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### J8 Panel: Personalisation user empowerment the market and the Third sector

# *Personalisation and Marketisation: Policy construction and practice implementation – implications for Third Sector provision of adult social care and support in England*

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### Abstract

This paper presents an analysis and critique of the original policy construction and early implementation of personal budgets under New Labour in England. It examines the associated issues for voluntary and community sector provision of social care and support, in response to the promise of more choice and control under personal budgets, including a brief critical examination of how markets have been (mis)understood for adult social care. The challenges and potential of commissioning practice to improve local community and voluntary (Third) sector provision for market diversification and increasing choice and control are explored. The paper concludes with an overview of some of the most recent issues for the policies and their continued implementation under a Conservative-dominated Coalition Government in a severely restricted economic climate.

### Introduction and background

Over the past 20 years English adult social care and mental health policy has gradually determined that service users and carers should have greater influence in both strategic and frontline decisions about care and support (Glasby & Littlechild 2009; Carr 2010a). This culminated in the New Labour Government's 2007 Putting People First adult social care reform programme (HM Government 2007) which officially introduced and outlined the personalisation agenda and proposals for eligible people to have access to personal budgets, so that user choice and control over care and support could be promoted. The personalisation reform agenda has transferred to the Conservative-dominated Coalition Government (DH 2010) and a new sector-led body has been established to further support the policy implementation (TLAP 2011a). The reforms in England and in other developed

welfare states have been linked to policies to develop markets in adult social care (Carr 2011).

The implementation of personalisation in adult social care has been largely characterised by increasing the use of personal budgets (including direct cash payments), but their uptake has been uneven and overall impact on improving choice and control has been compromised in some cases (TLAP 2011b). One of the main impeding factors remains the lack of diversity in the provider market and the capacity of the information, advocacy and advice service infrastructure to support such a large-scale reform (IPC 2011a; NAO 2011; TLAP 2011b). The latter includes ‘user-led organisations’ (ULOs), which research shows can give people effective peer support to maximise the choice and control over their care and support offered by personal budgets, particularly if taken as a direct payment (ODI 2011). The Third sector, including smaller local community and voluntary sector providers and user led organisations, has historically had an important role in providing care and support that mainstream or large block contracted services have not had the responsiveness or flexibility to offer (VODG/IPC 2010). The ‘Think Local Act Personal’ (TLAP) sector-led continuing implementation strategy for personalisation makes the vital link between personalisation and community development (TLAP 2011a).

This paper analyses some of the research and policy which support an increase in voluntary and community sector provision of social care and support, in response to the promise of more choice and control under personal budgets. It offers a critique of the original English personalisation policies and an exploration of the inaugural personal budget policy promotion, with a brief critical examination of how markets have been (mis)understood for adult social care. The challenges and potential of commissioning practice to improve local community and voluntary (Third) sector provision for market diversification and increasing choice and control are explored. Finally, the paper concludes with an overview of some of the most recent issues for adult social care commissioning and market development for voluntary and community sector organisations, arising from a climate of severe economic constraint and significant restructuring of the public service infrastructure in England.

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## Choice and control: the promise of the personal budget policy

Some of the challenges arising from the first-wave implementation of personal budgets in English local authorities have their origins in the policy’s conceptualisation and construction. Personal budgets and the associated increase in choice and control notionally accorded to the adult social care service user in England was developed in the broader context of the New Labour government’s public sector ‘third way’ (Giddens 2000) modernisation programme, which had several underpinning and, some would argue sometimes ideologically or practically conflicting drivers (2020 Public Services Trust 2009; Bochel et al 2007). It can be argued that two of these drivers were behind the policy to give people personal

budgets for adult social care and support. The first aim was democratic and intended increase the participation and influence of users to shape services from below: ‘modernisation has…required that the relationship between state and citizen be reconstructed’ (Scourfield 2007 p107) and for adult social care, ‘participation or…user involvement, has come to be seen as a cornerstone of social care and social work policy and philosophy…arrangements for participation now permeate public policy’ (Beresford & Croft 2001 p295-296). The second was an increase in market mechanisms and the involvement of business, in the belief that this would not only boost consumer choice, but also improve quality and efficiency through competition (Farnsworth 2006). These two concepts of empowerment and consumerism were theoretically fused together in the policy to increase choice and control over care and support in adult social care using personal budgets (HM Government 2007; DH 2006; PMSU 2005).

