account.

The work falls within the TLAP partnership’s response to the events at Winterbourne View, and forms part of the Department of Health’s (DH’s) interim report action plan on Castlebeck. However, although it looks primarily through the lens of learning disability, most of the themes it highlights are generic. Its relevance therefore extends beyond people with learning disability to any groups of people with a particularly complex range of needs, and who existing services may struggle to support.

The content is based on:

- Discussions with a wide range of stakeholders, including national organisations, commissioners, providers and people who use services and their families; and
- A review of existing guidance and other work on market development.

It briefly summarises the barriers to the development of local services, then focuses on the factors that can help. Each section on potential solutions includes headlines summarising the actions commissioners and providers should adopt and avoid, and is illustrated with local examples of interesting practice and signposts to existing tools and resources. Not all the examples included have been fully evaluated, and in some cases evidence that they are delivering firm outcomes is still emerging, as the initiatives are at an early stage. However, all the examples are included either because they are attempting something new and different, or else they are typical of a number of examples we found.

The final section summarises the headlines from the document into a checklist for commissioners and providers. This is intended to help local areas assess where they are now, and to highlight the areas where they need to take action to make further progress towards flexible, responsive local provision.

The case for flexible, person-centred local services is well known and has been set out strongly and in detail elsewhere.^{1,2,3} In addition to offering better outcomes and improved quality of life to people with complex needs, there is no doubt that local services make much better use of scarce resources and represent much better value for money. Case studies from the Association of Supported Living (ASL) clearly illustrate how a tailored local response can both change lives and save money.⁴

The document therefore does not attempt to restate the policy background, or once again to make the case for the importance of market development; its aim is to complement existing work and to offer some solutions. Its starting point is that developing local services is an important and necessary activity, but one that is not always easy to achieve.

1 DH, *Services for people with learning disability and challenging behaviour or mental health needs (Updated Mansell Report)*, DH, 2007

2 Emerson et al, *Commissioning person-centred, cost-effective, local support for people with learning disabilities*, SCIE, 2007

3 *Challenging Behaviour Foundation, Challenging Behaviour Charter*, 2010

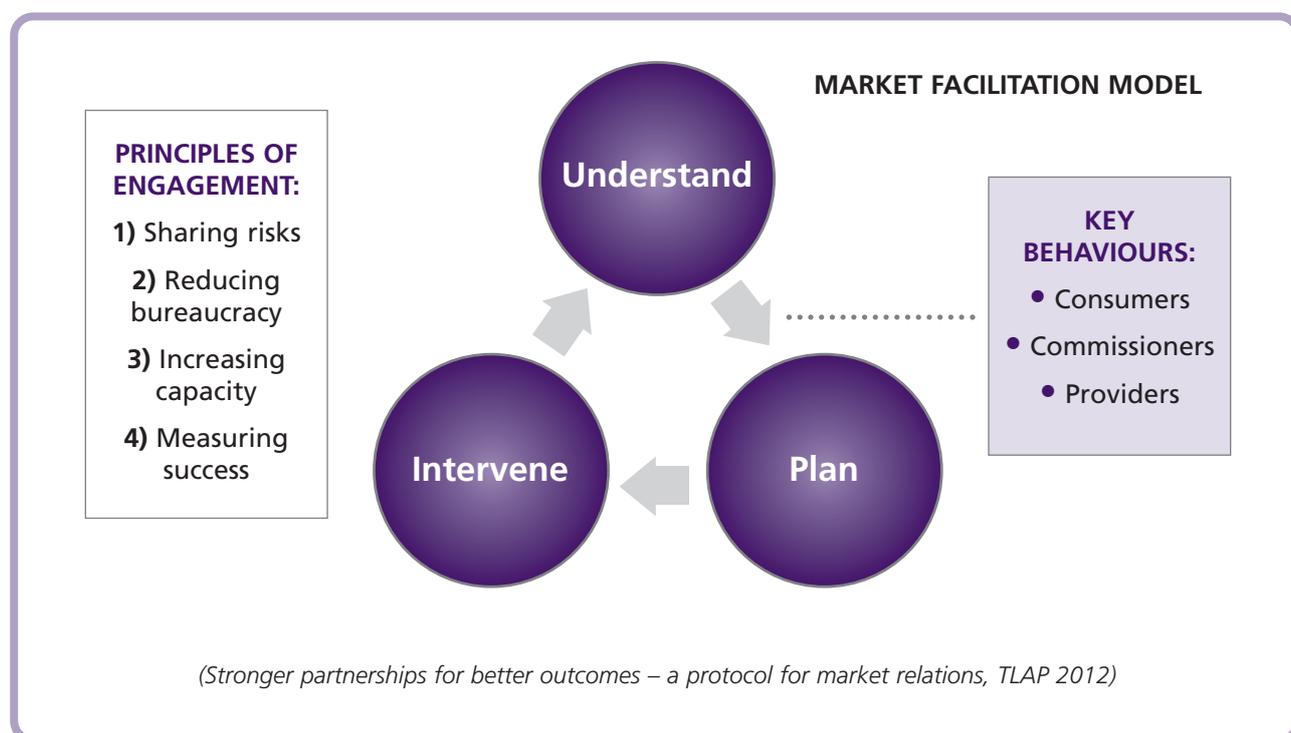
4 *Association for Supported Living, There is an alternative*, ASL, 2012

