

Research that makes a real differenceHSMC policy paper 3
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Personalisation and the social care 'revolution': future options for the reform of public services

Simon Duffy, John Waters and Jon Glasby

Although it might seem like an unusual place to start, English adult social care is currently undergoing something of a self-proclaimed 'revolution' (and one that might well have even more significant implications for broader public services). In 2003, the English Department of Health (together with several local authorities and national learning disability charity, Mencap) set up In Control, a national project to develop a new model of social care services known as 'self-directed support'. This approach evolved out of earlier developments in case/ care management, direct payments and person-centred planning (see, for example, Challis *et al.*, 1995, 2002; Glasby and Littlechild, 2009; Sanderson, 2000), and was designed to ensure that support for disabled and frail older people was personalised (with control over support lying as close as possible to the person concerned). One key element of self-directed support is the notion of a personal budget, which allows each individual assessed as needing social care to be told 'up front' how much money is available to meet their needs and to choose how much control they want over how the money is then spent on their behalf. Initially tested with 60 people in six local authorities, the concept of a personal budget was rolled out to 13 Department of Health pilots and has since been launched nationally as part of a government-wide commitment to personalisation and to a new relationship between the state and the individual (HM Government, 2007; Leadbeater *et al.*, 2008).

Against this background, the first part of this policy paper provides a very brief overview of the development of adult social care in order to place the advent of personal budgets in their historical and policy context. Since this is very much intended to set the scene for the more detailed discussion which follows, this overview is inevitably selective and very broad brush. After this, the second section of the paper introduces the potentially new concept of personal budgets as a form of 'Conditional Resource Entitlement', suggesting this as a possible framework with which to consider future options for welfare reform. In taking this approach, the aim is not to debate the strengths and limitations of personal budgets per se, but to explore the concept of the Conditional Resource Entitlement in more detail.

The development of personal budgets

One of the reasons why personal budgets seem to have attracted so much attention is that they are based on very different values and approaches to previous and current social care services. In brief, it is now widely accepted that Victorian and early twentieth-century approaches often saw the poor, disabled or mentally ill as to blame for their own condition. Combined with prevalent eugenic beliefs, this led to the

development of large institutions that segregated people from their communities and often disguised systematic abuse of human rights. These forms of institutional provision reached their peak in the 1970s. From that time onwards progressive efforts have been made to erase institutional provision (see, for example, Means *et al.*, 2008 for a summary of the development of community care). However, the assumption that when people need support the direction of their 'care' should lie with others is arguably still prevalent, and the current system remains dominated by the views and power of welfare professionals.

As people began the shift away from institutions, the number and range of community-based services has increased – without the underlying thinking that led to the creation of institutions in the first place necessarily changing to the same extent. This is a larger issue than can be dealt with here, but as an example it is striking that even where the existing social care system provides relatively personalised services, in the form of domiciliary care, it does so arguably in a cumbersome and restricted manner. More than half of all home care services to adults are provided through pre-commissioned block contracts or in-house services and, as the government inspection and regulation agency has noted:

"Most councils restrict the help they will offer to a list of prescribed activities. Care managers draw up individual care plans that tightly specify both the tasks to be undertaken and the time to be devoted to these tasks. During this study, people using services, their families and their care workers told us that it could be difficult to carry out the required tasks in the time available. They also expressed frustration with the inflexibility of this system." (Commission for Social Care Inspection, 2006a, p.5)

Furthermore, in 2005-2006, inspections revealed the degree to which the domiciliary care agencies they inspected failed to meet required national minimum standards (CSCI, 2006a, 2006b). Poor performance was highlighted in all key service areas (see Tables 1 and 2).

In response, groups of disabled people, older people and their families have developed support and services that are more personalised and more under their own control - in order to achieve what is commonly called Independent Living (that is, where the disabled person has the same choices and control over their life as non-disabled people; see Glasby and Littlechild, 2009 for a summary). However, many of these initiatives have had to fit within an overall system of social care that was not designed with the principles of Independent Living in mind. Although there has been significant progress in moving away from social care's institutional legacy, the assumptions of the past still influence the current system. Today, social care is still not designed to treat recipients as citizens who are entitled to support and who can be expected to take control over their own services. Instead, support is treated as a 'gift' which is given to people on the basis of an assessment of their needs (Duffy, 1996).

