



Personalisation: An Adult Health and Social Care E-Marketplace

February 2015

Introduction

Since June 2014 [Community Action Southwark \(CAS\)](#) has been carrying out a number of work streams focused on **personalisation**, and how the introduction of personalisation policies has affected the voluntary and community sector (VCS).

As part of our contribution to the Healthy Communities Scrutiny Sub-Committee review of personalisation, this document explores the idea of establishing an **Adult Health and Social Care E-Marketplace** for the borough. The e-marketplace could contain listings of statutory, private, and voluntary sector health and care services, with information about these services and including the ability to purchase them online where possible.

The recommendation to establish an e-marketplace for Southwark was part of our [main submission](#) of evidence to the committee, and first arose from our series of [‘Thinking Allowed’](#) summits, which took place in 2012/13.

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1. History of the E-Marketplace Proposal

The original idea for the creation of an e-marketplace arose from a series of events entitled ‘Thinking Allowed’ summits, which CAS hosted between November 2012 and January 2013. The aim of the summits was to encourage cross-sector dialogue in order to improve public services and push for better outcomes for the residents of Southwark. The summits brought together the voluntary and community sector (VCS) and the public sector, and focused on three main areas; the health landscape, children’s services, and the personalisation of health and social care services.

The Thinking Allowed Health Summit took place on 16th November 2012, and was attended by 32 participants from 18 organisations across the voluntary and public sector in Southwark. One of the

recommendations to emerge from the summit was for a database of health and social care providers, which could be built into GP referral systems.

The Personalisation Summit was held on 15th February 2013, and one of the recommendations to emerge from this was for more data on the market to be collected, with [Trip Advisor](#) style user reviews. It asked for the development of a directory of services, or an 'e-marketplace', complemented by a telephone helpline. This was identified as a task with joint responsibility across Southwark Council, the VCS, NHS Southwark Clinical Commissioning Group (CCG) and Healthwatch Southwark.

After the summits, CAS analysed the reports to establish how to take all the recommendations forward. There were a number of common themes running through all three summits. One of the key findings was that resources, assets and services were not being utilised to their full extent because services were not joined up or integrated, and sufficient information sharing did not take place cross-sector. The establishment of an e-marketplace was noted as a key recommendation from the summits, as it would serve to provide information about available services in one place.

The suggestion for an e-marketplace was also included in the CAS/Healthwatch Southwark response to the [consultation on changes to healthcare at the Dulwich Hospital site](#). The development of an e-marketplace was relevant to two priorities in the consultation document – Priority 2: Healthcare for Everyone, and Priority 4: People with Long-Term Conditions (including Mental Health) and Older People.

In March 2014, it was stated that the council was in the process of developing an e-marketplace for personal budget holders to shop and search for goods and services online. However our understanding is that this development has stalled and has not been implemented. CAS would welcome an update from officers on the status of the project, and would be keen to be involved in any way that is useful.

2. Potential Characteristics

The [Care Act](#) requires local authorities to place greater emphasis on personalisation of care, and also enhances its role as a market steward. Those receiving personal budgets need to be able to decide how to spend their allocated fund in a way that is most beneficial to their needs – and a diverse marketplace is absolutely necessary for this to be achieved.

The Adult Health and Social Care E-Marketplace would help meet the requirements of the Care Act. It would be a single, central resource providing information about the full range of health and social care services in Southwark, and could provide the ability to purchase these services directly. This could be a similar model, or localised version, of the website [Care Place](#), which provides listings for the whole of London. However, Care Place does not currently allow for transactions, and it is arguable that e-marketplaces are better provided at borough level, as a London-wide platform cannot be detailed enough to encompass the full breadth of provision across Southwark.

The e-marketplace would be for use by the general public (particularly those in receipt of personal budgets by direct payments), but also professionals across sectors, including GPs. The development

of an e-marketplace could open doors to potential social prescribing projects for the borough, similar to the [SAIL project](#) (co-ordinated by Age UK Lewisham and Southwark) that already exists. Barriers will need to be overcome to smoothly integrate an e-marketplace developed by the council with the EMIS system used by GPs. However, social prescribing has great potential for helping individuals to self-manage long-term conditions, and the e-marketplace could be a vital first step towards looking into how social prescribing can be used more widely in Southwark. An e-marketplace for health and social care could potentially be scalable, and extended to form a comprehensive list of all services available in the borough – for example, in the future, general signposting to information and advice could be included. Existing council resources, such as Southwark Council's [My Support Choices](#) and Community Catalyst's [Small Good Stuff](#) could be integrated into the e-marketplace.