What is market facilitation/development?

The *Caring for Our Future* White Paper⁵ sets out the government's plans to promote a diverse market of high quality services to improve quality through individual choice and control. The draft Care and Support Bill will formalise local authorities' duty to develop a local care market offering high quality services that deliver what local people need.

The DH has launched the Developing Care Markets for Quality and Choice programme to help local authorities to meet this duty. The programme will support local authorities to develop the skills and expertise they will need in future, including commissioning based on quality, outcomes and value for money.⁶

The NMDP itself has recently produced a comprehensive protocol that describes the activities involved in market facilitation, together with the principles that should underpin it, and the behaviours that make



⁵ <http://caringforourfuture.dh.gov.uk/>

⁶ More information available at <http://ipc.brookes.ac.uk/dcmqc.html>

it happen. The protocol advocates co-production, with people who use services, their carers and families, commissioners and providers working in partnership to build a flexible, personalised care and support system. This approach is equally applicable to commissioning services for people with complex needs.

Market facilitation can operate on a micro level, for example in designing a bespoke service for an individual with complex needs. It is also an important element of strategic commissioning, which can involve working with existing providers to deliver new types of service, bringing in providers from elsewhere, or stimulating the growth of new, local providers, such as micro-enterprises, to fill gaps in the local market. These different approaches are discussed in more detail below.

Why is it so difficult? The factors that get in the way

There is a growing body of evidence about the barriers to market development. Commissioners and providers understand that the existing situation is untenable. Unacceptable numbers of people with complex needs are living in institutions, often far from home, that deliver poor outcomes at high cost. But consistent and lasting service change has been frustratingly difficult and slow to achieve. While the barriers are set out below, some strategies for tackling these are described in the section that follows this one.

Lack of information/market intelligence/commissioning capacity

Commissioning capacity is often limited. Many commissioners do not have sound information about their local population and their current and future needs, or an overview of the range of services that is available. Transition planning, too, is variable in its quality, partly as a result of capacity problems in children's commissioning, and there is sometimes a weak focus on outcomes. Young people can end up in distant residential services because local colleges are not confident in their skills, because suitable foster carers are not easy to find, or because partnership working across children's services and adult social care, health and education is not well developed. These factors can together result in a lack of strategic planning, and a reactive approach to crises, which in turn can lead to the 'Friday afternoon placement'.

Mechanics of commissioning process

Procurement processes and framework contracts can be problematic for small, local providers, who may not have the capacity or infrastructure to participate. Where funding is available to help start-up micro-businesses, it is rarely accompanied by the on-going advice and support that such organisations need if they are to thrive. In addition, some commissioners are reluctant to work in partnership with providers in designing and developing services, fearing that this is contrary to competition legislation. This has the effect of stifling innovation and investment from providers, who often have the expertise to develop flexible solutions. The next section challenges this narrow view of competition, and includes signposts to resources that can help commissioners make the case for a more flexible approach. In the current financial climate, the central involvement of people who use services in making commissioning decisions may also be under threat.

