

E-marketplaces, e-brokerage and wellbeing portals



Many councils have implemented e-marketplaces over the last five years. Interactive directories of local care services have been a way to meet the Care Act requirement to ensure the availability of information and advice. Some councils have set up websites that enable users to purchase their own care. These have had mixed results.

We are now seeing a three-pronged development:

- transactional e-marketplaces focusing on direct payment holders
- e-brokerage systems for council commissioners being opened up to the public
- the extension of e-marketplaces into wider ‘wellbeing portals’.

In addition, NHS England has recently published requirements for IT solutions to meet the needs of personal health budgets and integrated personal commissioning. A core part includes an e-marketplace. Client Commissioning Groups (CCGs) will be encouraged to implement systems in consultation with local authority partners in the Local Digital Roadmap footprint. Councils that have already overcome some of the online personalisation challenges will have much to offer their NHS counterparts setting out on this journey.

This briefing

- revisits the service reasons for investing in these tools
- outlines some of the challenges and opportunities of each
- sets out a wide variety of case studies from councils around the country
- includes some good examples of regional collaboration.

It will help councils understand:

- How can our service users and carers benefit from an e-marketplace?
- What is the value in managing the local care market with an e-brokerage system?
- How can a wellbeing portal support self-care and prevention and manage demand?
- What learning can we bring to CCG partners looking to implement systems for personalisation?

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1. WHAT DISTINGUISHES E-MARKETPLACES, E-BROKERAGE AND WELLBEING PORTALS?



A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.

The service must provide information and advice on the following:

- *the choice of types of care and support, and the choice of providers available to those who are in the authority's area,*
- *how to access the care and support that is available*

Section 4, Providing Information and Advice, The Care Act 2014



In Briefing 4 of this series *Planning online transactional facilities we offered this definition for e-marketplaces:*

'An e-marketplace for care allows someone with care needs or a carer on their behalf to find services or products relevant to their care needs and then to purchase them.'

The underlined words distinguish an e-marketplace from an online resource directory. According to a Socitm survey for this series of briefings, over 50% of councils have implemented an interactive care directory for the public, which offers an online means of meeting this Care Act requirement. Where councils have taken it a step further and included a purchasing option within the online facility, take-up has tended to be very low.

In this briefing, we explore key aspects of both resource directories and e-marketplaces. We include a case study from Harrow Council which has achieved a uniquely high use of its e-marketplace by strongly encouraging all its direct payment recipients to use their budgets through it. Birmingham also found the approach worked with carers through the local 'Carers Forward' organisation.

In parallel with the development of directories and e-marketplaces for the public over the last six years, we have seen the rise of electronic systems for internal council commissioners to manage their care markets and enable personalised micro-commissioning. Some ten councils have implemented an e-brokerage system whereby individual care package requirements can be notified to appropriate local providers who then respond online. This is sometimes also referred to as a Dynamic Purchasing System (DPS). It can enable improved value for money by allowing providers to compete on quality and cost. It can also generate good market intelligence and help to identify gaps in specific provision areas as well as enabling small innovative providers easier access a bigger market. One council, the Isle of Wight, is supporting public use of its internal e-brokerage system

Key objectives from online tools for the public are to:

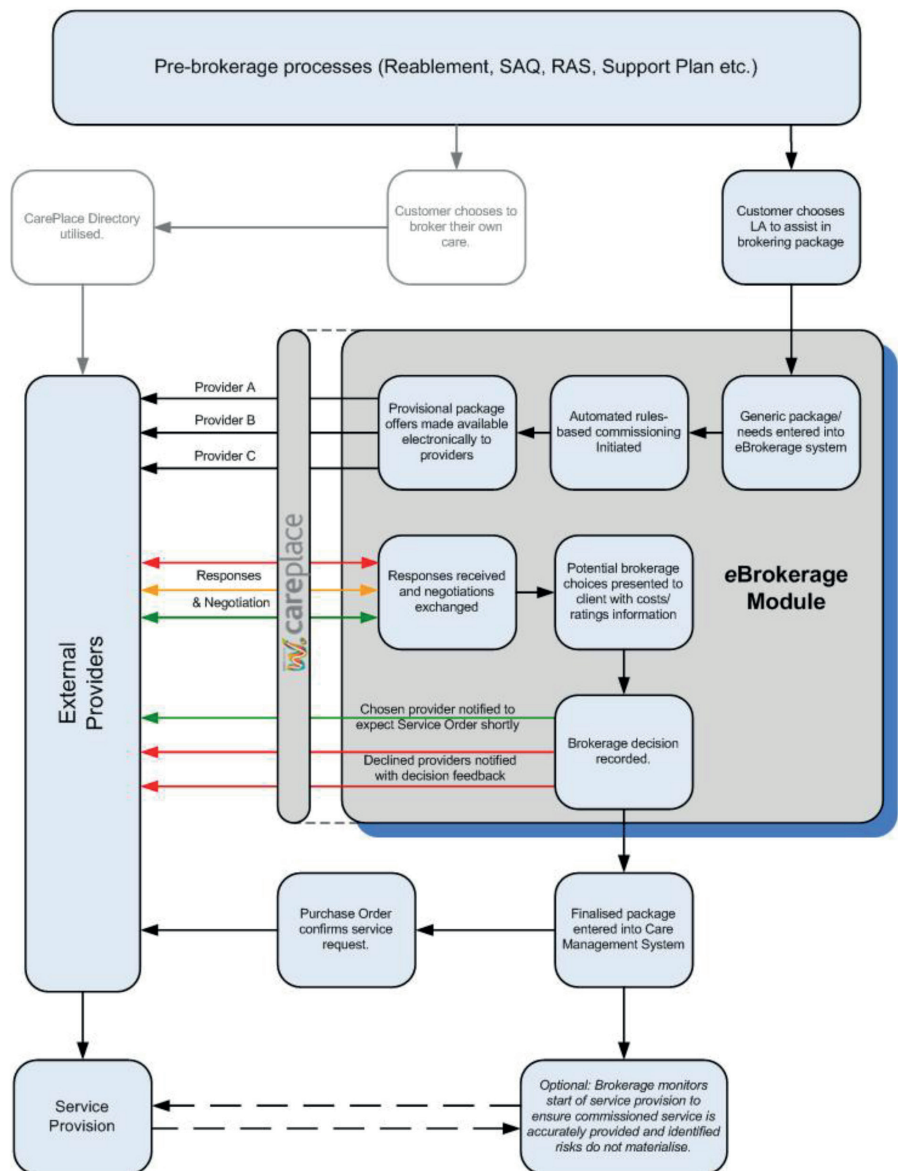
- reduce costs, demand and the number of citizens accessing social care and requiring statutory assessment
- enable the building of community capacity and effective use of community resources and support citizens, including self-funders, to maintain their independence and to live in their own homes for as long as possible.

An online website that aims to deliver these aspects could be called a 'wellbeing portal'. We have also seen some independent organisations setting up care e-marketplaces, for example, Salvere's www.myCareSuperMarket.com (powered by Cloudbuy), and the well-established AskSARA from the Disabled Living Foundation. The charity Guideposts has an online advice and guidance site incorporating the Mi-Life e-marketplace (see section 9).

These examples mostly focus on one-off purchase of equipment and adaptive technology rather than ongoing services or residential care.