While the origins of personal budgets as cash ‘direct payments’ lie firmly with the disabled people’s movement in a politically different sphere (Beresford 2009; Glasby and Littlechild 2009), the 2007 Putting People First reform policy was heavily influenced by a central government policy adviser, Charles Leadbeater whose specialisms were economics, politics and policy, rather than public services or adult social care per se. The English policy think tank Demos, at which Leadbeater was a consultant also played a pivotal role when it published *Making it personal* (Leadbeater et al 2008), a largely theoretical outline for social care reform based on personal budgets, two months after the English Department of Health had issued its Local Authority Circular further detailing the reforms and actions (DH 2008). This report claimed that personal budgets could result in cost savings for local authorities, based on generalisations from evaluations of very small research samples (some single figures) of personal budget users, almost exclusively people with learning disabilities. The report cover featured the following quote: ‘Personal budgets and self directed services mobilise the intelligence of thousands of people to get better outcomes for themselves and more value for public money’ (Leadbeater et al 2008, front cover). Leadbeater et al argued that ‘personal budgets promote choice and would expand the competitive market for social care services, from which budget holders can choose’ (ibid p47), with more detailed claims about cost savings also being made: ‘personal budgets...cost about 10% less than comparable traditional services and generate substantial improvements in outcomes’ (ibid p40). So at policy inception, personal budgets were loaded with the expectation that they were *the* revolutionary mechanism to deliver choice and control, improve services, save money and diversify the market for *all* adult social care service users, including older people. However, wider scale implementation of personal budgets for all people who are eligible for social care and support has proven to be more challenging than the original optimistic policy manifesto suggested.

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The 2007 introduction of personal budgets in England was part of the wider personalisation and transformation reform agenda, which aims to give people more choice and control over their care and support so they can exercise greater degrees of determination over their lives and improve independent living (Carr 2010a). Indeed research has shown that when administered correctly and the requisite choice of support is available, personal budgets can improve people's independence, satisfaction and outcomes (Glendinning et al 2008; Newbronner et al 2010; Wood 2010; Hatton & Waters 2011; OPM 2011; TLAP 2011b). But personal budgets are only one way to approach personalisation, with developing community capacity being cited as an equally important element (TLAP 2011a). However, many local authorities have focused most development resources on personal budget mechanisms (like 'Resource Allocation Systems') (Hawkins 2011; Fox 2011) because personal budget implementation has been subject to government targets (TLAP 2011b). Since 1996 eligible people already had the option to take a type of personal budget as a cash 'direct payment' to purchase their support in negotiation with their local authority care manager, but uptake had been very patchy for various reasons (Davey et al 2007), so central government-driven target numbers were used to speed up personal budget implementation nationally (ADASS 2011). Unfortunately this led to some over-focus on developing personal budget processes and in some cases there are questions about the extent to which existing care and support packages labelled as 'personal budgets' actually afford genuine choice and control, particularly to older people (Newbronner et al 2010; TLAP 2011b). Budget holders' capacity to exercise choice and control depends on whether there is a range of options in the local adult social care and support market to choose from and an understanding that budgets can be spent on non-traditional or preventative support or activities, provided this is linked to appropriate outcomes (Carr 2010a). The Third or voluntary and community sector has been recognised as having a pivotal role in market diversification and in offering local, flexible personalised alternatives to traditional statutory support (Bartlett & Leadbeater 2008; Harlock 2009).

