



**The new
public offer:
how to build
person-centred
integration**

2015

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The new public offer: how to build person-centred integration

This short paper concerns what we refer to as a new public offer. The offer is a new kind of relationship with public institutions, one that is available to each of us at those points in our life when we need it most – perhaps the point when we encounter illness or needing support as a disabled person.

The relationship is characterized less by dependence and inequality and one which asks more of each of us - as partners. The offer will promote choice and control for all and give more back to each of us – a life not a service as we described in our introductory paper on this subject¹.

We believe that institutions funded from the public purse should now be putting such an offer before citizens and our introductory paper sets out the challenge we face in the journey away from one-size-fits-all public services. It reflects upon an increasingly challenging public funding environment and argues how that if we are to find success we need to use our limited resources wisely – this means investing in people and communities and doing so in a way which has a strong basis in values, building an approach and defining mechanisms on that firm foundation.

Whatever public services attempt to do it will only have real impact if those services have a rich appreciation of different identities in today's diverse society: "our identity shapes our interaction with our communities and it provides us with resilience."

The second paper in this series, Investing in Resilience and Inclusion, takes up this point. In it we discuss the concept of resilience in more detail and make the case for investment; we reflect on our learning about what we refer to as Real Wealth and Community Wealth and showed how the two are inter-dependent.

We conclude by saying that, as we move towards integrated models across health, social care and beyond, we must make investments in individual and community capabilities - and in doing the design work, we must re-build organisations and support arrangements from the ground up, from a foundation in

the experiences of real people.

The third paper, A Whole Life, Whole Family Approach to Integration, tells the story of Mohammed Aaqil and his family. It illustrates how services can come together to build on the strengths of Mohammed and his family and to support them in addressing the needs of Zahera, his disabled daughter, and of Mrs Aaqil, his mother.

This paper provides more detail about the process, the mechanics of system-change and considers in particular the part each stakeholder might play, in bringing about this systemic transformation.

A fourth paper will summarise all of the above in the form of an easy-read document.

¹A life not a service, Crosby, N. and Tyson, A. In Control July 2015 www.in-control.org.uk/media/175536/guide%20to%20a%20new%20public%20offer%20july%2015.pdf

Values, Approach, Mechanics

The new offer to people is rooted in a clear set of **values**:

- Transparency
- Inclusion
- Sufficiency
- Self-determination

This gives rise to an approach which in the early 2000s we called “self-directed support” and which is now more often referred to as “personalisation.”

Based on these values and this approach, the key mechanics of a new Public Offer are:

1. A single point of contact or ‘named person’. The amount or level of support offered will be based on the amount of time and support an individual or family need. Most important is that the person providing the support is funded and focused on whole life, that they are not tied to a specific support need or label, that they are firmly linked in to local communities and that they give their full attention to the person or family.

Good practice example: Derby City, Local Area Co-ordination (ref <http://www.derby.gov.uk/health-and-social-care/help-for-adults/local-area-coordination/>) provides a named person, based locally who supports people to:

i. think about your vision for a good life - Time to talk and think about what would make life better

ii. identify your strengths, skills and gifts - Help finding volunteering opportunities

iii. access a range of information - Support to find information or help navigating the internet

iv. develop relationships and community networks - Support to meet new people

or connect with old friends

v. get your voice heard - Help to speak to services and professionals

vi. take actions to make your life better - Help with planning practical steps to make changes

vii. be more involved in your community - Information about activities and groups in the area

viii. get the right help from services - Help to organise support to live life.

2. A single funding offer. If eligible an offer of a personal budget is made which is not tied to a specific agency or service but is available to be used in ways that meet agreed outcomes, identified with and by the individual, those closest to

them, and/or the family with the support of the 'named person'.

Good practice example: Wigan Children's Services single allocation system which spans across education, social care and health for children and young people with Education, Health and Care Plans. As an SEND Pathfinder Wigan embarked on ambitious initiative to bring to together and simplify the allocation of different funding for children and young people with EHC Plans. The output will be a simple approach to being able to tell families what, if any funding is available as a personal budget where the funding can be used as a 'whole life' personal budget to contribute to achieving outcomes agreed between family and the services..