Another form of electronic brokerage system is used by the community interest company My Support Broker (MSB) which has been at the forefront of personalisation policy and delivery since 2010. Director Rosa Fearria says ‘MSB technology is the invisible hand that drives the business’. It is a tool that their independent support brokers use directly with clients to draw up the support plan. MSB’s e-marketplace directory includes more than 22,000 nationally and locally curated value-for-money services, providing an effective and time-efficient research resource for support brokers. 85% of their brokers have a disability or a long-term condition themselves and 65% of the activities chosen by clients are in their local community and free to access.

Finally, as of February 2017, there is a new and very relevant development from NHS England discussed in the next section.



An example of e-brokerage processes courtesy of Tom Knight and West London Alliance

2. NHS ENGLAND'S IT REQUIREMENTS FOR PERSONALISED CARE

The NHS in England is steadily following in the footsteps of adult social care in promoting more personalisation to provide people with greater choice and control to manage their own care. Integrated Personal Commissioning is a joint programme with the LGA. The NHS Mandate commitment is that at least 50,000 to 100,000 people will have a Personal Health Budget (PHB) by 2020/21.

For a county area that could be as many as 1,000, for a smaller unitary or London borough perhaps a couple of hundred. This is relevant because many PHB recipients will also be known to adult social care. NHS England expects the number to increase rapidly every year beyond that. To quote:



By supporting people to manage their own health, PHBs can reduce the cost of in-patient care, and in doing so, support a financially sustainable NHS.

IT requirements for personalised care, NHS England²



In order to scale up from the current low numbers of PHBs, NHS England has recognised the need for effective online technology for shared use by the public, professionals and care providers. It has published an ambitious set of requirements, which overlap heavily with the type of e-marketplaces that some councils have been trying to implement since 2010. IT system suppliers are invited to submit solutions for assessment by NHS England who then expects to draw up a short list of those solutions that meet the requirements by summer 2017. CCGs are expected to collaborate on a regional/STP basis and in alignment with the Local Digital Roadmap, including council partners, when considering procurement of appropriate IT solutions.

The NHS England requirements are summarised in the diagram on page 6, which aligns the IT functionality with the emerging framework for Integrated Personal Commissioning (IPC).

As can be seen at item 4 in this IPC Framework, this plan explicitly includes integrated personal budgets to 'blend funding from health, social care and education'. The IT functional area of 'Identification' also expects that social care data on activity, costs and individual needs will be available to understand trends and costs and 'to identify who would benefit from greater personalisation' in the local area. Within this module NHS England goes on to state:

'The IT solution should provide an indicative budget for a person's care package, based on relevant information such as historic data and/or average costs for the types of services. For PHBs, this takes account of relevant health spend. For integrated personal budgets, this takes account of relevant spend across health, social care and education services. The person should know their indicative budget before starting to build their plan.'

Social care colleagues will see the similarity to the resource allocation system (RAS) for personal budgets, which challenged so many councils. However, the proposed system does not seem to envisage an algorithm based on needs but starts from the costs of services.

NHS England does not expect a single local system being able to meet all five of these IT functional areas. System suppliers were invited to respond to the requirements with proposed IT solutions for one or more area. Clearly, there would be benefit in either one single system or systems that integrate according to the NHS England Interoperability Framework.

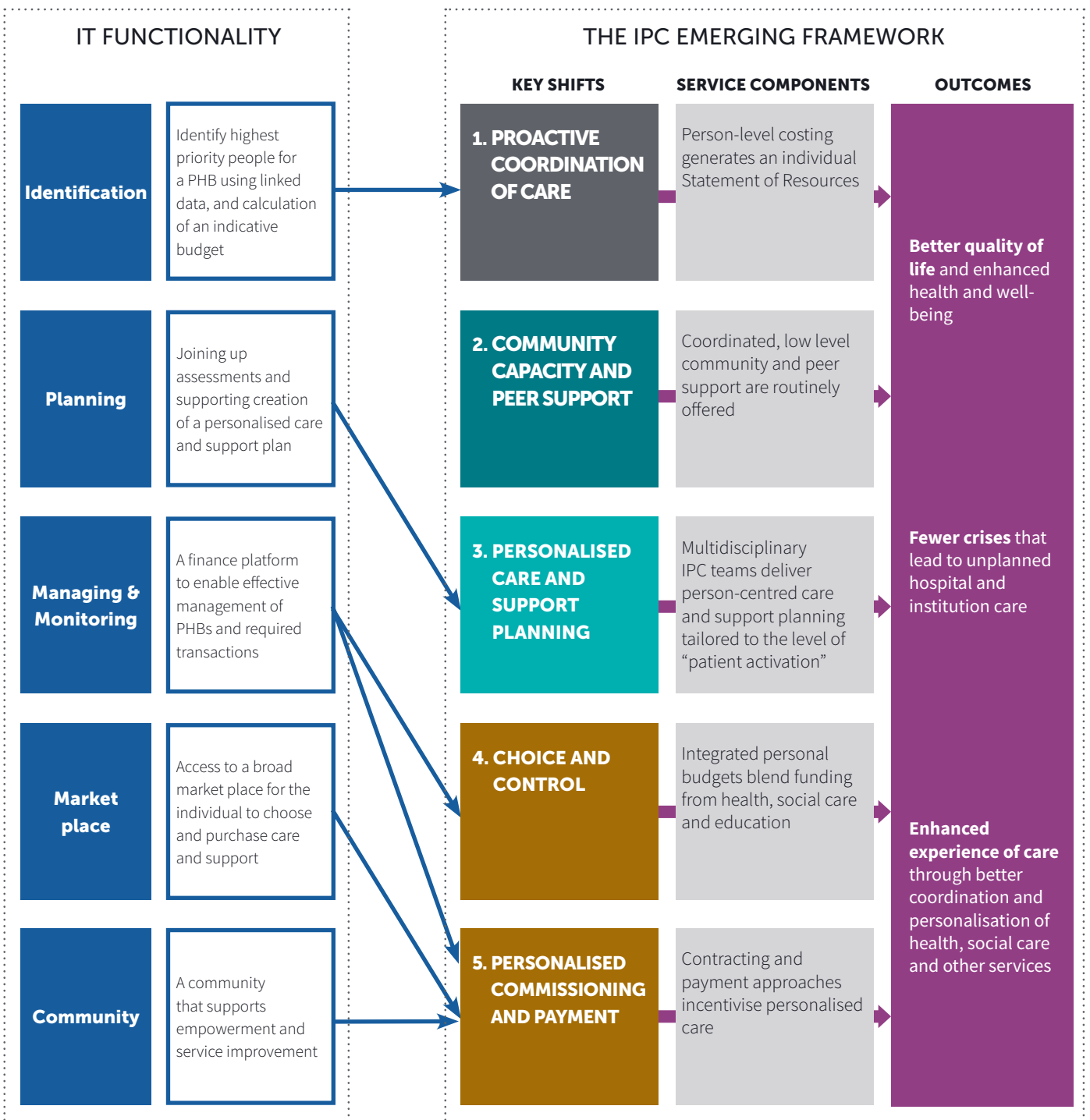
The full NHS England requirements are available at: www.england.nhs.uk/commissioning/ipc/it-solutions

This 'Marketplace' function is almost the same as the full transactional e-marketplace that we discuss in this briefing. The 'Community' function has similarities to our wellbeing portal. Some existing social care e-marketplaces also provide elements of 'Planning' and 'Management and Monitoring'.

It is worth noting that NHS Shared Business Services have already launched their own e-marketplace powered by Cloudbuy software (which has also been used by some councils) at www.phbchoices.co.uk.

Given the functional overlaps, it will be essential that the health and care sector cooperates on a local as well as national level to build on the experiences of councils in this area. The ADASS Information Network has an important role to play through its regional networks.