In contrast, self-directed support and personal budgets seek to re-engineer the current system through the following seven steps:

- **Step 1** - everyone is told their financial allocation - their personal budget - and they decide what level of control they wish to take over their budget. (The approach to allocating resources has been described as a Resource Allocation System or RAS, and details are available via www.in-control.org.uk).

Table 1: Performance of domiciliary care agencies (CSCI, 2006a, p.141)

Service Area	% failing to meet expected standard
User-focused services	22%
Personal care	26%
Protection	29%
Managers and staff	33%
Organisation and running of the business	23%

Table 2: Standards in domiciliary care agencies (CSCI, 2006a, p.55)

Standard	% failing
The needs, wishes, preferences and personal goals for each user are recorded in a personal service user plan	48%
Staff are supervised and appraised	43%
Safe procedures for medication, with users keeping control where possible	42%
Rigorous recruitment and selection procedures	39%
The risk of accidents for users and staff is minimized	37%

- **Step 2** - people plan how they will use their personal budget to get the help that is best for them. If they need help to plan then advocates, brokers or others can support them.
- **Step 3** - the local authority helps people to create good Support Plans, checks they are safe and makes sure that people have any necessary representation.
- **Step 4** - people control their personal budget to the extent they want. There are currently six distinct degrees of control: from direct payment at one extreme to local authority control at the other.
- **Step 5** - people can use their personal budget flexibly: they can use statutory services (the cost of which is taken out of the personal budget) and other forms of support. If they change their minds they can re-direct their personal budget to more appropriate forms of support.
- **Step 6** - people can use their personal budget to achieve the outcomes that are important to them in their context of their whole life and their role and contribution within the wider community.
- **Step 7** - the authority continues to check people are okay, shares what is being learned and can change things if people are not achieving the outcomes they need to achieve.

This approach has now been tested with around 30,000 people and, while there is still significant work to be done, the initial evidence is very promising: not only do personal budgets seem to achieve the primary purpose of giving people more power and control over their own support, they also seem to be leading to improvements in well-being and efficiency (see Poll *et al.*, 2006 for all data and outcomes summarised below; see also Hatton *et al.*, 2008). Thus, initial work (2003-2005) focused on 60 people with the most complex needs in 6 local authorities, with impressive outcomes:

- Improved satisfaction levels for the people who use services (e.g. satisfaction with support went from 48% to 100%).
- Improved use of resources (e.g. in addition to improved outcomes, the pilots used less money – in the six pilots, the lowest reduction in cost was 12%).
- Increasing use of community and personalised support (e.g. use of residential care reduced by 100%).

At the same time, personal budgets appeared to provide a particularly vigorous means of empowering people who use social care, with many people able to achieve the changes that they wanted to achieve in their lives over the course of one year (see Table 3). Furthermore, the use of

personal budgets appears to accelerate a shift in the kinds of support people use, away from more traditional or institutional support solutions and towards support that is personalised and community-based (see Table 4).

Table 3: Changes made as a result of personal budgets

Desired change	% Achieved
Where I live	76%
Who I live with	81%
What I do with my time	69%
Who supports me	89%
Other specific changes	90%

In 2008 a further study (Hatton *et al.*, 2008) demonstrated similar benefits to the earlier report. The average per capita cost of support had dropped by 9% while people identified major improvements across a range of domains (see Table 5). Also in 2008, a national evaluation of Department of Health pilots identified a series of practical challenges to overcome, but ultimately emphasised the positive impact of this way of working (Glendinning *et al.*, 2008). In particular:

- Mental health service users reported a significantly higher quality of life.
- Physically disabled adults reported receiving higher quality care and were more satisfied with the help they received.
- People with learning disabilities were more likely to feel they had control over their daily lives.
- Older people reported lower psychological well-being, perhaps because they felt the processes of planning and managing their own support were burdens.
- Overall, individual budgets were slightly cheaper than previous services, although this was not statistically significant – suggesting that the new approach was, at worst, cost-neutral.