3.A strategic approach to commissioning (including operational/community and individual levels of commissioning) which involves

i. Investing in inclusion, tackling isolation

ii. Investing in individual and family

resilience, making use of real wealth

iii. Investing in community, thinking identity and culture, making use of community wealth

iv. Investing in universal and mainstream services

Good practice information, How to Commission for Personalisation, Making it Personal, 2014 Lazarus,

Heather Simmon's triangle demonstrates how our values (transparency, inclusion, sufficiency and self-determination) can provide a basis for the approach, which in turn supports these mechanics. The box below discusses how this may work and what it may mean.

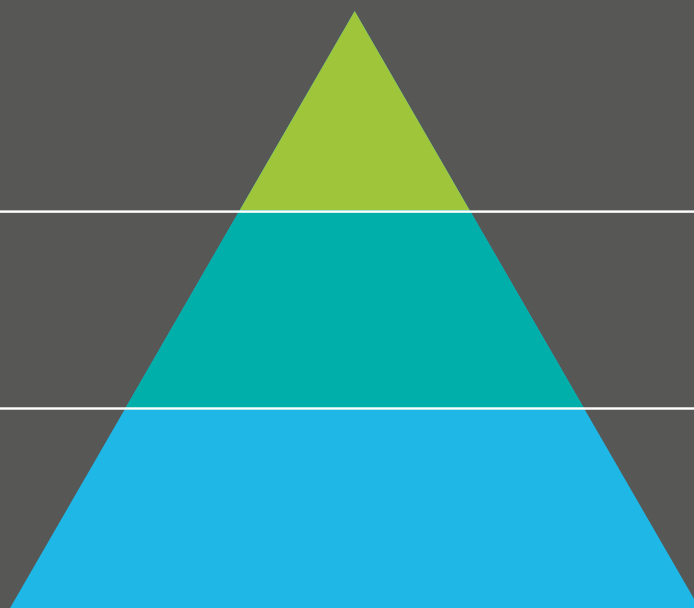
How to Commission for Personalisation, Making it Personal, 2014 Lazarus, C. Miller, C. and Smyth, J. KIDS and OPM, 2014

A basis in values: using the Simmons triangle

Mechanics

Approach

Values



As sketched in the introductory paper to this series, Heather Simmons' model provides a simple but powerful tool to guide us as we shape the new offer.

This is a shift in the way in which the state seeks to promote and facilitate the exchange of ordinary care, support and neighbourliness within communities. Much of

the care and support will be freely and informally given – a lift to the doctor's or babysitting a neighbour's children; some will be mediated by gifts in kind or "new currencies" (the Brixton pound) or time credits. And some of it may involve actual money payments.

As well as promoting and, where necessary, regulating this informal economy, a critical part of the transformation is for the state to consider when, how and in what circumstances it provides

"back-up" for those who need extra support or specialist care.

This is a transformation which entails a changed set of expectations, both of one another as fellow-citizens, and of the state (the NHS and local councils; as well as the regulators, the Care Quality Commission and Ofsted). This process of change is imbued, if not defined, by our values, what it is we hold to be of importance and of moral worth.

The shift in values, away from

the old version of welfare state values where people saw it as their right to be gifted professional or clinical interventions – interventions which in practice were too often not effective or fit for purpose, will happen through changes in practice or approach, as we adopt the arrangements now known as self-directed support or personalisation. These arrangements include local commissioning plans and policy statements, and all should now – in the spirit of integration – be joint plans and statements, across agencies.

The changes in practice and approach will be supported in turn by adjustments to procedures or mechanics. Many of these adjustments will require different protocols for different organisations, to reflect their responsibilities, but all must reflect the contribution of those using their services and real partnership with other local agencies. The ground covered here may be the development and use of joint eligibility criteria and resource allocation systems;

the distribution of joined-up or aligned personal budgets and personal health budgets for those who qualify; the means to provide good quality information and advice which relates to all aspects of life for those who do not; and the expectations placed on staff in all agencies to work in open, person-centred ways which builds on real wealth and community wealth.

We must at all costs avoid muddling the three layers of the triangle. When something goes wrong with the mechanics of resource allocation or personal budget allocation we look first to fix things at this level. If this reveals a problem with our self-directed support policy then we escalate the problem to that level and attempt to adjust the policy as necessary. If the problem remains and we discover a fundamental unfairness or a contention that appears to prevent people gaining control of their support then we revisit and question our value-base.