It is vital that the listings include information about the quality of the services. Listed services would need to be quality assured. One way of doing this could be through a [Trip Advisor](#) style system, where service users rate services and write short reviews. This would give service users an insight into other's experiences before making a decision to purchase services.

In order to reduce bureaucracy and minimise the council's role in the e-marketplace, service providers would upload information about services themselves. These would need to be quality checked before being published, and providers would pay a small fee in order to upload their information. The local authority could also charge a small fee for transactions carried out via the e-marketplace. In this way, the e-marketplace could potentially act as a tool to bring funding into the council. [Northamptonshire's County Council's current draft budget](#) has outlined plans for a new online marketplace which they have estimated could generate £2 million for the council over the next five years. The local authority would receive a 2% fee for each transaction received through the proposed e-marketplace, which they have called 'breeze-e'.

Additionally, and importantly, data on user searches and transactions could be used to inform the council's future commissioning intentions, as they would get insights into which services were most popular and needed.

Many local authorities have established, or are looking into establishing, e-marketplaces for health and social care. The London Borough of Tower Hamlets is currently in the process of implementing an e-marketplace for social care, with the final intention being that service users will be able to purchase services through the site. This was tested through an 'end-user' testing session with providers, service users and carers during May 2013. More information on this can be found [here](#). York Council also has an e-marketplace. [Connect to Support York](#) provides service users with an e-marketplace which allows people to search, browse, and buy equipment and services to help them live independently. It also provides a comprehensive directory of VCS services in York.

3. Potential Outcomes

Ensuring all service providers are listed together comprehensively on one platform means it is much easier to get a picture of the whole market and identify gaps, as well as stimulate and steward the market. Listing providers in one place will provide an invaluable tool for support workers as well as individuals, and will mean that individuals have more knowledge of the full range of services available to enable them to exercise choice and select services to meet their personalised needs. The

development of the e-marketplace will also lead to better informed professionals who have a deep understanding of the full range of available services across the borough.

Because listed services will not only be intended for those that are eligible for social care support from the council, the existence of an e-marketplace will help to improve prevention of health issues – for example, listing of older people’s clubs and activities for all will help to address older people’s isolation earlier. The e-marketplace will help to strengthen care pathways, and competition between providers will help to drive up quality of services and ensure prices are competitive.

The existence of an e-marketplace will encourage voluntary sector providers to improve their skills in unit costing and marketing. It will also allow individual VCOs to identify each other and signpost service users accordingly – and additionally to identify areas for collaboration and joint working.

Listing services online will reduce service user and provider dependence on the public sector to signpost and provide information for them. It will also help avoid a situation where certain providers are getting high levels of business simply because they are known about by key individuals.

4. Additional Issues to Consider

A key issue to address is around quality assurance for services. Social care providers who don’t have a contract with the council, and are not registered with the Care Quality Commission, have little opportunity to prove the quality of their services. It is important that listings on the e-marketplace only include providers who are of an appropriate quality. The development of a quality assurance scheme for providers would be a necessary development. This could be similar to the [East London Solutions’ Ensuring Quality scheme](#).

It would be a prudent approach to develop a prototype and test out the e-marketplace before creating one which covers the entirety of adult health and social care. A client group that may be suitable is older people, for instance. However, as with any client group, there is the additional consideration of work that will need to be done around digital inclusion. Many residents across Southwark do not have access to the internet, and work will need to be done to ensure that those without internet access can still use the e-marketplace in some way.

In addition to considerations around digital inclusion, the e-marketplace must also be easy-to-use, intuitive, and designed around the needs of the clients it is designed predominantly to serve – service users. In order to make the e-marketplace fit for purpose, we would recommend taking a co-design approach to its development, and creating it in partnership with the public sector, voluntary sector, service users, and service providers.

CAS does not have the technical expertise to lead on this project, and it is therefore is a project that would need to be council led. However there could be a more developmental role for CAS in developing a quality assurance model for providers; making sure that listed providers meet the necessary requirements; and, assisting in data management in the set up stages.

If you have any **questions** about anything in this document, or want to discuss personal budgets and the VCS in more detail, please contact **Rachel Clarkson, Senior Policy Officer** at rachel@casouthwark.org.uk