Financial flows across NHS and social care

As budgets grow tighter, increasing austerity can result in friction over funding responsibilities between the NHS and councils. In the main, councils lead on the commissioning of lower level support in the community, while the NHS is more likely to fund residential services that respond to crises, such as assessment and treatment units. The incentives for investment in good quality local alternatives are therefore not strong.

Attitudes and expectations

People with complex needs and their families may have low expectations about the services and opportunities that are available, and the possibilities that may be open to them. They may also have greater faith in distant services that they see as more highly specialised. Commissioners, too, may assume that there is less risk involved in placing a person in a distant residential unit than in developing a local, housing based response. There is a growing evidence base that shows how individualised, community-based services deliver better outcomes for people as well as offering better value for money. But this is not yet consistently reflected in commissioning decisions, nor are the rights of people with complex needs to expect services that help them to live a full life in their community.

Shortage of housing

In the south-east, in particular, a shortage of social housing stock means that it can be difficult to develop local solutions that rely on suitable housing. While it is of course possible to make use of the privately-rented sector, it may be a less secure option, partly because private landlords may have little experience of people with complex needs and may be less flexible in their approach.

Commissioners understanding of and use of workforce data.

Workforce redesign and workforce commissioning are rarely seen as an integral part of the commissioning process. Few commissioners consider the workforce implications of commissioning decisions, for example by reviewing data on workforce trends. The availability of the right staff with the right skills is not always a factor that commissioners take into account when developing new service models. Learning and development programmes are sometimes insufficiently versatile and robust to respond to the changing demands of the social care sector.

Opportunities to share and learn

Examples of innovation and notable practice are not always captured, learned from and adopted widely. Academic research is rarely accessible to people who deliver or commission services, and within adult social care there is no tradition or culture of peer challenge or evidence based practice. Financial pressures on both commissioners and providers mean that it is harder to make a case for taking time out to share experience and to learn from the experience of others.



What helps? Overcoming the barriers

Financial pressures and the barriers highlighted above are universal issues, and in some areas, through will and determination, have managed to overcome them. Courageous and committed leadership, combined with a sensitive and robust approach to change management, have enabled positive change to occur. The next section highlights the factors that can help commissioners, providers, and people who use services, their carers and families work together to bring about change.

Leadership and vision

WORK TOWARDS ...	MOVE AWAY FROM ...
A clear vision that everyone understands and that is rooted in peoples' aspirations.	The vision is buried in strategy documents and does not relate to improving peoples' lives.
Leaders at all levels communicate the vision at every opportunity, and make it real in the way they behave.	There is a disconnect between what leaders say and what they do. Leadership is concentrated at the top of organisations.
Elected members are actively engaged in setting high expectations and tracking progress.	Elected members have little involvement
Staff are positively encouraged to reflect on what they do, and to make suggestions about innovations and improvements.	There is a risk-averse culture and individuals are blamed if things go wrong.

A clear, widely understood vision for the future must underpin any change. This should be values based, and rooted in people's experience and aspirations, as shown by the two examples below. Good leadership is vital, at every level and across the system. Strategic leadership needs to be complemented by local leaders who have a deep understanding of the resources that exist in the community, as well as the needs and aspirations of people with complex needs and their families.

Elected members can also play an important role in setting high expectations. A flexible, responsive organisational ethos that supports staff to innovate, to take risks and to learn is important.

EXAMPLES

For the NHS and social care partners in **Salford**, the shared message on local services is 'Ordinary homes in ordinary streets'. This is widely understood and supported by all staff, at every level, and it is the guiding principle for all that commissioners and providers do. This message has been endorsed by elected members, who have set a local target for bringing back people who have been placed outside Salford in the past.

In **Birmingham** the whole system's philosophy is described as aiming to make people "admission proof" – so no matter how difficult things get, people will be supported in the new service and not re-admitted to hospital. This principle underpinned discussions and decision-making around services when they were in crisis. Achieving this aspiration, of course relies on the availability of a range of good local alternatives, with a commissioning strategy and partnership working that underpin the local approach.