For all individuals with a part to

play in the system, the challenge is to step back. Over the years we have developed an ethos which is largely reactive, crisis-driven and focused on fixing people rather than providing them with the tools to fix themselves. This is what needs to change, and the only way this change will come about is if all concerned move towards a much more reflective, thoughtful and genuinely compassion-driven view of our work. It is difficult to exaggerate how challenging this will be in a time of diminishing budgets, and increased public scrutiny.

But it is the only way. Demography and economics are pushing towards a deep dark place and it often appears that we are encouraged to dig faster. If we are to stop digging, if we are indeed to invest in resilience and inclusion then we must stop, think, reflect and change what we do.

The traditional approach has focussed on a silo-ed and uncoordinated mechanism of dividing resources across health, transport, social care, education, learning, community regeneration:

it does not lend itself to this new person centred approach. We have learned that the traditional way frequently leads to costly inefficient services that are not centred on individual needs and aspirations and as such, fail to deliver intended outcomes. We propose a new set of arrangements based on more than just service delivery and task, but instead upon building lives and opportunity.

This involves what might become an integrated and timely offer of support to people of all ages. This approach is not only for those deemed “eligible” for higher levels of support and funding (for example through a personal budget), but also leads us to towards the prioritisation of prevention and early intervention in ways that build capacity for resilience and inclusion.

This paper seeks to stimulate discussions across public services, as a response to the continuing rise in demand in a time of diminishing public funding. Many people are now thinking about these issues and have developed a range of inspiring local practice. (See the resource list at the end of this paper). Public services now need to support these initiatives in a more creative and coordinated way, to benefit of each individual and each family.



Mapping the new landscape

To understand the landscape now and in the future we have drawn from work on the Putting People First programme (Clive Miller, OPM 2007) and simplified a graphic that helps us think about the breadth of provision available locally.

This graphic represents a map of the landscape of support around an individual or family.

Targeted services and supports, and **Individual** support on the right of the diagram apply principally to the business of public services (education, health, social care etc.)

Community Wealth, and **Universal** services, the left of the diagram applies to citizens, businesses and enterprises in the wider community.

Our argument is broadly that we should move the burden of public support from the right to the left-hand side of this diagram; in doing this, we will promote the shift towards greater choice and control for individuals.

A map of change: the quadrants

At the heart of the new public offer is the individual child, family, young person or adult. Each support arrangement will now be shaped by considerations of their identity, their “real wealth” and the wealth of their community. The offer is designed to help people to identify possibilities, to make plans and to navigate through the options.

The role of the named person is to support individuals to make best use of all available resources and to promote effective decision making.

This role is perhaps best illustrated today by Local Area Co-ordinators; but the case can be made that the work of the named person has roots in good social work skills, good key-working or good case co-ordination. What is crystal clear are the roots in good, healthy human relationships.

Starting on the right-hand side of the diagram, the roles develop as follows.



Image 1: The Quadrants of Personalisation, In Control, 2015

Targeted services and supports

Specialist advice, expert support and knowledge, public sector provided/commissioned activity. The role of these services will be as contributors to a person centred plan of support, treatment or activity for an individual. They must:

- make it clear what services and support they offer and to whom;
- what people might expect from them; and what services they may offer which can be purchased by an individual using their personal budget,
- make it clear where they can offer the option of managing an individual service fund for an individual and/or family
- be transparent about how they check on people's experience and levels of satisfaction and how they make such information publicly available.

Current targeted or specialist services include therapeutic assessment and planning (speech and language therapy, occupational therapy, services for sensory impaired people), carer and family support, direct payment services, short break services, one-stop shops or similar, housing advice lines, social work, school nurses,

employment support, Child and Adolescent Mental Health Services, advocacy services and equipment stores and support.

We will move to the new arrangements through a process of co-production with all partners including local people (experts by experience) exploring which services are maintained as now; which have the potential to become funded and managed through integration of budgets and agencies (and which, if any, do not) and which have elements which could be moved toward personal budget funding.

The real challenge in this is not “more of the same”: there can always be “good reasons” to retain any service, but what we now need is to shift resources out of these targeted services into arrangements which build and sustain the community's capacity to do more.