**Alternatives and innovation: the promise of Third sector providers**

The policy emphasis on choice of care and support provider had immediate and continued implications for the Third sector (now known in England as the voluntary and community sector). The specific 'third way' public sector developments which resulted in the introduction of personal budgets were notionally aligned with government initiatives to develop the voluntary and community sector. The New Labour government's policy document *Building on progress* stated that 'the government should support the development of the many new and innovative services that provide tailored advice to specific community interest groups' (PMSU 2007 p42) and the *Putting People First* personalisation concordat (HM Government 2007) made it clear that a crucial part of developing personalised services was supporting Third sector innovation, including social enterprise. The National Council

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of Voluntary Organisations (NCVO) in England was very clear about the important role the voluntary and community sector has to play not only in providing unique, personalised services for individuals, but in building local and community resources for the benefit and wellbeing of all. It asserts that 'operating at the frontline, VCOs [voluntary and community organisations] are often highly aware of local need and can identify gaps in provision and meet the short falls' (Harlock 2009 p 7).

The challenge of personalisation and personal budgets for the voluntary sector has been described as 'more than just a change in the way services are *funded* but a step-change in the way they are *designed and delivered'* (Dayson 2010 p.8). As personalisation has progressed the implications for and role of the voluntary and community sector are becoming clearer:

- 'supporting choice so that service users understand their own particular needs and the options available to them
- providing different services that respond to the needs of individual purchasers rather than generic frameworks specified by local authorities
- providing services differently so that users become "consumers" whose "business" must be won in an increasingly competitive market'

(Harlock 2010 in Dayson 2011 p.99)

Although they may be at different stages of preparedness many frontline providers in the voluntary and community sector see the personalisation agenda as being consistent with their aims and values (Dickinson & Glasby 2010; Dayson 2010). Research shows that they see the potential of personalisation for delivering better quality services, more collaborative approaches with other voluntary sector providers and the change to develop new and innovative provision (Dayson 2010). Emerging evidence from practice is clarifying the position of voluntary and community sector in building community capacity, developing the adult social care market and local authority commissioning practice:

- Personal budgets and direct payments – voluntary sector organisations have a role to play in expanding the market and providing support brokerage and planning services
- A change in local authority role – from purchaser and commissioner to facilitator of the market, guaranteeing availability of choice
- Adding value – voluntary organisations can offer reduced delivery costs and overheads and can be more efficient and flexible in their responses.
- Galvanising volunteers – particularly voluntary activity of older and disabled people
- Galvanising communities – wider than the volunteer pool is changing attitudes in communities where people feel responsible for their neighbourhoods and the people who live there

(adapted from IPC 2011b p.5)

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Nearly all the evidence on how people successfully use personal budgets, particularly the direct payment option, shows the important role innovative ‘user-led organisations’ (ULOs) have to play as part of the local support infrastructure for personalisation and their unique contribution as providers of peer support (Bennett & Stockton 2012; ODI 2011; Newbronner et al 2011; OPM 2011). ULOs can contribute to making the personal budget or direct payment and support planning processes easier for people, particularly as the present complexity and levels of information and communication are impacting negatively on people’s experiences, outcomes and on wider efficiencies (Bennett & Stockton 2012: TLAP 2011a; Carr 2010b). Other research on peer support and peer brokerage showed the broader effectiveness for people directing their own support through personal budgets, with emerging findings about increased self-esteem, self-confidence, a greater sense of belonging and improved motivation (Fulton & Winfield 2011). There is scope for direct payments support organisations like ULOs to facilitate people to access work, start micro-enterprises or pool budgets to buy support collectively (Bennett & Stockton 2012).