IPC Framework



3. ISSUES IN IMPLEMENTATION

The English adult social care sector has now had over five years' experience in implementing e-marketplaces of one sort or another. We can be clear on many of the key issues, even if they do not all have easy answers.

COMPREHENSIVE UP-TO-DATE CONTENT

There is significant effort required to set up and keep up-to-date listings of relevant service providers, local groups, products and events. This is especially true when moving beyond traditional registered services to a wide range of community activities. In the early days, it was thought that service providers would generate and update their own entries. Most systems allow for this and include the facility for councils to review updates made by providers. This can work for the larger providers, but they will only prioritise it if they see that people are coming to them as a result of their listing. For voluntary community groups, someone may need to find them and maintain their entries. Councils researched for this briefing tend to have one person whose main job is to generate and keep the content up to date.

This was one council's experience:

Hertfordshire County Council was a trailblazer with a full purchasing e-marketplace since 2012. However, in 2016 it decided to de-commission this facility because there were not enough transactions going through the site.

Lisa-Marie Pritty, Business Improvement Manager for ASC, comments: *'We considered the concept of a 'Virtual Direct Payment' but found that although equipment purchases were going through the site, most people still wanted the council to arrange services. This meant that service providers struggled to see the benefit of maintaining their site content, as the business they were getting couldn't be directly attributed to their e-marketplace listing. We have therefore switched to a resource directory from Open Objects. The key issue previously was the resource required to keep the content up-to-date. The benefit of the Open Objects solution is that the product "screen-scrapes" content from other sites and brings this into our directory. Customers are then redirected to complete their purchase, for example, Lloyds Pharmacy for equipment. It also offers syndicated NHS Choices content and integration to see Care Quality Commission (CQC) registered services.'*

PROMOTION

Briefing 9 discusses promotion of online services more fully. Local advertising can be effective, especially when targeted at places that people with care needs are likely to visit, such as GP practices. It is critical to ensure that social care staff themselves use and promote the site – and not to have one directory for the public and another for internal staff.

EASE OF FINDING CONTENT

Some sites have experienced significant issues in how easy it is for users to find appropriate services to match needs or desired outcomes. A typical approach is a free text search combined with a location-based search. The latter is straightforward for a day centre or a care home, but more difficult to give appropriate rankings for a home care agency that might cover an area different to where its office is located.

Another approach is to guide the user through a checklist of their needs and then signpost to appropriate services. This sounds great in theory but in practice it is difficult to hit the right balance between a limited number of 'good fit' services and overwhelming the user with long lists without any ranking. Part of the problem is that there is no consensus on a taxonomy for different types of service. This also makes textual searching more difficult. It is one aspect that the LGA and iStandUK are working on and is discussed in Briefing 7 '*Effective use of national information sources*'. It is easier if the search or questionnaire is limited to one aspect such as equipment, as in the Connect To Support graphical 'Equipment House' (see next case study) or the AskSARA structured questionnaire.

Some people place their faith in artificial intelligence solving this problem in the next couple of years. Others see a continuing role for professional support brokers or care navigators for whom the online directory is a tool with which they become expert in navigating, combined with local knowledge.

QUALITY OF SERVICES LISTED

Councils will need to establish what level of vetting they apply to organisations that are listed on their site. As a result of the potential overhead costs this is usually light touch, with organisations perhaps signing up to a code of conduct and councils working with local trusted trader schemes. Many sites include a disclaimer that the council cannot accept liability for the quality of services listed.

Service users and carers appreciate being able to see CQC ratings and the link to CQC reports for registered services. The CQC offers a widget, that is easy to incorporate (see more in Briefing 7).

A few years ago, it was thought, even at ministerial level, that a 'TripAdvisor for care' would become established where reviews from consumers would help build up a picture of a service's quality. In practice, this has not happened – partly because the throughput of 'consumers' for a typical social care service is far lower than for a hotel or restaurant that will see thousands of customers over the course of a year, compared with maybe a few dozen residents in a care home.

The Provider Quality Profiles on NHS Choices were set up in 2013 for consumers to leave reviews about registered services. A sample of more than 1,300 services checked for this report showed zero recorded reviews.

Several e-marketplace system used by councils include a facility for customer reviews but research for this paper has not found any that have been made visible to the public. Some areas such as Liverpool City Region use them as feedback to council commissioners but do not publish them. One ADASS region, the East of England, has commissioned a system called PAMMS for professionals to use specifically to share intelligence on care providers for the benefit of statutory commissioners.⁵

These topics apply to care resource directories. An additional set of issues applies to e- marketplaces where users can purchase through the site.

E-MARKETPLACE BUSINESS MODELS

The original vision of one consortium was that councils could run an online care marketplace where many direct payment recipients and self-funders would purchase equipment and services. Care providers would appreciate the online shop and be prepared to pay a small transaction fee on every purchase through the portal (in addition to a banking fee). In practice, this proved unsuccessful because neither the public nor care providers had an incentive to transact online. The site might have helped many people identify an appropriate service, but contracting for staff to come to your home (or your mother's) for intimate personal care is not like buying a book on Amazon. People expect a more direct and extended interaction with a provider before agreeing a care package. The original model of such e-marketplaces becoming financially independent of a council has not succeeded. Councils have continued to invest by making such sites of wider benefit to residents as wellbeing portals and introducing some self-assessment of needs and finances, including for carers, which can reduce the burden on council staff. (See Briefings 5 & 6 and Doncaster's case study where the portal underpins a wider transformation.)

The one exception was Harrow Council which worked closely with its service users and carers to introduce the My Community e-Purse model for direct payment recipients. Users realised that the audit trail within the e-marketplace relieved them of the burden of having a separate bank account and keeping paper receipts. It also eased the monitoring overhead on council staff. Care providers saw that they needed to get involved with the e-marketplace in order to access the increasing spend through direct payments, thereby creating a virtuous circle.

E-BROKERAGE: THE CHALLENGE OF MOVING TO DYNAMIC PURCHASING

Harrow's model has progressed to include dynamic purchasing, where direct payment recipients publish their requirements and providers can respond so that the individual can assess the best quality and price within the system. Some ten other councils have implemented a similar process but starting with internal brokers for council-commissioned services. Interestingly, Leeds operate a process for home care with fixed hourly rates and giving preference to a primary provider in an area. The benefits for the council lie in moving to more outcomes-based commissioning and increased process efficiency. There are challenges in algorithmically assessing the quality of provider responses against defined requirements and there may always have to be a degree of human assessment, including choice for the service user. The Isle of Wight has seen how the care market has filled a supply gap once the demand became clear to providers through the system.

Some of the issues of resource directories and e-marketplaces pertain to e-brokerage – in particular, the need to obtain engagement of care providers. This is hardest where there is a shortage of supply, but when a council's dynamic purchasing system becomes its only means of contracting, then providers will see the benefits. They should also see faster payment and less overhead of processing invoices where service delivery is recorded through the system. For urgent care requirements, an e-brokerage system may need to be supplemented by phone calls, but we are seeing examples of very responsive providers now gearing up to monitor online requests and submit offers within hours. It is a cultural and process change for them as well as for council staff.

4. REGIONAL COLLABORATION WITH CONNECT TO SUPPORT: DONCASTER, BUCKINGHAMSHIRE & MANCHESTER

In Briefing 4 Planning online transactional facilities, we concluded that e-marketplaces were most effectively implemented by large councils or on a collaborative regional basis. This was also one of the conclusions of the report 'Next generation social care' from the Institute of Public Policy Research in 2015. It is also in line with Socitm's 2016 Digital Strategy recommendations of 'Simplify, Standardise, Share and Save'.