Good practice example:

Highland Council, Scotland, are moving their current direct payment support services into their local community Credit Unions as a way of investing more into those community organisations where there is already an established presence and skills base. Highland Council is one of the largest area councils in the British Isles with a very large and spread out rural population. Making most efficient use of current investment, additional funding and a new commission for services already embedded in local communities make good sense to those taking forward the roll out of an offer of self-directed support and individual budgets.

Halton Borough Council, Merseyside, changed the way they commission children's centres with Barnardos to include support planning as part of the service. This was funded through Aiming High funding, and initially was focused on supporting a small number of young children and their families. The work was such a success that they re-commissioned the service provided by the Children's Centre to include capacity to support plan with families; for the Centre this also meant being able to welcome a more diverse group of families and was viewed as an additional benefit to all involved.

The Individual and Family: Choice and Control

Increased 'Choice and Control' underpins the whole offer, which is why we put so much emphasis upon the individual and family; and the funding, provision and/or support which they are able to actively self-direct.

Personal budgets (including direct payments and individual service funds) are the main element in this quadrant. The delivery model here will involve:

- A single, coherent approach to the allocation of indicative funding, where the funding identified can be taken wholly or in part as cash i.e. as a direct payment.
- A tiered approach where small amounts of funding are available for support through early intervention / prevention work; and as complexity rises the amount of indicative funding available increases proportionally.
- A focus upon a transparent, up-front funding allocation. These funds need to be actually available, rather than locked into contracts in ways which the individual or family cannot self-direct. This is not then to be confused with targeted services.

There are challenges to achieve real co-production, transparency and simplicity. Involving people in decisions made about available funding will mean using approaches which are participative, subject to challenge - and which produce indicative amounts which make sense to all concerned.



Community wealth

Community serves as a source of belonging, friendship, neighbourliness, informal support, common faith, shared interests and pastimes; it is animated by people's stake in their home and neighbourhood and their participation in local debate and local democracy. It is the wealth each of us invests in our friends, neighbours and those who help us (or we help) on a voluntary basis.

Today, much attention is being directed at these issues and In Control is wholly supportive of this. It is not our role to add to or duplicate the many fertile models which set out and test how this might play out: Asset based Community Development, the strengths model in social work, Local Area Co-ordination and so on. However, we do see it as essential that we understand the purpose of this attention and activity and set out how investment in community wealth might now actually happen.

Public investment can take five directions:

i. Co-ordinator, connector or navigator roles and capacity, with

a view to increasing the supports and opportunities for individuals to participate and thus feel more included

ii. Place based initiatives where all funding focused on a group within the population or a geographic area are put together and a single co-produced approach is embarked upon, for example Total Place² initiatives

iii. Investment in community assets and/or the local environment whether through the highways department or planning department working with community members to create a more community.

iv. Directly in organisations which work, or could work in inclusive ways. These might be arts or sporting organisations, those which are specific to cultural or ethnic groups, or more generic "community voluntary associations." The important point is the value-basis of the organisation, what it is for and how it involves people. For example the Get Connected initiative in Newcastle where using small amounts of investment the local Children's Services is supporting community organisations to be more inclusive³

v. Community Budget⁴ Holding. Where funding is put in the hands of the community; where the community

takes control of how the funding is used, to what end.

This kind of investment cannot be a 'done to' activity. It must be led by community members and people with relevant experience. The public offer, and the use of public resources should be devoted to pump-priming and facilitating such activity. There is now a requirement for a shift of investment from targeted supports and services into community wealth, in order to increase this kind of activity and promote the message that the community is our first resource when we need extra support.

There are many examples which could be cited here. Many of the best are stories of local enterprises that have sprung up in response to local need, animated by the passions of an individual or a small group, and (usually) actively supported or seeded by the local authority: see for example the many stories about local micro-enterprises recorded by Community Catalysts⁵. In Control is concerned that many recent decisions to focus on "building community" have in fact been driven by the requirement to cut costs rather than improving measures which are genuinely designed to increase inclusion, tackle isolation and enhance community resilience.