This type of policy and practice evidence highlights the voluntary and community sector’s essential role for the personalisation policy’s wider aim to build community capacity as well as play a part in the diversification of the care and support market to improve choice for budget holders, in line with the original policy concept. However, being part of a provider ‘market’ has certain ethical and financial implications for many voluntary and community sector providers, particularly if they are small local organisations with fragile funding. In a follow-up report on the implications of personalisation and personal budgets, Demos explored the role of the Third sector in offering choice, flexibility and alternatives to traditional statutory care and support, concluding that: ‘Although the Third sector has the right value base to thrive in a world of personal budgets, they might not always be as good at competing in the market – which may require branding, marketing and customer relationship management – as private sector providers’ (Bartlett & Leadbeater 2008 p 5).

**Market diversification and building community capacity: the challenge for commissioners and Third Sector providers**

In expanding choice for people who use social care and support, the New Labour government was particularly keen to encourage the growth of Third sector providers for political reasons as ‘markets can challenge inefficiency – but the ‘m’ word raises fears of commercialisation and profit in services funded by the taxpayer for some of society’s most vulnerable people. A community business that reinvests its surplus largely or entirely back into the business (and therefore the community) overcomes many such qualms’ (Lorimer, 2008, p 1). It has been argued that the progress of personalisation and use of personal budgets in adult social care has meant ‘some examples of a more plural and creative market including a large number of voluntary sector providers and a growing number of non-traditional approaches and enterprises’ (Fox 2012 p. 20) entering the adult social care market and providing



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people with a greater choice of providers capable of flexible, person-centred responses to care and support. However, the adult social care market has particular characteristics that make it distinct from the traditional 'free' consumer market envisaged by the influential policy making architects of personal budgets.

It is estimated that the adult social care market is worth approximately £17 billion, but is currently configured and operating in a different way to conventional 'free' markets based on the supply and demand of goods (Baxter et al 2011; IPC 2011a). This has implications for adult social care consumers, providers and commissioners, but was not fully acknowledged in the original personal budget policy formulation as discussed earlier, where the market was assumed to be a 'free' market determined by consumer choice (Leadbeater et al 2008). For example, one of the preconditions for a 'free' market is to have information for buyers and sellers to make informed judgments, but this type information is not readily available in the adult social care market and is affecting people's ability to use personal budgets and direct payments (Newbronner et al 2010; Baxter et al 2011; NAO 2011; OPM 2011). The English National Market Development Forum (NMDF) examined adult social care market development for personalisation and concluded that it has the following distinct features:

- A wide range of purchase arrangements from large block contracts to individual personal budgets
- A considerable degree of government control where relationships between the provider and service user are filtered through the local authority
- There are a range of providers operating under different rules of engagement
- The adult social care market is comparatively isolated from other market sectors and may not make full use wider market stimulation activities such as business support or regeneration initiatives
- There is a distance between the local authority as a purchaser and the providers which does not help with collaborative long-term market development decisions

(Adapted from IPC 2011a p.4)

In order to address this situation, along with the challenges of recent public sector funding cuts and strategic commissioning with health and other partners, the NMDF have characterised an 'ideal' adult social care market, some of the features of which are:

- Local authorities with GP and NHS partners to have a wider view of the care market other than just the services they fund
- Service users and carers to contribute to local commissioning and market development
- All services to be person-centred, offering choice and control in all settings
- Each area to have a market position statement covering current supply, areas of need and future predictions

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- Service users and carers to have access to good, independent information on service cost and quality
- Less use of 'traditional' residential care but remaining provision should be personalised with better trained and better paid staff
- Focus on payment for care and support by the outcomes it delivers rather than the cost and volume
- Fewer local authority commissioned block contracts for most services
- Emphasis on combined preventative health and social care with more holistic, flexible provision delivered by multi-disciplinary organisations
- Less fragmentation into professional 'disciplines', with an emphasis on a 'do what it takes' approach to person-centred care and support

(Adapted from IPC 2011a p.8-9)