A leading example is that of the Yorkshire & Humber region, with the Connect To Support (CtS) e-marketplace, which is now evolving into a wider wellbeing portal thanks to strong regional support through ADASS. A key step in making this a success is having clear governance arrangements. In May 2016, a Transformation Board was set up for the region with a dedicated regional support officer. A strategy statement was drawn up, setting out the priority areas where an online service can promote independence and wellbeing. A Director of Adult Social Services (DASS) has oversight for the region. The Transformation Board and strategy are independent of any particular technology, but 11 of the 15 regional councils use CtS from PCG Care Solutions.

A separate board oversees developments and manages a user group, which includes PCG customers from outside the region. The CtS platform now includes online self-assessments for service users, carers and financial entitlement as featured in Briefings 5 and 6 and used by the London Borough of Hillingdon.

John Sell of Calderdale Council is co-chair of the CtS Board. He comments: 'Councils are caught in the so-called jaws of doom between increasing social care demand and reducing resources. We have to move towards more self-service and prevention. In Calderdale, the £45m adult social care spend accounts for about one-third of the total council budget. But we only provide services to less than 1% of the population. A further 11% contact our 'Gateway to care' contact centre. My biggest concern is about the so-called self-funders amongst the other 88%. Some of these will go into expensive residential care unnecessarily. That generally leads to worsening outcomes for them and once their private funds are exhausted, they will fall back on council support. This is why we are now pushing for GP practices to start using CtS, including, for example, for social prescribing in waiting rooms.'

Each council's site is branded and configured to its own requirements, but the 16 customers of PCG for CtS share learnings and materials. One creative example that has been widely adopted is the 'Equipment house' originally developed with Kirklees. It provides links to different sorts of equipment appropriate for different rooms. Three more examples of implementation are described in the following pages.



© PCG Technology Solutions
The interactive "equipment house" developed with Kirklees and used by many PCG customers⁵

4.1

DONCASTER: SUPPORTING THE THREE CONVERSATIONS APPROACH



The online advice and marketplace supports staff and the public in our strengths-based, three conversations approach.⁶

Karen Johnson, Assistant Director for Communities, Doncaster Metropolitan Borough Council



Doncaster is implementing a version of the Partners 4 Change ‘three conversations’ approach to adult social care enquiries combined with community hubs. *‘And the tool to support this above everything else is the citizen portal’*, says Craig Williams, Adults Transformation Digital Programme Manager. *‘In fact, we say that the online self-help module adds a conversation zero. It enables people to find appropriate support within the community without any contact with council staff.’* See Lyn Romeo’s blog on the ‘three conversations’ model under Further Information.

Doncaster was a leading member of the initial Yorkshire & Humber consortium that procured what was then shop4support, now provided by PCG Care Solutions. The expectation in those earlier days of personalisation was that people would purchase their own care through the portal, just as so many other purchases are now completed online. In reality, there was very little throughput because it was not publicised sufficiently; some items were more expensive than through other channels and, crucially, it was not adopted by social care staff.

The new revitalised version is being widely publicised as part of the overall transformed offer from adult social care, including, for example, through adverts on buses linking to the ‘Your Life, Your Way’ wellbeing portal. It is part of the digital and neighbourhood strategy for the council. Previously staff used an internal resource directory and there are others from housing and Age UK. Now there will be a single trusted source of information and Doncaster has invested in

one person for the last six months to map community groups and activities. There are now 1,500 providers of a wide variety of services and resources. It has been demonstrated to all internal teams.

Craig explains: *‘We will be dependent on quality brokers – social workers and community support workers – for conversations 1 and 2 and they will sit with the person and go through options in the directory, so as not just to rely on standard past offers of home care and day services.’*

Doncaster has had an online self-assessment linked to its case management system but is moving this into PCG’s Connect To Support platform as a self-help tool and very deliberately not calling it an assessment. In fact, the council sees it as a positive that it does not feed into the traditional care management process, which is not consistent with the new three conversations approach.

Rob Winn, Stronger Communities Officer, has been leading on the set-up of the site. He adds: *‘A nice new feature is that the recommended resources identified through the self-help tool or searches can be generated out to a PDF booklet for the worker to give the person.’*

Staff have been issued with tablets and Connect To Support is used by social workers and community and hospital nurses as well as the public. When it comes to conversation 3 and an ongoing personal budget, Doncaster has a clear vision to build further on the supportive technology of the site. As Craig says: *‘We are keen on the Buckinghamshire Virtual Wallet approach. We see anyone, direct payment recipient or self-funder, using the portal to build their own support plan. A key benefit to enable more direct payments is to manage all the finances within the site so that there is no need for a separate bank account or pre-paid cards. Self-funders could use it through a direct debit in a similar way to council-funded users. And the advantage to care providers is that they are guaranteed payment up front.’*

Doncaster does not see the portal in itself as generating cost-savings but it is critical to reshaping the whole model of adult social care from a very traditional one with high levels of residential provision to one of support within the community. That will enable significant savings and better outcomes by keeping people at home longer including through the use of telecare.



© PCG Technology Solutions
A creative interactive map on employing a PA developed by Doncaster⁷

4.2 BUCKINGHAMSHIRE: VIRTUAL WALLET FOR DIRECT PAYMENTS



Digitalisation enables us to offer a more timely, more transparent and a better quality of service for service users and carers, with increased visibility of care and costs for families and social workers, faster payments for providers and a more cost effective process for the council.

Marcia Smith, Head of Business Improvement, Adult Social Care, Buckinghamshire County Council



Buckinghamshire County Council had a clear business case in September 2016 to implement a 'Virtual Wallet' process for its 1,440 direct payment (DP) recipients. For the last four years, it has had a contract with an external agency and advocacy provider to help many DP recipients manage their accounts. The costs had increased by about £100k each year as the number of DP recipients grew and reached £540k in 2016-17. By bringing the managed account service back in-house, supported by innovative technology, the council will save £290k in £2017-18 as well as avoiding another £100k increase.

Nine hundred DP recipients have their accounts managed, ie all the payments of provider invoices are handled on their behalf. These were transferred to the new system in phases up to the end of March 2017. Dan Hussey, project manager for Digital DPs, says: *'Everyone who has been set up in the system so far has been happy with it, including the care providers.'*

£18m will pass through the Virtual Wallet process in 2017-18, of which over £12m is under managed accounts, and these figures are set to increase year on year. It applies to all client groups. Buckinghamshire provides ongoing residential and community services to about 6,500 people, and within community settings, 1,448 people receive DPs out of a possible 3,530 in the community, equating to 41% of eligible people.

So what is the offer to residents and the system that supports it?

From April 2017, there will be two options for people receiving DPs:

- Digital self-service
- Managed digital DP.

Under a fully managed account, council staff will check any queries on invoices, assist with employment of personal assistants, etc. There is no hard-and-fast divide between self-service and managed, because anyone who opts to self-serve can still ask the council for assistance if they have any issues. In any case, all of the invoice payment is handled through the system. PCG handles all the provider payments on behalf of Buckinghamshire from a single council bank account using the same core technology as Yorkshire & Humber's Connect to Support. The service user can also nominate a representative, for example in case of lack of capacity, and that person can have their own separate login to the system once approved by the council.

The system provides the full audit trail of payments, negating the need for receipts to be kept. There are currently still 700 people with bank accounts for DPs but these will be phased out, over the coming year.