²www.localleadership.gov.uk/totalplace/

³Newcastle Family Information Service - www.newcastlefis.org.uk/kb5/newcastle/fsd/organisation.page?id=w0Tmr6EzVg0

⁴Community budgets – information from the Local Government Association <http://www.localleadership.gov.uk/totalplace/uncategorized/total-place-community-budgets-updates-november>

⁵www.communitycatalysts.co.uk

Universal services and the mainstream

This focuses on the services we all use on a day to day basis; shops, pubs, restaurants, GP surgeries, dentists, leisure centres, hotels, schools, colleges, libraries, public transport.

Just as investment in community wealth is about encouraging more inclusive communities, investment in mainstream and universal services is similarly focused on more inclusive opportunities.

Good practice example:

Plymouth commissioning team in partnership with local business, leisure centres and a new shopping development set about developing a network of “changing places” (toilets with extra features and more space), there is now a number of accessible changing places across the city which enable people with support needs to access mainstream leisure, shopping and city centre activities. This makes for a more inclusive city and greater opportunities for people to live lives like those of the wider population, without having to return home to visit the toilet or have personal care support.

The Equalities Act⁶ provides some leverage when it comes to promoting inclusion in the wider world. However a more inclusive universal world requires more than physical inclusion. Among other things it requires an understanding that people value different things,

find different things difficult, have different ways of communicating, have different life experience and different expectations of others: these are all matters which the wider world needs to accommodate and indeed to celebrate.

Some of the important questions to consider in this regard:

-What local forums whether business, sports, schools, employment, public health exist? How do they perceive and address issues of difference and diversity? How do they help their members understand and promote inclusion?

-What are the relevant national sources of funding like the Arts Council, Sport England or similar and how might a bid to these promote access and inclusion?

-Are there local campaigning organisations that might help promote public understanding of marginalised or excluded groups? How might the public offer support such groups?

Building a coherent and co-ordinated approach to more inclusive universal services is essential piece of a new public offer in and is also a route to making the function of targeted supports clearer.

⁶www.legislation.gov.uk/ukpga/2010/15/contents

Summary

- **Targeted services** focus on whole life outcomes. These outcomes include the means to keep people safe and well and included in civic life. Such services must be developed with citizens and families through a process of true co-production.
- **Individual supports**, including personal budgets will supplement other forms of support, where it is appropriate and needed. They are designed to help the individual achieve outcomes that they have defined, in ways that keep them included and not isolated.
- **Community wealth** will be supported by public funding **(i)** Community connecting, co-ordination and navigation, **(ii)** Place based initiatives **(iii)** infrastructure and investment into the environment and assets of a community, **(iv)** direct investment in community organisations, and **(v)** community budget holding.
- **Universal services** and support need to be available to all. The routes to this include better transport, improved physical access, good adaptations, accessible communications, better toilet facilities, the promotion of communication skills, genuine understanding and embracing of diversity and the robust challenges to prejudice. These changes need to reflect new council duties to promote community cohesion, to promote public health and to reduce health inequalities: these duties will be manifested through concrete measures to promote inclusion.

What does this mean for the different groups and people involved?

<p>Individuals and families needing extra support</p>	<p>Will have some understanding of the “new public offer”; they will be encouraged to say what they want and need, to make and own plans and to take some responsibility for their own support. As citizens they will also be expected to make a contribution in their way, on their terms.</p>
<p>Professionals supporting individuals and families</p>	<p>Will work together with their colleagues, with the individuals and families as part of this process. They will act with compassion, and with the focus is on “doing-with”, not “doing-for.” Their professional and clinical expertise will be valued, but they will not manage people’s lives for them.</p>
<p>Commissioners of health and local authority services</p>	<p>Will ensure that there is a diverse, vibrant and high quality range of supports and services available for people to buy and use. The services will be required to work together, with individuals and families involved and at the centre. The norm will be co-commissioning with people who use services and families; and co-funding with partner agencies.</p>
<p>Local leaders of health and local authority services</p>	<p>Will make clear their expectations of others, including their own staff, partner organisations and of wider civic society. They will promote the values of choice and control for all.</p>
<p>Universal services and the mainstream</p>	<p>Will make arrangements so that all are welcomed into their enterprises, as customers or as workers. They will have an understanding of the “new public offer” and will be expected to respond appropriately as part of their civic responsibility.</p>

Making a start (or building on existing work to integrate support)

If the transformation we promote in this paper is to succeed, we suggest:

- Involving local people and particularly those with experience of these issues.
- Mapping different people's support and treatment across the quadrants; do this both with individuals and with wider groups, particularly those who are routinely excluded.
- Identifying spend on support and discuss what is currently offered, how well this works and how it might change; then explore opportunities for integrating an offer of support; include in this advice, information and guidance services.
- Setting out a vision. This should be built on individuals' lived experiences of services; but it should go beyond this experience, to consider what it might mean for each person to invest in their own resilience and real wealth; how to be included and what is needed in local communities to create community wealth. From this will then emerge an outline of practical activities to be undertaken to develop and deliver a new public offer.