In order to achieve some of these aims, the Association of Chief Executives of Voluntary Organisations' (ACEVO) Commission on Personalisation suggests that a revolutionary change in commissioning is needed (ACEVO 2010), but often local authorities have focused on technical changes to funding mechanisms rather than transformation in commissioning behaviour and nurturing diverse local adult social care provider market (Hawkins 2011; Fox 2012). Evidence is beginning to show that 'the potential for efficiency gains through increased choice and control can only begin to be realised if the changes are supported by improved information, market development and choice in care and support provision' (Carr 2010b p viii) and that if 'the personalisation agenda is stimulating review and change in business processes…this appears to have reliable potential to generate efficiency savings and improve productivity' (ibid p vi).

ACEVO's Commission on Personalisation recommends that to diversify providers and improve efficiency, local authority and health commissioners should take 'stock of all the resources available to us in tackling social ills – from public, private and voluntary sector sources, and involving assets as well as revenues' (ACEVO 2010 p.4). The Coalition Government's Department for Communities and Local Government (DCLG) define this type of strategic joint commissioning as: 'making the best use of all available resources to produce the best outcomes for our locality' (DCLG 2011 p.7). Again, this requires a transformation of commissioning practice and research by the Institute of Government on new public sector commissioning models concluded that: 'implementing choice…requires market makers to make a mental shift from being in control of a policy to stewarding markets and enabling them to function' (Blatchford & Gash 2011 p.7). In the context of promoting choice for personal budget users and self-funders, the National Audit Office in England have said that for commissioning: 'the local authority role moves from one delivering services directly or commissioning them to one of overseeing local care markets to ensure they are delivering the required outcomes' (NAO 2011 p.6).

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Local authority commissioners are being urged to understand more clearly the wider value for money that voluntary and community sector providers can bring: 'what is important is that additional value is quantifiable and framed in terms of what benefits or outcomes can be delivered at the given price' (IPC 2011b p.4). Evidence is suggesting that the voluntary sector can help deliver both personalisation and efficiencies, provided the following factors are attended to:

- Improving knowledge: voluntary groups may have links to the community that cast light on how best to meet the needs of particular user groups.
- Changing commissioner-provider relationships: successful service transformation and efficiency savings depends on commissioners and providers working together.
- Getting personalisation right: Personal budgets are only the start. The culture of social services has to change too, providing an infrastructure of support, market development and new styles of commissioning. Some of the more innovative providers may need additional support.
- Demonstrating efficiencies: The most cost-effective models of service delivery are often found when commissioners, service users and providers work together to share their expertise. Some cost-efficiencies require time, and occasionally investment, to materialise but are the more sustainable in consequence.

(adapted from VODG/IPC 2010 p.3-4)

The Centre for Policy on Ageing in England has looked at how local authorities with reduced funds can support better outcomes for older people. The research, conducted with older people and innovative providers shows the benefits of investing in 'that bit of help' in the local community for prevention and cost effectiveness (CPA 2011). This can provide 'older people with the assistance they need to sustain the health, activities and relationships that are important to them. This may include collective solutions, small grants or seed-funding for self-help groups, and developing local markets to provide support people want and value' (ibid p.1). This is part of commissioners working with smaller voluntary and community sector providers to build community capacity and ensure choice. Research on micro-providers shows the importance of commissioners creating the conditions for such new very small scale providers to develop (Bull & Ashton 2011). Similarly, co-operatives providing person-centred support have reported that traditional commissioning and its processes can make it difficult for newer types of provider to enter the market: 'longstanding commissioning processes (e.g. preferred provider lists) are a significant barrier for new co-operatives entering the market under personalisation' (Fisher et al 2011 p.1). So, in order to develop a market fit for ensuring choice and control, with a range of quality providers capable of a wide range of support, both health and local authority commissioners need to change their self-concept, behaviour and relationships with local voluntary and community sector

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providers. However, the greater challenge is how to achieve this in a situation where public sector funding is significantly diminishing.