– Adapted from *Guide for commissioners of services for people with learning disabilities who challenge services*, NDTI

Tools and resources

- **Shaping the market for personalisation: Diagnostic and action planning tool (TLAP)**
www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Shaping_the_market_12.4.11.pdf
- **Guide for commissioners of services for people with learning disabilities who challenge services (NDTI)**
www.ndti.org.uk/publications/ndti-publications/commissioning-services-for-people-with-learning-disabilities-who-challenge-/
- **Leadership Qualities Framework for Adult Social Care** (National Skills Academy for Adult Social Care)
www.nsocialcare.co.uk/about-us/leadership-qualities-framework

Personalisation and person-centred planning

WORK TOWARDS ...	MOVE AWAY FROM ...
Very tailored approaches, co-produced with the person.	Planning that slots people into one size fits all service models.
A strong link between person centred planning and strategic commissioning, so that market development work is built on information about what people want.	No clear route to feed information from person centred planning into strategic commissioning.

Genuine person-centred planning, which is based on an ethos of citizenship and inclusion, and leads to tailored co-designed approaches, will help to drive the development of flexible local services. Few people, given a choice of alternatives, would opt for an institutional model of care and support. TLAP's framework, *Making it Real: Marking progress towards personalised, community-based support* (see link opposite) restates the central importance of personalisation, and sets out what people who use services should expect to see in a genuinely personalised care and support system.

Person-centred planning needs to be supported from the top of the council, and plans need to be reviewed regularly to ensure that outcomes are being delivered. Information collected through the person-centred planning process can be aggregated up to inform strategic commissioning and the development of new services or opportunities. The extended version of the case study below shows how a highly personalised approach can not only transform peoples' lives, but also make better use of resources.

EXAMPLE

Teenager Joe has a severe learning disability and is on the autistic spectrum. Excluded from statutory services he was sectioned under the Mental Health Act and spent six months being assessed. He would only ever eat crisps and his behaviour meant he was being physically restrained 15 times a day by up to four staff. His future looked bleak until the charity MacIntyre stepped in and, with the help of a supportive local authority commissioner from Oxfordshire County Council and a multi-professional health team, his life was turned around. Over time, they built up a trusting relationship with Joe and created a tailor-made package of care, which means today Joe lives in his own house with his own friends and is leading as independent a life as possible.

– Adapted from *The right line for social care*, *The Guardian*, July 2011

Further details in case study: *Strong commissioner-provider relationship, personalised and responsive service delivery: MacIntyre and Oxfordshire county council*
[www.vodg.org.uk/uploads/pdfs/Another_way_FINAL\(1\).pdf](http://www.vodg.org.uk/uploads/pdfs/Another_way_FINAL(1).pdf)

Tools and resources

- **Making it Real: Marking progress towards personalised, community-based support (TLAP)**
www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR/
- **Working together for change – DH/Helen Sanderson Associates – tool on using person centred information in strategic commissioning.** This is a simple six stage process that uses person centred information and themes it to inform strategic change. The person centred information may come from person centred reviews, person centred plans or support plans.
www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Personalisation_advice/WTFc_Final.pdf

A planned approach to commissioning that is based on good intelligence

WORK TOWARDS ...	MOVE AWAY FROM ...
A local market position statement that is aimed at existing and potential providers and clearly sets out what is likely/unlikely to be commissioned in the future.	A statement that includes a great deal of data, but little about what this means for what is commissioned.
The market position statement is used as a starting point for building a constructive dialogue with providers.	Publishing a market position statement and seeing this as an end in itself.
Commissioners are explicit about the outcomes they want services to achieve for people, and track these systematically.	Services are commissioned solely on the basis of outputs (such as number of attendances at a day centre).
A good overview of changing needs and proactive responsiveness to these, so crises are very rare.	Limited detailed awareness about the people in the community who have complex needs, leading to a reactive approach to crisis.
A clear understanding of the local workforce, its size, shape, mobility and skill sets.	A workforce plan that is not explicitly part of the commissioning plan.