Table 4: Support purchased using a personal budget

Type of support	Before	After
Support at home	20	22
Employing personal assistants	8	22
Using day centre	12	11
Hours of day centre	4.5 days	3.5 days
Using family support	21	21
Using community support	8	15

Table 5: Outcome results for 200 people using personal budgets

	Improved	Same	Worse
General health and well-beings	47%	48%	5%
Spending time with people you like	55%	42%	3%
Quality of life	76%	23%	1%
Taking part in community life	64%	34%	2%
Choice and control	72%	27%	1%
Feeling safe and secure at home	29%	70%	1%
Personal dignity	59%	41%	0%
Economic well-being	36%	59%	5%

Above all, a personal budget seems to provide a useful way of reconceptualising the purpose of social care. In particular, a personal budget assumes that usually both of the following two goals can be achieved:

- The primary goal of a personal budget is to meet the needs that society believes entitle the individual to the resources.
- The secondary goal of a personal budget is to give the individual the means to meet their needs in a way that leads to valued outcomes for the person - the only valid way of meeting a need is in a way that respects the individual's autonomy.

The current system naturally tends to define needs in terms that the system itself can meet (e.g. "Mary needs to attend the day centre"). However, in a system of self-directed support it becomes possible to develop a more sophisticated understanding of need whereby the person co-designs the means by which the need is met ("Mary wants to make friends, and chooses to do so by attending the Bingo").

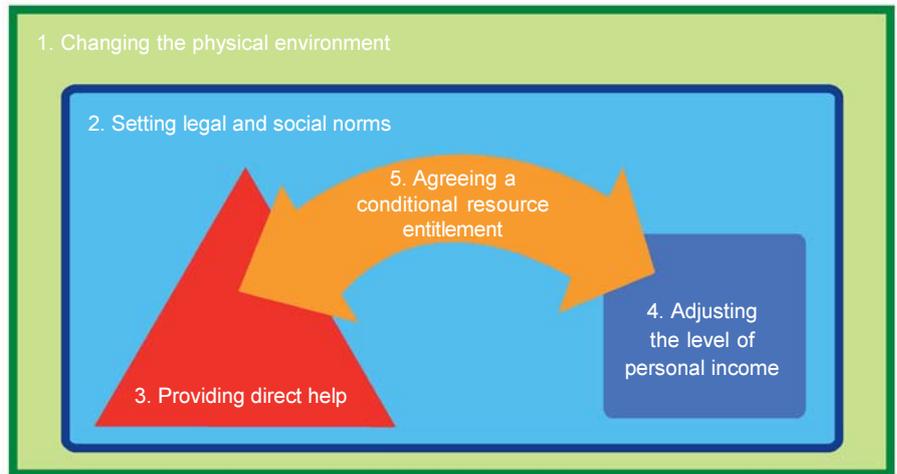
Personal budgets as a form of 'Conditional Resource Entitlement'

Although personal budgets have grown out of the very specific history of social care services, the broader policy context is the growing emphasis, across the whole UK welfare state, placed upon promoting citizenship and personal responsibility. Viewed from this angle, personal budgets are just one example of a wider strategy for reform, and it is important that any exploration of the scope of personal budgets is also sensitive to this wider context. While it is an accepted part of modern society that the state takes significant responsibility for improving the well-being of the whole community, or redresses the disadvantages suffered by one portion of the community, there are a number of very different strategies that can be employed (Waters and Duffy, 2007). The following list of five approaches (see also Figure 1) is based on the contribution of Jonathan Wolff (1998, 2002, 2003), but with one additional concept added by In Control (that of a Conditional Resource Entitlement):

- **Create legal and social structures** - the legal system can impose obligations on people to act fairly and can punish those who might act in ways that damage well-being (e.g. Disability Discrimination legislation aims to protect disabled people from unfair treatment).
- **Adjust income** - the tax and benefit system enables government to alter the resources people can control directly and the incentives under which they operate (e.g. social security payments to disabled people or tax credits to ease transition back to work for people who are unemployed).
- **Direct service** - the government provides, directly or indirectly, a range of health, educational or other services that people either must or can use, subject to whatever criteria govern eligibility to that service.
- **Adapt physical environment** - the government can change the structure of the environment within which the person operates (e.g. increasingly buildings are designed so as to enable people who use wheelchairs full physical access).
- **Conditional Resource Entitlement (CRE)** - the government can also target resources towards those individuals who are eligible, but with specific conditions attached. In our view, personal budgets are an example of what we describe as a Conditional Resource Entitlement – a potentially new concept which forms the main focus of the rest of this paper.