**Conclusion: new politics and emerging conflicts**

This paper has presented a critique of the original policy construction as part of a New Labour 'third way' public sector reform programme. It also provided an analysis of the initial personal budget implementation and examined the role of the Third sector in the associated adult social care market development policy. The implementation of both aligned policies still continues but with a very different political agenda and in a severe economic climate. This is resulting in some distinct conflicts, which will be discussed by way of a conclusion. While the Conservative-dominated Coalition Government in England supports 'active citizenship', personalisation in adult social care and is continuing the pressure for the rapid implementation of personal budgets (albeit without central targets) (DH 2010), their fiscal policy of cutting public sector funding (HM Treasury 2010) is undermining the capacity of local authorities and the voluntary and community sector to achieve choice and control for people using services (Learning Disability Coalition 2010; ADASS 2011b; Wood & Grant 2011). The English Local Government Group reported that local authorities have been subject to 28% reduction in funding over four years from 2010 (LGG 2010) and while evidence shows that streamlining business processes and promoting prevention can improve efficiency (Carr 2011b), there has been a tendency to reduce funding at the frontline (Wood & Grant 2011). Several high profile legal cases have brought the impact of cuts on eligibility criteria for social care funding in to the English media (Butler 2011; Pitt 2011a) and the degree to which there is transparency over the calculation of personal budget allowance is subject of online discussion (Series 2011). The growing tendency of local authorities to tighten eligibility criteria restrictions on individuals and reduce personal budget allowance has even aroused the criticism of the Liberal Democrat Care Services Minister who said this undermines choice and control and, ultimately, goes against 'the spirit of personalisation' (Pitt 2011b).

Again, unprecedented public sector funding cuts are undermining the Coalition Government's own power devolution or 'decentralisation' policies focused on boosting local community capacity and voluntary organisation activity, most notably the Prime Minister's much criticised flagship 'Big Society' policy (Cameron 2009). They are also posing a challenge to voluntary and community sector organisations competing to become providers in a situation where health and local authority commissioners are working with greatly reduced funds and are often making quick decisions based purely on financial cost rather than wider outcomes and social value. This situation could also undermine the Coalition Government's 2012 Public Service (Social Value) Act which states that commissioners should look beyond the price of a contract to the collective benefit for the wider community. The rapid destabilisation of the adult social care service infrastructure (as well as central

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government policy coherence) has meant that the Department for Communities and Local Government have brought in the remedial 'Best Value' statutory guidance for local authorities to recognise value 'not just in terms of cost for local taxpayers, but also the wider social and environmental benefits above and beyond the services they provide' (DCLG 2011). This is intended to protect local voluntary and community service infrastructure from disproportionate funding cuts. As the Voluntary Organisations Disability Group (VODG) has argued: 'squeezing price or sudden cuts are not always compatible with quality and choice' (VODG/IPC 2010 p3).

The international research evidence on personal budget schemes has shown central government cannot divest itself of its strategic role in ensuring policy coherence, service quality and in addressing adult social care funding issues (Carr 2011). The evidence also suggests that central government should provide leadership and guidance to ensure quality, equity, and equality of opportunity and access for all current and potential users of personal budgets and for local voluntary and community (Third) sector providers wishing to enter the market (ibid). However, the unprecedented degree and speed of public sector funding cuts and the decentralisation agenda mean that local councils are left to make their own rapid decisions about where and what to cut, which is negatively affecting both personal budget holding consumers and the voluntary and community sector providers. Key proponents of personalisation and voluntary sector provision have recently warned that the speed of reforms in the context of reduced funding and decentralisation threaten the very success of the policy: 'There isn't the time to get it right. People need information, advice and legal structures in place to make this work, but every month that passes, we get more worried that local providers aren't getting the help they need from government... This is the paradox of devolution – it needs help and leadership from the centre' (Pike in Davis 2011 p1).

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Conference Draft