Good data and a planned approach allow commissioners to identify emerging needs or potential pinch points early, to reduce crises, and to minimise reactive commissioning and ‘Friday afternoon placements’. Good workforce commissioning needs to work alongside market development in order to ensure that the right workforce, with the right skills is available in the right places.

The role of councils is shifting over time away from direct commissioning, towards ensuring that a range of services is in place for personal budget holders and self-funders. Market position statements bring together data on the local population, now and in the future, an overview of local services, and commissioners' views about the ways in which services will need to change over time. They are outward-facing documents aimed at existing and potential providers. Links to examples are below.

Clarity about the outcomes commissioners want to commission, and how these will be measured is also important. An example of an outcome-based commissioning process is included below. The local account may have a role to play in setting out progress towards goals for the development of local services.

EXAMPLES

The **Association for Supported Living (ASL)** has summarised the factors that help commissioning deliver good outcomes for people, drawing on the experience of their members:

- Dedicated lead
- Outcome focus
- Bespoke services
- Partnership
- Positive approach to risk
- Transition periods
- Flexible use of funding

– *Based on unpublished material provided by ASL*

East Sussex County Council developed an outcomes-based Commissioning Grants Prospectus with the local NHS to promote the role of local communities and social capital (the non-financial value added by local knowledge, networks and action) in meeting care and support needs. The new grants-based commissioning process was implemented and evaluated during 2011 to capture the value added by social capital in delivering prevention, information, advice, advocacy and other support such as home from hospital schemes and carers' support. A local definition of social capital was created which was scored equally alongside cost and quality during the appraisal of proposals.

Over £7million was awarded to 47 community-based organisations in one proportionate, competitive exercise. The independent evaluation judged the process to be a success in delivering a streamlined, accessible and unified funding opportunity that clearly valued social capital as part of proposals to deliver services. Other benefits identified by commissioners and organisations included getting the most out of the 'total' resource available by bringing together different funding streams and avoiding duplication, and high levels of engagement between commissioners, interested organisations and service users and carers who were involved in evaluating the proposals.

Tools and resources

- **Developing Care Markets for Quality and Choice Programme.** This programme has been developed to support local authorities to have the skills and expertise they need to shape diverse, vibrant and sustainable markets, including commissioning based on quality, outcomes and value for money. <http://ipc.brookes.ac.uk/dcmqc.html>
- **Institute for Public Care market position statement toolkit:**
<http://ipc.brookes.ac.uk/publications/index.php?absid=658>
- **Links to example MPS from Essex and Devon:** www.essex.gov.uk/Business-Partners/Partners/Adult-Social-Care-providers/care-providers/Documents/Market_Position_Statement.pdf
www.devon.gov.uk/mps-2011.pdf
- **NMDF Briefing Paper 2 – Developing Market Intelligence:**
www.thinklocalactpersonal.org.uk/Browse/commissioning/NMDF/work-of-the-National-Market-Development-Forum/
- **Step by Step: workforce commissioning in adult social care – a detailed guide for local authorities and their partners:**
www.skillsforcare.org.uk/workforce_strategy/InLAWS/Stepbystepguidetoworkforcecommissioning.aspx
- **‘Only a footstep away?’ Skills for Care.** This document has practical tools that will help you to consider what role you and your service can take in the development of neighbourhood workforce planning and community skills development.
www.skillsforcare.org.uk/workforce_strategy/neighbourhood_and_community_skills/only_a_footstep_away.aspx



A different relationship

WORK TOWARDS ...	MOVE AWAY FROM ...
Flexible and proportionate procurement processes that encourage rather than block new small providers.	A rigid procurement-led approach, with open tendering for all services.
Developing a partnership with a number of local providers who have expertise in working with people with complex needs and co-designing services with them, and with people and families.	Arms-length relationship with all providers.
A constructive relationship between commissioners, providers and people and their families that focus on outcomes and value for money.	Adversarial relationships that focus primarily on costs.
A supportive approach to developing local micro-providers, including providing ongoing development help, and quality assurance processes.	Little follow through or support to help micro-providers thrive.
Support to small providers with culture change to ensure that the workforce has the confidence to work in different ways to deliver new models of support.	Assuming that change will happen because it has been agreed in a plan.