Simplifying somewhat, we might argue that innovations such as personal budgets arise as the government finds that funding, currently committed to direct services, is better managed by people themselves. Shifting resources into the form of a Conditional Resource Entitlement could therefore be a way of improving the management of those resources, while still achieving the same social objectives. In general terms, we suggest defining a Conditional Resource Entitlement using a framework that has the following five dimensions:

Figure 1: Five different strategies for improving well-being



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- **Autonomy** - the CRE must be under control of the individual or of someone who can properly represent their interests.
- **Flexibility** - the CRE must be able to be put to different uses by the person - it cannot be so inflexible that it cannot be shaped by the person.
- **Targeting** - the person receiving the CRE must be eligible in some way for receiving the CRE.
- **Support** - the person receiving the CRE may get some form of support, information or advice.
- **Conditionality** - there must be some conditions, the breach of which would enable the CRE to be constrained, withdrawn or managed in some different way.

The framework of support and conditionality for personal budgets is provided by the broader system of self-directed support within which the personal budget features (see Table 6).

A personal budget is then a particular kind of state intervention focused on particular individuals - not direct service, not income adjustment, but Conditional Resource Entitlement: putting the individual in control of the relevant resource, but within a framework which implies some degree of conditionality.

Lessons from other CREs

On this analysis, a personal budget is one (but not the only) example of a Conditional Resource Entitlement. Other forms of CRE that have been used within the UK include:

- **Wheelchair vouchers** - restricted to one form of equipment
- **Prescriptions for medication** - restricted to one particular kind of medication
- **Local Housing Allowance** - restricted to private sector renting (see below)
- **Individual Learning Accounts** - restricted to certain educational providers (see below)
- **Nursery Vouchers** - restricted to registered providers
- **Direct Payments** – funding for social care paid direct to the individual, but restricted to certain forms of support
- **Disability Parking Permits** - providing free parking and access to car parking reserved for disabled people only
- **Concessionary Travel Passes** - reducing the cost of travel for people with eligible needs
- **Independent Living Funds** – social security funding controlled by the individual, but which must be spent on personal care and often acts as a top-up to existing social care packages.

Table 6: The framework conditions for personal budgets as a CRE

Characteristics of a CRE	Self-directed support
Autonomy	Support decision-making principles dictate whether the person is in direct control of their budget or whether some form of support or representation is required.
Flexibility	The personal budget can be used to purchase anything that is legal.
Targeting	Resources are rationed and targeted using the Resource Allocation System and fine-tuned when the Support Plan is agreed.
Support	Support can be provided at any stage of the self-directed support process, and from a wide range of possible support systems.
Conditionality	The monitoring and review process continues to be the responsibility of the local authority and the current care management systems.

When examining this list it is interesting to note that most of these alternative CREs achieve conditionality by heavily restricting *how* the resource can be used (e.g. by the use of vouchers and travel passes). In contrast, a personal budget achieves conditionality in a different way, by focusing on the *purpose* of the resource and upon the *outcomes* that are actually achieved. This outcome-based approach would seem to be essential to any approach that presumes that the citizen is best placed to determine how to meet their needs and that services that have been provided in the past cannot be presumed to form any reasonable template for what will be appropriate in the future.

