

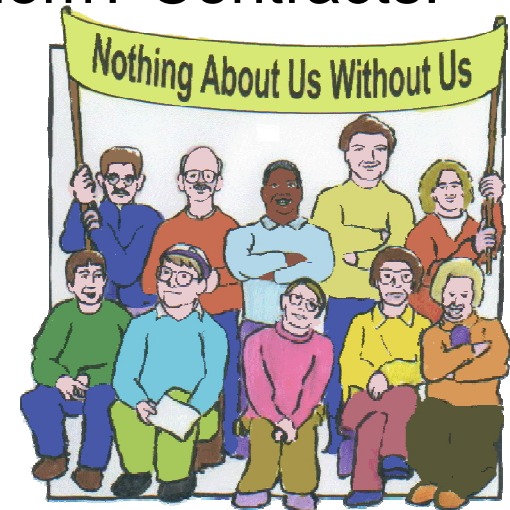
User-driven commissioning of health and social care

Bernd Sass, National Centre for
Independent Living, 12th July 2011

Outcome-based commissioning- origins and implications

- **Old China – accountable doctors win or lose it all!**
- **From providing a service to commissioning outcomes**
- **Payment by Results – 2 discreet stages:**
 - ‘what’ are the results/outcomes? Set by whom?
 - ‘how’ to achieve them? Delivered by whom? Contracts!
- **2-way relationship with the individual:**

Evidential link between involvement and health outcomes (Liberating the NHS, White Paper 2010)





Some questions from our work programme as DH's SP

- What are the opportunities and barriers to supporting personal budget holders to pool their budgets?
- How can peer support from user(/staff-) led mutuals achieve better quality and value for money?
- De-commissioning – what mechanisms would enhance a move towards more demand-led provision?
- How can we translate ideas into workable solutions across systems and sectors?



Distinct sectors

- **Social care:**

- Private CVS providers alongside statutory providers
- SDS; Personal Budgets/Direct Payments
- Eligibility AND asset threshold at £23,250 -> Dilnot £100k
- Preventing (health) needs from deteriorating

- **NHS:**

- Provision under public management/ownership -> AQP
- SDM; Few pilots for PHBs; 'free at point of need' <-access
- Sudden referrals into NHS C. Care (losing choice & control)
- ➡ **Integration through holistic user-driven cross-sector pathways to ensure quality and continuity of care**



6 challenges at the outset

- Cuts imposed by central government (reduced formula grants)
- Distinctions between NHS & ASC hinder prevention and lead to costly 'fire-fighting' referrals into & out of hospitals
- Assets blocked (buildings) -> 'Right to challenge' (Loc. Bill)
- Devolution of power under Localism Bill:
 - local discretion for budgets (ASC not ring-fenced)
 - balancing minority needs with budgetary constraints
- People power -> user-controlled portals (Trip Advisor)
- Shifting provision from capacity-driven to demand-led model to cut waste on repeat assessments, equipment, etc. -> user-led or hybrid mutuals (co-led with staff)



Response sets by commissioners

(simulation exercise on 'Crafton' by King's Fund)

■ I. Control:

- 'Managerialist' approach going for better intelligence
- Building on 'Total Place' with all local providers
- Driving down prices through improved quality, efficiency, tighter monitoring and higher charges to individuals

■ II. Devolution:

- Remove 'top-down' approach but with clear outcomes, governance and accountability framework (H&WB Board)
- Building on Personal Budgets and community capital
- Investments that prevent or delay use of formal services
- ➡ (unrestricted) choice improves quality and efficiency (AC)



Newcastle direction of travel

- Labour-led since 2010
- “(We’ve got to identify) new methods of service delivery which engage staff, service users and the public within a not-for-profit model. ...genuinely new models that give service users and staff a stronger ‘say’...If we don’t, we will have outsourcing imposed on us by central government” (Nick Forbes, Council leader)



3 Stepping Stones – Pooling PBs

- I. **Pooling personal budgets (PBs)** to maximise outcomes:
sharing PAs / activities, economies of scale, driving sector integration, social capital, paid opps for peer supporters, etc
- Build on timebanks, ie create informal opportunities for PB holders to meet, identify and pursue shared interests
- Adapt ‘Working together for change’ to gather, transfer, cluster and analyse such info from support plans / reviews
- DPs strengthen demand-led model <- pre-paid cards
- DPs make costs completely transparent <- ‘notional’ PBs
- ➡ Kick off pooled PBs by add 3% funding -> slack as players



3 Stepping Stones – de-commissioning services to free up control and resources

II. De-commissioning block contracts / in-house care

- ‘What’ user-led outcomes to commission’ -> ‘how’ to do it (contracts for new providers to increase range of support)
 - Build PROMs/safeguards into reviews of provider contracts (prevent hidden market failures – South. Cross)
 - Set out flexible ‘whole life pathways’ with clear tariffs
 - Issue cost-benefit analyses to enable fair comparisons (including long-term benefits of peer support from ULOs)
- ➡ Set out comprehensive, viable and clear transition plan



3 Stepping Stones – developing user-led mutuals as support providers

- I. What user-led outcomes to commission, eg ‘feel safe and cared for at home; enjoy life and make contributions’?

Key service attributes

- Providing
 - **Supporting**, eg peer support as add-on to core service to promote and facilitate choice and control in NHS, ASC, housing, etc.....
 - Advocacy
- ➡ Support services help shift accountabilities and costs to be geared around individuals rather than around services



3 Stepping Stones – developing user-led mutuals as support providers

‘What to do’ service specs for peer support (ASC & NHS)

- Promote user asset base, self care and independent living
- Information/advice/brokerage on (pooled) PBs, equipment..
- Role model how a (new) condition or treatment can be contextualised within someone’s personal life domains
And: support professionals in picking up on that context
- Facilitate choice & control in cross-sector pathways to ensure quality and continuity of care and support
- Help reduce premature referrals into acute hospitals
- Widen use of mainstream services and alternative support

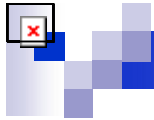


3 Stepping Stones – developing user-led mutuals as support providers

‘How to deliver set outcomes’ – eg contractual models?

- Build on pooled PBs plus seeds funds (locked assets)
- Accommodate business links and CDAs for PB holders
- Framework tenders to small providers – longer contracts
- Require large providers to sub-contract peer support / (%)
- Promote membership fees – ASC/NHS to keep stakes?
- Improve regulations for test-trading and permitted earnings
- PbR: tiered payment profiles reflecting size/resources

➡ 2-3 local demonstrator sites focusing on 2/3 stepping stones



Thank you for listening!



Bernd Sass

National Centre for Independent Living

(membership-based campaigning, consultancy and research user-led organisation)

- Tel: 020-7587-1663
- Email: policy@ncil.org.uk