Responsive, tailored local services depend on a relationship of trust and collaboration between commissioners and providers, working alongside people and families. Both commissioners and providers may need to behave slightly differently in order to achieve this. There can sometimes appear to be a tension between working in partnership with providers to co-design services, and maintaining a transparent procurement relationship. However, some commissioners manage this potential tension well by making sure that all their dealings with providers are transparent and open to all, and also by taking a flexible approach to procurement. The market position statement can act as a useful focus and starting point for a constructive conversation about future possibilities.

Supporting the development of new providers, such as micro providers or social enterprises, can also be an important element of a collaborative relationship between commissioners and providers.

EXAMPLE

Nottinghamshire County Council's micro provider project is a partnership between The council and Community Catalysts. The project supports local people to develop care and support services for residents in order to give people who use services more choice and control over the support that they receive. Micro providers are defined as those providers who: have no more than five paid or unpaid full-time equivalent workers; deliver care or support services to people within their local community; and are independent of any larger or parent organisation. This project worked with Community Catalysts who had already developed and tested a model to increase the number of local micro providers.

Nottinghamshire's project has been in place since July 2010 and there have been 136 enquiries made so far from developing, new or established providers. There are currently 41 micro providers operating across Nottinghamshire who deliver a range of services including: opportunities for people in the daytime; flexible support services in the community; care and support in the home; domestic support services; volunteering and employment support services; direct payment support services; holidays and short breaks; leisure opportunities; and befriending.

– *All Party Parliamentary Group on Local Government/Local Government Information Unit, Care Now and for the Future, 2012*

Tools and resources

- **Stronger partnerships for better outcomes: a protocol for market relations (NMDF)** – and supporting case study materials www.thinklocalactpersonal.org.uk/Blog/Stronger-partnerships-for-better-outcomes/?parent=9323&child=9308
- **NMDF Briefing Paper 3 – Procurement**
www.thinklocalactpersonal.org.uk/_library/PPF/Briefing_paper_3_Procurement.pdf
- **NMDF Briefing Paper 5 Building Constructive Market Relationships**
www.thinklocalactpersonal.org.uk/Browse/commissioning/NMDF/work-of-the-National-Market-Development-Forum/
- **Supporting micro-market development: a practical guide for local authorities (NAAPS/DH)**
www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=5784
- **Top 10 enterprise-bashing commissioning blunders – and how to avoid them** (Community Catalysts/Shared Lives Plus) www.sharedlivesplus.org.uk/en/topten/
- **The Principles of Workforce Re-design** (Skills for Care)
www.skillsforcare.org.uk/workforceredesign/

Provider flexibility and responsiveness

WORK TOWARDS ...	MOVE AWAY FROM ...
A commitment to building mature partnerships with people, families and commissioners.	Conflict and friction.
A negotiated approach to risk sharing.	A refusal to accept any financial risk.
An organisational culture that places people and their aspirations at the centre.	A culture that is inwardly focused on organisational concerns.
A willingness to develop bespoke solutions for people.	Delivering one size fits all services.

Providers, too, need to be flexible and to be prepared to take risks if they are to innovate and deliver bespoke services. This may also involve tolerating a negotiated degree of financial risk. As the Oxfordshire example above shows, keeping a solution focus and investing in building open and trusting relationships with commissioners, as well as with people and families are all important. Once again, leadership and organisational ethos are an important factor.

EXAMPLE

John is an active member of a prestigious golf club where he has made many friends and has achieved a low handicap. He is an excellent cook and has taken up cycling to keep fit.

This is in stark contrast to his earlier life. When he was a young man, John, now 51, was moved from home to an NHS assessment and treatment unit because he was aggressive toward his parents. With a diagnosis of moderate learning disability, autism and schizophrenia, he spent two decades in a range of semi-secure placements that never lasted more than 18 months, breaking down after incidents of violence.

Eventually John was referred to a new support provider. By this time he was heavily medicated, was regularly restrained, and had not been out of the building for two years. The new provider did a six-month assessment, and created a support package that gave John the chance to be in control of his life.