However, personal budgets are not the only outcome-focused CRE. For example, recent reforms to the Housing Benefit system (see Walker, 2006 for details of the national evaluation) provide an interesting parallel development and suggest that there could be other areas within the current welfare system where a different way of thinking may be possible. Housing Benefit is an amount paid to cover the cost of rents for those people who are deemed unable to afford to pay the cost of their own housing. In the past, those who were identified as eligible were able to get the cost of their rent covered by the state, although the state would only pay rents which it deemed 'reasonable' within any particular market. Usually rents were paid directly to landlords. Under the new system of Local Housing Allowances, those who are eligible are given a locally defined allowance which they can use to pay their rent. People can add to that allowance or they can seek a rent lower than the allowance.

Interestingly, this reform has been restricted to the private-rented sector, where lower rents apply. Any effort to introduce choice and portability to the social housing sector through the policy of 'choice-based lettings' has been more limited - applicants have no budget and can only select from the range of available properties to which they are matched using traditional needs criteria (i.e. a single person would not be eligible for a 3-bedroom house, even if they chose to pay the higher rent from other income) (see Department for Transport, Local Government and the Regions, 2001).

Outcomes and Conditionality

In recent years, government has made two notable attempts to increase personal autonomy by transferring financial resources into the hands of disabled people: firstly by establishing the Independent Living Fund in 1988 and then in 1996 through the introduction of Direct Payments. These innovations remain part of the social care landscape but have enjoyed only limited success.

Both these attempts at transferring power from the state to the individual were frustrated by a clumsy imposition of conditionality. The ILF and local authorities offering direct payments actively restrict the way in which those resources can be used by individuals. Imposing conditionality by restricting how resources can be used clearly undermines personal autonomy, and so runs counter to the original policy

intentions that gave birth to these innovations. Moreover, this type of conditionality has the effect of inhibiting innovation. An individual in receipt of money that can only be used in certain prescribed ways is unlikely to be able to develop support that looks very different to that available from existing service options. Personal budgets are different in so far as they remove any restriction on the use of money and establish conditionality by declaring upfront the outcomes that money must be used to achieve. From evidence to date, this seems to act as something of a lever to shift forward thinking within the system. By defining the relationship between the individual and the state in terms of outcomes rather than activity or service, individual autonomy is increased. In practice, this means things that were previously off limits become possible for individuals and permissible to the system. Where outcomes are clearly defined upfront the local authority can agree a plan to use public money on things well outside of the traditional service scope, including:

- Air conditioning for someone with breathing problems
- Electric wheelchairs for someone with mobility problems
- A caravan for a family needing respite
- A holiday for someone with mental health problems

Defining conditionality through outcomes has other potential benefits. By knowing upfront what outcomes they can reasonably expect, individuals acquire a level of knowledge and thereby presume an entitlement previously unavailable to them. The clarity creates expectation and gives the individual information with which to challenge constraining decisions of the state.

However, the recent emergence of personal budgets has also demonstrated a need to protect choice and control once it has been passed to the individual. The transfer of control is fragile and is likely to need protection for some time. The flexibility enjoyed by individuals receiving personal budgets has already been curtailed following recent changes to the ILF. The ILF now requires all money in a personal budget (including the local authority contribution) to be spent only on eligible tasks. What may be necessary to protect these innovations is a more robust account of the kinds of outcomes all citizens can be expected to achieve.

Risks

The other important thing to note is that the examples above appear to suggest two primary risks. The first risk is that expenditure increases beyond budget (which happened with the Independent Living Fund, for example – see Hudson, 1988, 1994). This risk seems to be greater where open-ended programmes are developed and people are encouraged to seek funding outside a clear rationing framework. The second significant risk is the possibility of funds being misused. For example, the Individual Learning Account (ILA) programme was launched nationally in September 2000, but was later suspended and ultimately abandoned amid allegations of widespread fraud by training providers (see, for example BBC, 2002). In contrast, it is worth noting that, in social care, direct payments and (so far) personal budgets are noticeably low in abuse. As a result, it may be that systems that move, in a controlled fashion, resources into the hands of those who have the least reason to abuse this funding could be the safest way of managing public money.