The DP recipients will be able to search for a care provider and contract with them through the system. As all payments must go through the website, anyone, such as a relative or neighbour who is providing a service to an individual service user must be registered. This is a straightforward process. There is a code of conduct to agree. For a private arrangement like this, the relative or neighbour as a provider is hidden from other users. This feature is sometimes also used for personal assistants. Equally, if a provider is under investigation, they can be hidden from new users. There will no longer be the option for a DP recipient to take out cash. Marcia Smith, Head of Business Improvement, comments: *'This reduces the risk of misuse of funds from the council's point of view and also offers protection to the client, for example, against financial abuse.'*

Even services such as regular taxis are set up and invoiced through the system. For exceptional cases, such as a gym membership where the organisation does not wish to become a provider on the system, there is the option for a manual transaction to be carried out.

Providers who use the e-marketplace to advertise their services and products sign up to a code of conduct and the terms of use. Where appropriate, their CQC registration is also displayed within their store page. Brokers and care managers assist service users in finding providers that have the appropriate insurance, training, etc.

Once the service is set up on the system, the care manager is notified in order to check that the service meets the needs that had been identified as part of the assessment process.

Care providers maintain the details of all the care services and hours provided within the system, which automatically generates the invoices and then payments. This means that providers will in future be paid within a maximum of ten days instead of 14 days. There is no fee to the providers.

The system is funded on a managed service basis by Buckinghamshire – a standard charge with increases as the volume rises. There are currently 330 providers on the system for the managed accounts. Optionally, a service user may choose to confirm service delivery but that is not the default as it is likely to lead to delays in payment and excessive queries for Buckinghamshire staff.

Marcia has plans for extending the use of the system once the current DP recipients have been transferred and they see for themselves the clear benefits and success of this digital platform. The council will then look at using it as a tendering tool, which will be available for service users, social workers and brokers. In this way the service user, care manager or broker can specify a set of care requirements in four simple free text fields and then pick care providers by category or individually who are then invited to respond. There is a messaging option and a provider can offer a bespoke

service with a specific cost, which then gets created as a hidden option for that individual within the provider's 'store'.

Buckinghamshire commissions independent brokers to help people to understand better the different ways in which they can be supported and who is available to provide their care. This service is also available to self-funders for a one-off fee of £250. One of the benefits of paying all DPs through the system is that it generates a solid base of care providers that become available for all future users. Services cover PAs, domiciliary care, transport, day opportunities, respite, etc.

Recently, the council's scrutiny committee was advised of intentions to explore using the system for personal health budgets with the local CCGs as the new digital system supports multiple funding streams.

Marcia concluded: *'We are moving to a much more sustainable model through this use of technology. It enables staff to promote DPs even more to their clients because of the ease of use and visibility that it offers. The digital project has been made successful within six months through the dedicated effort of Dan, who really knows all the processes and stakeholders inside out, very responsively supported by PCG as contractors and the strategic support and guidance of our ICT Business Partner Andy Foster, who has championed our digital agenda.'*

Dan added: *'We have built this on top of the existing Care Advice Buckinghamshire site⁸ which was already well-established and co-produced with service users in other PCG customer sites. For the Virtual Wallet, we had initial discussions with local service users and brought them in when we had something to show. We also started by transferring a small number to iron out any initial issues and make sure that it is not a burdensome process for them, their families and providers. PCG have been very responsive to change requests. For example, for some PAs, we needed them to be able to record mileage separately from their timesheets and this was delivered live into the system within a week of defining the requirement.'*

The same PCG e-marketplace technology was used by Birmingham City Council for carers' grants through its local Carers Forward organisations. It is also being used outside of adult social care by Barking & Dagenham to give £200 virtual payments to parents to spend on breaks for disabled children. The company Kennedy Scott works with the DWP, helping people into work when they face particular challenges such as disability.

4.3 MANCHESTER: INTEGRATED PROACTIVE PLANNING FOR HOSPITAL DISCHARGE

Manchester City Council is an active participant in the Connect To Support consortium and is designing extensions so that professionals can co-broker with patients and families as part of its future vision for integrated care and health. It is focusing particularly on advance support planning to follow planned and emergency hospital surgery.

In the case of elective surgery, there will be a key worker in an integrated neighbourhood team. These new teams will include a GP as part of the multidisciplinary approach. The key worker could be from primary care, community health or a social worker and will be known as a trusted assessor.

This trusted assessor will proactively discuss with the patient and carers what sort of support plan is likely to be needed post-operation. They will jointly put together a care package on Connect To Support, which may, for example, include equipment, visits to change dressings and care staff to help with getting up and dressed for the first two weeks, etc. Using an iPad to go through support options with the patient and any family members will help all concerned think through and plan for the future needs, thereby avoiding delays at discharge time.

Similarly, for emergency surgery, a hospital social worker or occupational therapist will go through options at the patient's bedside, again with any carers, and build up a support plan that will automatically be posted to all relevant care providers to respond within a given timescale, such as six hours.

At the moment, council social care staff carry out support planning only for eligible individuals, but the hope is that, in conjunction with health partners, they will in future be able to support self-funders with such microcommissioning in accordance with the spirit of the Care Act.



We are convinced that a visual aid like Connect To Support will greatly assist our integrated teams co-produce personalised support plans with patients. The micro-commissioning e-brokerage facilities will mobilise all relevant local care providers to respond effectively and rapidly, thereby reducing delayed transfers of care (DTOCs).

**Kathy Weaver, Head of Customer Access,
Manchester Social Care**



5. LIVERPOOL CITY REGION LIVE WELL DIRECTORY AND E-BROKERAGE IN WIRRAL



We wanted to create a shared sense of place across our five councils with a single website.

Angela McNamara, Programme Manager for Integrated Commissioning, Liverpool City Council



The Liverpool City Region (LCR) is another good example of sub-regional collaboration. Liverpool City Council had been running an online resource directory itself for three years and was subsequently joined by Wirral Council in 2016. They now list 3,800 services and for the calendar year 2016 had 123,000 unique visitors, of whom 73% were new users.

Angela McNamara is Programme Manager for Integrated Commissioning and she explains: *'The idea of cooperating more widely across the region on an e-marketplace actually came out of the North West Region ADASS Informatics Network. So, with Wirral, we started a Liverpool City Region collaboration that includes Knowsley, St Helens and Sefton. We wanted to create a shared sense of place, using a single website with the same branding. We were especially interested in building up a directory of non-commissioned services. For someone living in Liverpool who wants to go to a dementia-friendly coffee morning, the nearest may well be in Knowsley. The business case was quite simple: it was clear that there would be price savings from procuring a system once across the group and also that we would achieve implementation efficiencies.'*

Mal Price, chair of the LCR Marketplace Implementation Group adds: *'There were many challenges and we have had to work at agreeing common processes to manage the data and structures in the same way across all five councils. At the same time, each must serve its own local care market and answer to its own strategic leadership. Overall, it has been very positive for the region establishing a common branding rather than five versions of the same product. It helps that we work closely with Healthwatch Liverpool who handle queries from the site on LCR's behalf and redirect them to the individual LAs where appropriate.'*

'We also worked with representatives from the local Older People's Parliament and third sector organisations and a sensory impairment group in Knowsley to design and test the site. We received very good feedback from our local carers organisation. Carers were particularly impressed with the ability to see a CQC rating and get access to the latest report for a registered service by using the widget embedded in the service listing. After using the site or a service, members of the public can leave feedback against providers, but this is only for our commissioners and is not published. We did not want to take the TripAdvisor type risks of monitoring for fake reviews. Users can also submit suggestions for services through the site. This can bring some great additions and also stimulate us to see if anyone does or can provide similar services of great value to the community elsewhere across the local authority or region. In future, we will also use Google Analytics and other site analysis tools to monitor what people are searching for.'