When John moved into his own house the provider learnt to recognise when he was feeling anxious or angry and the best way to support him at such times. Staff were given specialist training and on the job coaching, and clear guidelines, developed with John, helped him to manage his behaviour. He has never been restrained since, and although he is still prescribed medication this is only given when required. Over time the cost of the support John needs has been reduced from £125,000 to £59,000.

– *From There is an alternative, ASL*

Tools and resources

- **Progress for providers – checking your progress in delivering personalised services**
www.progressforproviders.org/
- **The Blueprint for Personalised Services (TLAP)**
www.thinklocalactpersonal.org.uk/Browse/commissioning/blueprint/
- **Learning from Innovation (Skills for Care)**
www.skillsforcare.org.uk/workforce_strategy/workforce_innovation_programme/workforce_innovation_introduction.aspx

Partnerships

WORK TOWARDS ...	MOVE AWAY FROM ...
A shared direction, vision and values based on peoples' aspirations.	A vision that is not genuinely shared by partners.
Single budgets that encourage a whole system view of value for money.	Cost shunting and disagreements over funding responsibility.
A single lead for commissioning across the NHS and social care.	Unclear commissioning responsibility.
A Health and Wellbeing Board that recognises its role in ensuring that the right local services are in place for people with complex needs, and this is reflected in the Joint Strategic Needs Assessment (JSNA).	People with complex needs invisible in both the JSNA, and the work of the Health and Wellbeing Board.

Integrated arrangements across the NHS and social care, including pooled budgets, can reduce disagreements over funding responsibilities or cost shunting. All three of the good practice case studies produced by the Department of Health alongside their interim report into the abuse at Winterbourne View highlight the use of pooled budgets as an important local factor. An extract from one of these is included below. Health and Wellbeing Boards, with their focus on partnership and integration, could have an important role in championing the development of local services. The Joint Strategic Needs Assessment, too, can highlight the current and future needs of people with complex needs. For providers, relating to a single commissioner consistently over time can help to create the conditions for the trusting collaborative relationship described above.

EXAMPLES

Since 2002 **Salford City Council** and **Salford NHS** have successfully managed a Pooled Budget via section 75 of the Health Act. This has helped the setting up of a seamless one point of entry service where support is not divided into Health and Social Care. At the same time a model of joint commissioning was introduced in line with Valuing People 2001. Like Mansell, the values inherent in Valuing People are central to the support Salford offer. This requires a strong commitment to advocacy, person centred support and planning with people.

A jointly managed integrated team was developed to implement shared risk taking but also manage the pooled budget. The pooled budget has a single responsible commissioner for learning disability who is managed by the assistant director for all joint commissioning in Salford. Over the years strong partnership arrangements have also been developed with Health and City Council Departments to help people access mainstream services.

– From DH Review: *Winterbourne View Hospital, Good Practice Case Studies*

Tools and resources

- **Assessing Strategic Partnership, Partnership Assessment Tool, (CLG)**
www.communities.gov.uk/publications/localgovernment/assessingstrategicpartnership

Understanding the whole system

WORK TOWARDS ...

An explicit connection between the development of local services, and local priorities, such as the impact on the local economy.

Building the role of other services, such as leisure and transport, in helping people with complex needs live full lives.

MOVE AWAY FROM ...

Failing to capitalise on the wider impact of local service development.

People who challenge as a health and social care issue.

Thinking beyond health and social care is essential in order to help people with complex needs live fulfilled lives, included as citizens in their communities. A wide range of services, from leisure and culture, to transport and employment support have an important role to play. But the development of local services can also have a wider benefit, and make a contribution towards achieving other local priorities. Developing microenterprises, for example, brings benefits not only to the individuals involved, but also to employment levels and the local economy.

EXAMPLES

With support from Nesta's Creative Councils Programme, **Wigan Council** is creating a new economic model for social care in which they meet their service and financial challenges by harnessing underutilised and untapped resources within the local community through volunteering and the development of micro-enterprises.

– *NESTA Creative Councils Programme*

Halton Borough Council is employing the entrepreneurial talents of staff and customers to provide a radical alternative to the traditional model of social services day-care. Using resources diverted from traditional 'bricks and mortar' based day-care services, Halton are initiating start-up businesses.