Another likely area of risk for personal budgets is funding flexibility. While all the available evidence suggests that funding flexibility may be crucial in enabling individuals to meet their needs in creative and cost-effective ways, there will be a temptation for policy-makers to insure themselves against the risk of funding misuse or increased demand for resources by trying to impose process constraints on how the person who needs support can use their funds (weakening the effectiveness of this way of working). It will be important, as personal budgets become more commonplace, to design checks within the system to ensure that such flexibility is not unduly eroded.

Strategic direction for personal budgets

The concept of a Conditional Resource Entitlement is useful insofar as it provides a broader context within which to examine the personal budget mechanism. But it also raises interesting questions about the strategic direction for future welfare services. It is probably too early to be clear, but at least three possibilities seem to exist:

- Personal budgets may only be a transitional measure, allowing resources to shift from the state to the individual without completely disrupting social expectations about the state's duty to guarantee welfare for people who are perceived to be entitled to support by the general public. On this account, the CRE is a transitional state, and personal budgets may well become a form of income adjustment over time.
- It may be that the dynamic interaction or co-production now possible between professionals and the users of personal budgets is the optimal state for improving well-being and personal outcomes for the people who currently use social care. On this account, the CRE is the end-state and the extension of personal budgets will signify a significant new phase in the development of the welfare state.
- In contrast, it is also possible that the development of personal budgets may lead to attempts to shift more private income or benefits into the framework of the CRE. Although not the personal view of the authors, this is a very different strategic direction, reducing the level of resources over which the individual has autonomous control. For example, a possible option for the reform of English long-term care includes the notion of a 'partnership model' (Wanless, 2006) in which the state guarantees to pay a certain proportion of the cost of such support and the individual makes up the difference (either via personal savings/income or via the social security system for those on low incomes). In future, it would be perfectly possible for such a model to be implemented using a CRE. Similarly, there might be scope to shift some social security payments (such as current disability benefits) into the CRE framework. Thus, while personal budgets have been developed in the context of trying to shift control away from direct services and towards the individual, this is not the only possible direction. It is also possible to use CREs to make resources that were clearly under the control of the individual more conditional.

Conclusion

Having (briefly) summarised the key features of personal budgets, this paper has introduced the concept of a 'Conditional Resource Entitlement'. By framing personal budgets as a form of CRE, there is scope to place this specific mechanism in the broader context of the different strategies available to government when seeking to reform welfare services. Using this approach, it is possible to conceive of a future in which current CREs could:

- Become a form of income adjustment; or
- Emerge as the optimal approach to meeting the needs of disabled people; or
- Provide a mechanism for making (currently) individual resources more conditional.

While the best way forward may well be a topic for another paper, the key issue for present purposes is the way in which the concept of a Conditional Resource Entitlement may enable a deeper understanding of personal budgets, of possible strategies for social policy reform and of the relationship between the state and the individual. Today the government is considering both the future of social care funding and the extension of this same approach to some aspects of health care and to children's services. The concept of a CRE is useful to policy-makers because it helps frame these changes within the wider context of the welfare state and the alternative strategies for promoting social justice. In the long-run it may be necessary to connect these new ideas into a clearer overall account of the distinct roles of tax, benefits and direct services.

About the authors

Simon Duffy is Director of the Centre for Welfare Reform and an Honorary Senior Fellow of the Health Services Management Centre, University of Birmingham

John Waters leads on research and development for In Control.

Jon Glasby is Professor of Health and Social Care and Director of the Health Services Management Centre, University of Birmingham.

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HSMC is one of the leading UK centres for research, teaching and consultancy in health and social care. With an early interest in the impact of direct payments and personal budgets, HSMC has been at the forefront of academic and policy debates about extending these concepts from adult social care into health care.

About the Centre for Welfare Reform

The Centre for Welfare Reform is an independent research and development network which was established in 2009. It works to transform the current welfare state so that it supports citizenship, family and community. It works by identifying and developing social innovations, publishing innovations as open source materials for other to use and influencing government to understand and support necessary reforms.

About In Control

In Control is a social enterprise working to help create a new welfare system in which everyone is in control of their lives as full citizens. Founded in 2003, In Control was responsible for developing the concept of a personal budget and the system of self-directed support. It operates as a social innovation network, with over 200 organisational subscribers (including local authorities, PCTs and service providers).