In doing this work we should remember that:

- Partnerships and genuine co-production take time to build and themselves need focused investment. But where they are nurtured they make a huge positive difference.
- Measures to breach service silos at a time of job-insecurity, diminishing budgets and wholesale reductions in service infrastructure may appear risky. But in many respects, through exposing the overcomplicated nature of service systems, they add weight to the case for change and provide added impetus.

- National policy remains in some ways confusing and unhelpful; but the Care Act 2014 and Children and Families Act 2014 make some attempt at simplifying this. We can expect government to challenge the existence of departmental silos and propose governance arrangements that reflect a new unified offer underpinned by a whole life approach, as in Greater Manchester.
- To do this requires exemplary leadership, that is not afraid to try new things, and which holds firm to a clear-eyed vision of a more inclusive, more equal society for all. Local leaders must now take ownership of the agenda and help their staff prioritise and problem solve.
- We don't underestimate the complexity of the current arrangements and the work needed to unpick existing structures. This in itself requires a form of resilience! But if we are to provide real and sustainable support arrangements for individuals and families, this must now happen.
- This transformed public offer will make best use of all the resources' society has at its disposal, to support children, young people and adults of all ages to live lives of their choosing; to contribute through employment and voluntary action; to live independently; to be equal citizens; and to play a part in the life of their communities.

Resource List

This site, hosted by the U.S. **Asset Based Community Development** Institute sets out much of the basic thinking and research which informs this series of papers. It also provides a repository of examples.

www.abcdinstitute.org

Community Catalysts is a small social enterprise and community interest company, which seeks to promote imaginative solutions to community issues. They have a particular interest in the promotion of “micro-enterprise” and the site contains many inspiring stories.

www.communitycatalysts.co.uk

The Community Development Foundation claims to be the UK’s leading national organisation in community development and engagement. See this site for news and campaigns, information about research and quality assurance and help with grants.

www.cdf.org.uk

In Control is the small charity which developed and tested many of the key ideas in relation to self-directed support (“personalisation”) in the late 1990s and early 2000s. In Control continues to support individuals and families seeking greater choice and control over life, increasingly though an emphasis on real wealth and community wealth.

www.in-control.org.uk

Local Area Co-ordination is one of the ways in which a locality can identify “named persons” to support individuals. A model, with its roots in Western Australia, it has been trialled in the UK for more than a decade, and it is now beginning to prove its worth. The Local Area Co-ordination Network supports this process.

www.lacnetwork.org

Total Place – a whole area / place based approach to public services with clear involvement and leadership of local people. This programme continues in some parts of the country and

is a useful reference point. In Scotland there has been work, especially in Edinburgh and East Renfrewshire to combine Total Place work with support through a ‘self-directed support’ pathway in local communities.

http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/d/total_place_report.pdf

Local Government Association Pioneer programme

- The Integrated Care and Support Pioneers Programme was launched in December 2013. It was set up to test new ways to join up people’s care around their needs. Fourteen localities were chosen to pioneer these approaches, supported by national partners. It is a five-year programme, and is based on the commitments set out in the Integrated Care and Support Collaborative publication Our Shared Commitment, which was published in May 2013.

www.local.gov.uk/health/-/journal_content/56/10180/6932744/ARTICLE

Community budgets and supporting families with complex and complicated home lives and support needs.

www.localleadership.gov.uk/totalplace/uncategorized/total-place-community-budgets-updates-november/

Participle is an organisation dedicated to thinking about a “21st century welfare state.” Many of the ideas discussed above are reflected in their work.

www.participle.net

Think Local, Act Personal describes itself as a national partnership to transform health and care through personalisation and community-based support. The partnership spans local and central government, the NHS, the provider sector and people with care and support need.

www.thinklocalactpersonal.org.uk



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