'We have encouraged commercial providers and larger third sector organisations where possible to manage their own content, which is subject to an approval process prior to it appearing in the public domain. For smaller community groups that do not have the capacity, support has been made available to manage their entries. Residential providers will soon start maintaining their own vacancy positions on the site for the public to see.'

Key benefits from a commissioning point of view are about to be realised through a data warehouse that links to the marketplace tool. The coordination and analysis of this data is being undertaken by Affinity Works. This pulls in data from the social care finance systems of each of the five councils. This development has been made easier by the fact that four councils already use the same financial engine. A standard categorisation of services is being pulled from all the financial systems with their individual configurations so that automatic downloads can be regularly fed into the data warehouse. Commissioners will be able to report across the region on service volumes, price, length of stay, numbers of placements, location, etc. It will also enable them to spot outliers where one provider may be charging significantly more than another for a similar service or charging councils differently. Commissioners will be able to cross-reference the purchasing information with quality metrics.

Angela adds: *'We are now moving to a standardised offer across the region and the reports will give us a regional take on the Market Position Statement. Public health in each of the councils are also contributing to the programme and we are looking to see how we can best represent children's services in the near future.'*



Having established the public-facing Live Well Directory across the region, Wirral is now looking to take advantage of the e-brokerage functions within the marketplace tool from Oxford Computer Consultants. Unusually, it is starting with residential care due to some changes taking place in its domiciliary care market. Wirral has a care arranging team who currently uses a mix of processes for sourcing care.

The e-brokerage process will use the marketplace to obtain care offers to meet an individual's set of structured requirements. A subtle algorithm, which can be determined by the council, ranks all the available providers for the broker, who can then invite them to submit an offer. Each invited provider will receive an email notification and can respond if they wish to take the client, indicating which requirements they meet.

The system will display back to the broker all the responses and give them a quality score based on how many of the requirements they can meet. This can be combined with the price to generate an overall 'response score'. It is also possible for the broker to assess a response to a requirement manually and add a score. Once the broker has made the decision on where to award the care, the system generates a notification to all the providers. In Wirral's case (and across the region) there are standard prices for residential care (except for some high end specialist provision), so the evaluation is entirely based on availability and quality.

Mal comments: *'Once we have proven the e-brokerage model in Wirral, we will look to roll it out across the region with our LCR partners.'*

6. ADDING INTERNAL DYNAMIC PURCHASING TO CAREPLACE ACROSS WEST LONDON



The e-brokerage tool has certainly helped with urgent placements such as on hospital discharge.

*Gordon Crighton, Operations Manager,
Adults' Services, Ealing*



The West London Alliance (WLA) of seven west London boroughs was formed in the noughties to share programmes across the sub-regional area on a range of topics, including employment and housing. Social care was an early priority and an online tool was procured to share commissioning intelligence between them. This included the public-facing e-marketplace branded in London as CarePlace. It is now well-established as an information and advice hub used by the public and professionals and has rolled out across other parts of London with the added facility of each borough having its own branding.

The London Borough of Ealing is leading on a new WLA Dynamic Purchasing System (DPS) using the e-brokerage extension to CarePlace. Gordon Crighton is Operations Manager for Adults' Services and comments: *'We like the dynamic purchasing model because of the ability to add new providers during the course of a contract unlike with traditional procurement frameworks.'*



Ealing and seven other WLA boroughs started with residential, nursing and supported living services in September 2016 on a gradual mobilisation basis. In the first six months they have commissioned nearly £1.6m worth of placements through the system (on an annualised basis). Providers must first have registered on the public-facing CarePlace and also go through an approval and contracting process to become part of the DPS.

There are currently 89 companies offering 310 services through DPS. It has taken longer than expected to bring the providers on board. Small ones have sometimes struggled and the WLA has needed to offer them additional support. Home care will be included in a later separate DPS arrangement due to start in April / May 2017.

The process is that the social worker passes the requirement to a member of the internal brokerage team who then enters an initial sourcing episode into the DPS system, matching the requests against the three DPS categories and 16 pre-populated procurement domains. Anonymous details are sent to the matched providers through the site. Those that respond positively are provided further client details so that they can carry out a pre-admission assessment. They can then submit their pricing and any other information. The WLA boroughs specify a response rating calculated by a DPS algorithm based on 60% quality and 40% price. The local quality criteria include individual customer preferences. For example, someone may specify that it is a high priority that the care home has a garden and this will filter out those without.

Gordon comments: *'The algorithm in the background gives us an assurance that the process is fair. Our information governance officer appreciates the fact that confidential client information only goes out to a limited selection of organisations that need to know.'*

Gordon is also clear that the DPS is not an e-auction system. Bidders cannot see who else is bidding or their pricing and are unable to change their own bid. *'Some providers were worried that it might represent a drive to the bottom and make businesses unsustainable, but we have been clear that adoption of the system is not simply about cashable savings. It provides a transparent and auditable mechanism to demonstrate that we are achieving value for money – and not seen as just giving placement opportunities to the 'usual suspects'.* There is a cost avoidance element by giving brokers visibility of the price range in the market and it is particularly helpful for urgent placements.

One noted local nursing home is responding positively to 79% of requests! For each care package there can be an individual response time set, which may be as little as one hour for urgent cases. It does not stop a broker from phoning around, but it certainly means a more efficient use of their time and reaches more of the market in real time.

A key benefit that the borough is now seeing is the build-up of statistics on the market, such as the number of acceptances and the reasons for rejections. It is anticipated that this will help identify unmet needs, which can be presented to the market for them to develop new services. Gordon considers the system an integral part of fulfilling Ealing's market oversight duty under the Care Act.

The secure communication feature of e-brokerage has also helped the voluntary sector information and advice service funded by the council. The Ealing Specialist Advice Service (ESAS) includes Mencap, Age UK and others. ESAS regularly passes and receives referrals to and from social services and needed a secure mechanism for uploading and sending confidential client information.

Across the WLA, Brent, like Ealing, has already implemented e-brokerage under the DPS, with Barnet, Hounslow and the Tri-Borough (Hammersmith & Fulham, Kensington & Chelsea, Westminster) planning to do so shortly. All of the providers on the DPS will be shared across the consortium via a consistent single procurement process giving significant business benefit to both the brokerage teams and providers. Longer term, Gordon sees wider use of the tool to support direct payment recipients and also self-funders in accordance with the Care Act responsibilities.

7. MY COMMUNITY E-PURSE AT HARROW – PAYPAL FOR DIRECT PAYMENTS

A brief case study on the Harrow Council was featured in the LGA's 'Transforming social care through information and technology' publication launched at the National Children's and Adults Services (NCAS) conference in November 2016⁹. An update and more details are provided here.

Harrow pioneered the use of an e-marketplace for direct payment (DP) recipients as part of its personalisation strategy, so that now more than 60% of community-based clients receive a cash DP. It takes the form of a PayPal account that can be spent through the website. The approach was co-produced with service users and carers from across all adult services client groups and was launched in 2013. Care navigators use iPads during home visits to demonstrate the system and DP recipients and their carers then use it for purchasing support themselves.



Empowering citizens to choose and manage their own healthcare choices is a natural extension to the level of decision-making people enjoy in other service sectors. Involving service users to co-create the digital service has ensured that their needs remained central in the end design. By opening up the market in this way, service users, Harrow and local and regional businesses all benefit.

Bernie Flaherty,
Director of Adult Social Services at Harrow



- There are now 1,190 active online DP accounts.
- £4.5m was paid through the system in 2016-17.
- In 2017-18, £8-10m of payments will be made.
- Citizens now have a choice of 770 local providers of care and support related services.
- Harrow realised a saving of £350,000 in back-office administration of DPs.
- Approximately £1m is being saved per annum through improved value for money by opening the whole local market up to purchasers – equating to £4m over the last four years.
- Recipients range from those in their twenties to centenarians.

Users can set out their individual service requirements to a set of providers who will then respond through the dynamic purchasing facility. Where a support plan consists of a variety of services in order to meet the individual's desired outcomes, this may involve setting up several requirements. For example, someone may want:

- a personal assistant
- employment support services
- daytime community activities
- transport.

These can all be separately purchased.

Harrow has also worked with voluntary sector organisations from the outset to use the opportunity of developing alternatives to traditional services and holistic packages. Harrow Mencap enthusiastically rose to the challenge. Through its Community Solutions trading arm it offers community activities, transport, training and other services that have generated £200,000 of income through the e-marketplace.

The tool assists with peer support and prevention. For example the British Lung Foundation is running a local group for people with chronic obstructive pulmonary disease (COPD). Like other councils, Harrow dedicates one person to finding and updating community groups and activities to be publicised online.

PayPal developed a facility with the council that has become part of the company's worldwide offer. There is one master council account under which sit all the individual client accounts. The system generates an email for people to operate that PayPal account when they take on a DP. They have access to standard PayPal account facilities but can only spend through the 'My Community e-Purse' system. There are options to allocate a PayPal cash card and for an account to be assigned to a third party such as a voluntary organisation or for an individual service fund, but Harrow is not currently using these.

The system was originally a bespoke enhancement to the West London Alliance CarePlace solution, but is now being 're-platformed' in a partnership with IBM. The new solution will use IBM's flagship Watson Health artificial intelligence engine to help identify the best local providers for the person. It is also intended to expand use to self-funders and work with other councils to enable them to gain the benefits.

Chris Greenway, Head of Adult Operations and Programmes, comments: *'Before the e-Purse system, we had to have four staff monitoring people's DP accounts in order to audit that funding was not being mis-used and, just as importantly, to ensure that people were really buying the care from a safeguarding point of view. We discovered one elderly lady who was going without the care that she needed as she had built up a £29,000 'nest egg' with her DP which she was hoping to gift to her grandchildren! Now we receive weekly reports by exception if the e-Purse monies are not being spent as expected.'*



8. DEVELOPING THE MARKET AND SUPPORTING SELF-FUNDERS ON THE ISLE OF WIGHT

The Isle of Wight has been running a dynamic purchasing system (DPS) for home support since February 2016. The island has some rural areas where it has historically been difficult to source home care.

With the DPS, care providers get to see every care package the council requires. Since it is an open framework, there is ongoing engagement with providers and enrolment and accreditation is very easy.

Matt Porter, Group Manager for Finance and Individual Commissioning, comments: *‘Especially the smaller providers had no idea of the demand that existed. They have now been able to grow their businesses and build home care rounds in hard-to-reach areas.’*

As the Isle of Wight pays a fixed cost rate of £16.40 per hour, all packages are awarded based on availability and quality considerations. A total of £5.5m passes through the system in a full year. At the outset, it was intended to include flexible pricing. It was thought, for example, that it might be necessary to pay a premium for services in rural areas and that there could be savings in the easier-to-serve localities. This was not implemented but the approach may be re-visited in the future.

Quality is assessed against a broad mix of metrics including:

- service user feedback
- social worker feedback
- CQC rating.

For any one provider, these may vary dynamically over time according to their performance. Perhaps most importantly, the contract is awarded based on whether the provider can meet the specific personalised requirements, eg Italian speaker, male carer, particular hours. It lends itself to commissioning based on the individual outcomes that the person would like to achieve. Providers can be creative in stating how they would assist with that.

The system includes a supplier relationship manager module, which allows for secure two-way communication between brokers and providers.

The DPS is developed and hosted by adam whose system is called SProc.net. It also manages all the provider payments based on the ‘service receipts’ that providers record within the system. The Isle of Wight takes an extract of hours to feed into its in-house billing system to ensure that clients are only charged for the services actually delivered.

Harry Ovnik, Brokerage Manager, adds: *‘Together with the commissioning team, we use the DPS for a wide variety of monitoring purposes. Quality assurance visits by commissioners are recorded. Any safeguarding concerns can be noted and actioned. We generate a set of reports, eg on locations covered and response times from providers.’*

Currently, the DPS is used for older people’s home support and the council plans to roll it out for residential and nursing care. It is also developing a dedicated ‘LD DPS’, which will feature supported living and community activities suitable for people with learning disabilities. Most learning disability clients already receive direct payments through pre-paid cards.

They will benefit from another new development: adam LIFE, which opens up the power of microcommissioning to members of the public, including all self-funders.



adam LIFE will bring huge benefits to direct payment recipients and self-funders who currently are rather at the mercy of providers instead of being empowered consumers.

Matt Porter, Group Manager, Finance and Individual Commissioning, Adult Social Care, Isle of Wight Council



The council has carried out a public engagement with a good response and run forums with GP practices, care coordinators and care providers. Matt adds: *‘One of the features of island life is that many older people don’t have their grown-up children here. With adam LIFE it will be as easy for a daughter to source a package of care for mum from Canada as from Cowes. We’ve started to build momentum behind the concept and that will continue to grow through go-live and beyond. The site will include an option for people to describe their experiences and it should build a supportive community network.’*

Interestingly, the public-facing site will not be run or owned by the council. It is run by the commercial company adam, which is dedicating the resource to build up the provider database and carrying out its own separate accreditation process. The council is particularly happy and supportive of the company’s efforts to develop the personal assistant market further on the island. adam will fund its investment from a small charge to the providers on all their transactions through the system. This becomes feasible because the concept has already proven itself with providers through the internal e-brokerage process. Even for care homes, there is an incentive to be on the system because some homes do run with vacancies and even one vacancy soon impacts profitability. The council endorses the adam LIFE site and looks forward to seeing the benefits to Island residents.

Harry concludes: *‘The real benefit comes from people being able to source the most appropriate package of care. The whole market becomes available to meet the individual requirement. There has been a massive gap and now vulnerable individuals will have all the information they need.’*



The same system is being used by multiple Client Commissioning Groups (CCGs) and some children’s services departments. For example, the Midlands and Lancashire Commissioning Support Unit (MLCSU) has implemented it for continuing health care procurement from care homes across six Staffordshire CCGs.

Martin Pope, Head of Mobilisation at MLCSU, says: *‘Eight months since launch, the results speak for themselves. Nearly 800 placements have been made, showing an 8% reduction in “like for like” prices, saving £800k to date. The expectation is to save £4m in four years. 200 providers are enrolled on the system. On average there are three offers per requirement, which challenges the perception that there is a lack of supply. But the average does not tell the whole story.’*

‘Actually, in the north of the area we are averaging five offers but in the south it can be just one or two. It shows a lack of provision in that specific area and that’s one of the big benefits of the system. We can begin to work with the care home market to address those gaps.’

‘We have also managed to reduce processing time to move people from a hospital bed into a continuing health care (CHC) setting, that benefits the patient as well as freeing up space in the hospital.’

9. A CHARITABLE PROVIDER OF INFORMATION PRESCRIPTIONS AND AN E-MARKETPLACE



We are building an e-commerce eco-system outside the heavy-duty local authority processes for the increasing pool of people not eligible for council funding.

Kate Worrall, Managing Director, Guideposts



Guideposts is a charity that, for 40 years, has been supporting people of all ages whose wellbeing might be affected by long-term or degenerative conditions. These include autism, learning disabilities, mental health issues, physical disabilities, diabetes, brain injuries and dementia. It operates a range of community services across the south of England which are 60% council-funded. It has been running a national Dementia Information Service since 2005.

In the light of diminishing resources from councils and donors, Guideposts carried out a strategic review in 2015 and decided to change the way it delivers services to correspond with how social care will be delivered longterm. Core to this is its digital information platform.

It starts with a personalised information, advice and guidance service. Given the increasing numbers of carers in the workforce, employers are starting to recognise that they need to invest in support for them. Most carers are in their mid-40s to 60s and therefore are the most experienced and hard-to-replace employees. Guideposts is currently piloting its advice service as part of a flexible benefits package to small and medium enterprises (SMEs) across the south west of England. One council is also trialling it as an employer for its own staff. A CCG is evaluating it through its patient participation forum. Of course, councils could also commission the service on behalf of their residents and signpost to it from their own websites, but Guideposts is determined to establish the offer to be self-sustaining without direct social care subsidy.

The service is branded as HERE:



The way it works is through online advice in a structured format similar to that of most councils, but the free service is limited to five 'articles' per month and one call to the helpline. After that, users are requested to sign up for the £12 per annum membership fee which gives unlimited online use and helpline calls. Three months after launch, there have been 2,200 individuals accessing the website and more than 1,000 people have joined as members.

The helpline that sits alongside the website will carry out a personalised search according to an individual's specific requirements. For example, someone may be starting to suffer from the first signs of dementia, have mobility problems, be lonely and enjoy knitting. The helpline will recommend equipment, a dementia support group and perhaps a local 'Knit and Natter' community group. Details will be emailed or posted out to the caller as an individualised 'information prescription'. For an additional fee, the HERE service will arrange the package of care as a broker.

This will be supported through an e-marketplace where members of the public will also be able to purchase products and services. This is currently running as 'Mi-Life' in conjunction with Millbrook, the community equipment suppliers, and has been developed by ISeeUGlobal. It will be extended to cover community and other care services. The HERE website itself has been developed with Connect Assist, a company based in the Welsh Valleys that specialises in helplines and digital facilities for the charitable and not-for-profit sector (including some councils).

Kate Worrall, managing director of Guideposts, comments: *'When people call us, they are usually at some sort of crisis and just need to offload first. We offer them that emotional support and then work with them to deliver uniquely personalised information. Especially when linked with our support brokerage service, this can be particularly valuable for a long-distance son or daughter caring for their elderly parent. Employers are also starting to wake up to the fact that there may be many carers hidden in their workforce and struggling to cope with their caring role alongside the day job. Offering our service as part of their flexible benefits package can be a godsend to their staff and enable them to contribute to their workplace freed of some of the stresses of caring. By creating revenue generation opportunities through employers and individual memberships, Guideposts is making our charitable service more sustainable for the long term.'*

10. CONCLUSIONS AND YOUR NEXT STEPS

Interactive local resource directories for people in need of care and support can be valuable to help them find the services, products and activities to meet their desired personal outcomes. They can help people to be self-sufficient and prevent conditions deteriorating including through loneliness. They are most effective if regularly maintained with hyper-local facilities and used by professionals as well as the public.

Given the huge range of products, services and activities available, there must be good mechanisms for an individual to identify what is appropriate. This can include structured questionnaires / assessments or a graphical starting point such as the 'Equipment House'.

While equipment can be found on Amazon and other commercial sites, most people are not aware of what exists and need that sort of help.

When it comes to an e-marketplace for the public to purchase from, it now seems clear that there is little prospect in a council running one, unless it changes its direct payment or commissioning process to ensure that purchases must be made through it. Only then will it establish effective engagement of enough providers of care-related services. Where this is achieved, an online tool can:

- generate innovative service provision
- reduce administrative overheads
- ensure value for money.

The most effective way of stimulating the local market, enabling speedy care provision such as for hospital discharge and demonstrating best quality is through an e-brokerage or Dynamic Purchasing System. Given the cultural change needed within a council and from care providers, this is likely to be best established first for council-commissioned care – or working closely and supportively with direct payment recipients. Once most care providers are on board, then a system may become attractive for self-funders as well, providing a wider choice of options to remain living independently in their communities.

When online portals for care become locally established, their footfall also offers opportunities for peer support groups and health and wellbeing advice to be offered as well as other self-service features such as financial assessments.

NEXT STEPS FOR YOU

- If you are starting down this path:
 - establish whether you can work with neighbouring councils and CCGs.
- If you have an interactive resource directory for the public:
 - ensure that it is also used by staff and that there is not a separate one.
 - monitor use and obtain user feedback as to whether people are finding what they are looking for.
 - assess how appropriate services may be more easily discovered, eg through improved search facilities or structured questionnaires.
 - invest in adding community activities as part of a strengths and outcomes-based transformation of service.
- If you are running a purchasing e-marketplace:
 - measure how many transactions are being placed through it and
 - If low, work with service users and carers to assess whether you can move to a model whereby direct payment recipients are obliged to purchase through the system.
 - If so, engage with care providers and others to implement such a system.
 - If not, consider de-commissioning the purchasing feature.
- Assess whether there is an appetite within commissioning teams to move from a traditional model to dynamic personalised micro-commissioning or e-brokerage.
- If so, establish whether to start with care in the community or residential and whether to focus initially on a particular client group.
- Assess options for invoice and payment handling.
- Establish a business case and outline requirements.
- Carry out soft market testing of available systems prior to procurement.
- Ensure any project is strongly led by business requirements, not driven by IT, and that new processes are co-produced with service users and carers.

FURTHER INFORMATION

¹ For an excellent video on MySupportBrokers work and its underpinning technology, see <https://vimeo.com/200005690/f4ee773726>

² IT requirements for personalised care: <https://www.england.nhs.uk/wp-content/uploads/2017/02/it-requirements-personalised-care-feb17.pdf>

³ Based on a list of 381 home care services within 25 miles of Oxford and 991 care homes with nursing within 25 miles of Birmingham.

⁴ IPPR report on e-marketplaces 'Next generation social care': www.ipppr.org/publications/next-gen-social-care-the-role-of-e-marketplaces

⁵ For more information on PAMMS, see: www.cm2000.co.uk/Blog/ArtMID/2606/ArticleID/69/Is-PAMMS-the-future-of-Provider-assessment-and-market-shaping

⁵ Equipment house – see kirklees.connecttosupport.org/s4s/WhereILive/Council?pagelD=2460

⁶ For more information on the three conversations approach see this blog from Lyn Romeo, Chief Social Worker for Adults with a link to Partners 4 Change's description: lynromeo.blog.gov.uk/2016/09/26/three-conversations-multiple-benefits/











⁷ Employing a PA 'Snakes & Ladders' developed by Doncaster www.connecttosupport.org/s4s/WhereILive/Council?pagelD=63

⁸ Care Advice Buckinghamshire: www.careadvicebuckinghamshire.org/

⁹ LGA report 'Transforming social care through the use of information and technology': www.local.gov.uk/transforming-social-care-through-use-information-and-technology

Engaging Citizens Online

List of briefings: topics

-  **01** *Identity and authentication*
December 2015
-  **02** *Methodology for developing the online user journey*
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