The approach is based on recognition that their customers want to be valued and play a part in their community. Revenues generated by Halton's micro-businesses are used to pay permitted wages, and profits are ploughed back into each venture, to reduce the overall cost of the service from the baseline day services budget. Halton is extending the range of business placements, and expanding its citizen delivery portfolio to include a brewery, hairdressing salon, bicycle workshop and bowling green, in addition to its catering and gardening businesses. In the long-term their ambition is to use enterprise to lift people out of benefits all together.

– *Pushing the boundaries of social care: Innovation on the front line, Local Government Improvement and Development*

Tools and resources

- Ageing well – a whole system approach, a guide to place-based working Local Government Association guide that draws on the learning from the Ageing Well programme www.local.gov.uk/c/document_library/get_file?uuid=45ab6df4-b9b7-4686-badf-3e77add051b6&groupId=10171

The right people

WORK TOWARDS ...	MOVE AWAY FROM ...
Recruiting staff with the right value base and personal attributes.	Focusing above all on previous experience.
Supporting and training staff well and create opportunities to develop as leaders for change.	Failing to retain staff because there are too few opportunities to develop and progress.

In the NHS and in social care, in commissioners and in providers, recruiting staff with the right ethos and approach and supporting them well is a key factor in challenging the status quo. For providers, recruiting and developing staff with the right values and attitudes is important. These can often be people with no previous experience of the care sector, but who have the personal skills to work in a genuinely person-centred way. Recruiting staff with sound values and approach is one strand of the action plan within the DH's interim report on Winterbourne View. The example below illustrates one organisation's approach. Being prepared to look beyond the care sector is likely to be particularly important in areas where there is pressure on the local labour market.

EXAMPLES

Great Interactions' is the charity **MacIntyre's** project to improve interactions of all their staff, first by observing a group of 'natural' facilitators who instinctively had a creative approach to interaction, and then using this information to develop a recruitment, training and development strategy that would help all frontline staff to emulate the practice of these naturals.

Tools and resources

- **MacIntyre's Great Interactions approach and supporting tools**
www.macintyrecharity.org/Resources/?/Great+Interactions/45/
- **Skills for Care is producing a resource on workforce development and people who challenge** (in development) www.skillsforcare.org.uk

Getting started – where are you now?

Leadership and vision

A clear vision that everyone understands and that is rooted in peoples' aspirations.

Leaders at all levels communicate the vision at every opportunity, and make it real in the way they behave.

Elected members are actively engaged in setting high expectations and tracking progress.

Staff are positively encouraged to reflect on what they do, and to make suggestions about innovations and improvements.

Personalisation and person-centred planning

Very tailored approaches, co-produced with the person.

A strong link between person-centred planning and strategic commissioning, so that market development work is built on information about what people want.

A planned approach to commissioning that is based on good intelligence

A local market position statement that is aimed at existing and potential providers and clearly sets out what is likely/unlikely to be commissioned in the future.

The market position statement as a starting point for building a constructive dialogue with providers.

Commissioners are explicit about the outcomes they want services to achieve for people and track these systematically

A good overview of changing needs and proactive responsiveness to these, so crises are very rare.

Flexible and proportionate procurement processes that encourage rather than block new small providers.

A partnership with a number of local providers who have expertise in working with people who challenge and co-designing services with them, and with people and families.

A constructive relationship between commissioners, providers and people and their families that focus on outcomes and value for money.

A supportive approach to developing local micro-providers, including providing ongoing development help and quality assurance processes.

Partnership

A shared direction, vision and values based on peoples' aspirations.

Single budgets that encourage a whole system view of value for money.

A single lead for commissioning across the NHS and social care.

A JSNA and Health and Wellbeing Board that reflect the needs of people with complex needs

Understanding the whole system

An explicit connection between the development of local services, and local priorities, such as the impact on the local economy.

A clear role for services, such as leisure and transport, in helping people with complex needs live full lives.

The right people

Recruiting staff with the right value base and personal attributes.

Supporting and training staff well and create opportunities to develop as leaders for change.

Think Local, Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk