

## Personalisation

### Personal budgets for health and social care A meeting for London's funders and investors 11 December 2009

London Funders decided to convene this meeting because the next few years will see remarkable change in the social care system. The event aimed to help funders of all kinds understand the implications of the "personalisation agenda" – not only personalised funding models but a new approach to decisions about care. As the planning group worked to put the agenda together they came to realise some of the implications of what is intended as transformation rather than mere "change". Voluntary organisations describing the shift to personalisation call it "massive", yet for those not directly working with adults needing some degree of care, there seems to be a spectrum running from unawareness at one end to confusion at the other. The chair of ACEVO's commission on personalisation (which published its findings in late 2009) says voluntary organisations are not remotely ready for change nor even clear about what is happening.

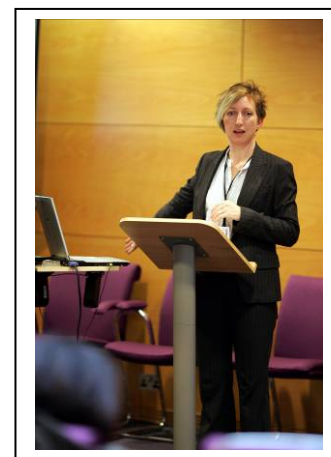
Yet the ideas underlying personalisation are under scrutiny as a model for even more extensive change: all the political parties have a commitment to the current agenda, which seems a given whatever happens in the 2010 national election. Participants agreed that this meeting was very helpful in demystifying process and language and even provided inspiration about why the changes should be embraced with enthusiasm. The meeting partly covered transitional issues – the support needs of organisations involved in creating change - and some discussion started about the value of networking amongst funders and commissioners to share knowledge and experience in London.

The meeting was chaired by London Funders' new Board Chair, Lisa Greensill of Government Office for London.

### Part 1: Brave new world

**Natasha Cooper**, Strategic Commissioning Development Manager, Social Care & Partnerships, Department of Health (London), took participants carefully through the maze of structures and language and ably explained the purpose of change. Her detailed [presentation](#) is available on London Funders' website.

She explained that her job title refers to a role in developing commissioning, rather than commissioning itself. She works through a structure called the Joint Improvement Partnership (JIP) which includes representation of local authority directors of adult services, and key strategic partners such as Greater London Authority, Capital Ambition, the Office of Primary Care Trust Chief Executives and SCIE (Social Care Institute for Excellence). The JIP has six workstreams organised around areas such as strategic commissioning, workforce development, efficiency, improvement, dignity and safeguarding and personalisation - and all six streams involve personalisation and transformation of adult social care.



Natasha traced the gradual development of care provision from the National Assistance Act 1948 to today – a shift from financial assessment for residential care, through the development of community care to the introduction of direct payments and more individualised needs assessment from 1996. Current thinking intensifies the scope for individuals to direct their own social care. *Putting People First* emphasised advocacy, self reliance, independence and other key values that began to put individuals a little more centre stage in decisions on their care. Personalisation takes further steps towards individuals' control of decisions about themselves.

In this model the focus begins with the individual needing care and his or her aspirations. Planning for the services the individual needs is premised on an entitlement to money to pay for support services: the individual makes decisions about what kind of support and activities he or she wants. "Independent, safe and valued lives" is the underpinning principle and the intention is to change to this perspective in all local authority services, not just social care.

**"Independent, safe and valued lives" is the underpinning principle**

There is an assumption that personalisation is about creating efficiencies and therefore economies: since local authorities are under pressure to offer more and better services for less money, this is essential. But it is also about more accessible services, greater flexibility and a break from assumptions of continuing dependence on external care.

The principles underlying discussions of this transformation include an emphasis on early intervention and prevention. Done effectively this limits dependency. Natasha observed that where people have choices, they will tend to choose less dependent options.

What does this mean in practice? It is about "person-centred planning" not a professional-driven agenda. It should mean that everyone needing care will be entitled to an assessment, whether they are deemed eligible for financial support towards care or not (the latter being called "self-funders"). It should mean that how decisions and recommendations about needs assessment are reached will be communicated to the individual concerned in a transparent way. Decisions about how this is turned into a package of care should be in the hands of the individual - to determine what kind of support they want and when and how they want it.

So, where an individual qualifies for financial help towards care, the amount is made known ("personal budget") and a plan developed that reflects what that individual's preferences are. The money can be used directly by the individual, organising and paying for their own care, or the local authority can be asked to organise both support and payment. The fundamental change as far as providers of services are concerned is that once the new arrangements are fully running, the use of block contracts by local authorities will reduce and care providers will be contracting directly with individuals.

## GLOSSARY OF TERMS

**Universal services:** the range of services and support available to the whole community to help people maintain independence and reduce the need for formal support. This includes a vision that all mainstream public and community services will be genuinely accessible to all, including people with disabilities.

**Re-ablement:** services for people with poor physical or mental health which help them accommodate their illness by learning or re-learning the skills necessary for daily living.

**Co-production:** people accessing care and support, along with family carers and neighbours, and paid care providers, all working in a productive relationship with local authorities and their partners in the design, planning and delivery of new personalised systems and services.

**Joint Strategic Needs Assessment:** joint assessment between the local authority and the primary care trust, and including third sector and private providers to establish the current and future health and wellbeing needs of the local population.

Prevention is also an important part of this new thinking, and thus there is an emphasis on offering support at the earliest stage of need. Individuals given a choice will normally opt for less dependent forms of care, eg support at home rather than institutional care. Incontinence is a major reason for people to enter residential care: a prevention strategy can therefore make a great difference to an individual's way of life and to the costs of provision.

In September 2009 national milestones were launched, setting out the measures of progress that will be applied to local authorities - with a view to real change by 2011. The ideas and values built in to these milestones include a commitment to commissioning from user-led organisations – and a target of 30% people needing help with care receiving this through self-directed support by March 2011 (as against 4-6% at present).

There is a profound shift in mind-set for those who have been commissioners of block services: they are now going to be very much involved in market development. There is a new area growing of advice and brokerage to link services and users. London has a number of projects to develop these areas, including some pilot work with Age Concern London.

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Natasha teased out some of the implications for third sector organisations, where she thinks funders will need to understand shifts under way. Service providers are starting to need to develop their contractor/client relationships with individuals needing support and not with those organisations from which their services have been commissioned en bloc. For the local authority, the role of market developer means they may be helping to “grow” a service, but no longer purchase it. An accompanying shift

to accountability through outcomes is of course inevitable for the provider organisations.

The Department of Health is working on a series of issues with the boroughs. They are seeking commitment to the “big project”, ie to the universal offer which, to be fully operationalised, implies considerable transformation of approach including positive engagement with users as well as fresh thinking about how to maximise value for money for councils.

There were a few immediate points and questions for Natasha:

Mathew Pelling, LB Haringey, confirmed how radical a change commissioners were experiencing – a market development framework that valued customer feedback; the need to receive and handle real time information; and information from suppliers that would facilitate trend analysis. If the local authority has a role in stimulating service provision, it is a very different role from its previous investment decisions. For a voluntary sector provider it is different too – in ways that need new skills and competencies: in effect, the supplier needs to develop a service before a commissioner can buy it. The local authority has a crucial role in sharing intelligence about what is available, but might also (along with other funders) have a new role in helping with seed funding for new types of service.

Debbie Pippard, Big Lottery Fund, was surprised that these changes seemed not to be evident in funding applications yet. Natasha noted the way the Innovation Unit had supported change in some places through “festivals of ideas”: maybe this would be a good approach. Her Department was certainly looking at ways to promote fresh thinking in London.



Barbara Disney, LB Tower Hamlets, offered one idea that several boroughs were exploring – cards on which money was loaded for an individual's use in purchasing care (such cards are used in Hong Kong). This prompted Alice Howard of the Financial Services Authority to note several areas in which the FSA's work was highly relevant to the development of personalised services: for example, to safeguard people inexperienced in budget management and in situations where there are multiple relationships with carers and

care services for which they as individuals need to pay. Alice also noted how the FSA and the British Bankers Association were working on issues around access to affordable banking for people with low income. She was aware of a number of initiatives and would be interested to share information in more detail, especially to help ensure that different products already in existence which had the potential to be useful were connected with the people who needed them.

An area of particular concern was that in most cases when people start to receive personal budgets, this can put them in a position for the first time of being employers, needing to know about a host of issues from contracts onwards. There are several ways of assisting with this – ranging from training and support to services which help group users together and offer umbrella employment services.

Some local authority staff commented that it could be hard to find evidence that change would produce cost savings for their boroughs. Natasha offered several sources of information – including Link Age ([www.link-age.eu](http://www.link-age.eu)). One example was the finding that participation in tai chi significantly reduced older people's rate of falls.

## Part 2: The real world – experience of implementation

Implications for commissioning and supporting change: a series of brief case studies from commissioners and voluntary sector providers.

**Whole systems change: James Clark**, Project Officer for Personalisation, Adults and Community Services, London Borough of Barking and Dagenham.

James was thanked for standing in at very short notice for a colleague. He explained that he particularly focused on the market development work stream. He reminded

**Personalisation fits into an even bigger transformation project affecting all Barking and Dagenham's services**

participants that his borough is the second most deprived in London, with high levels of social care needs of which only the most critical are funded. The borough has been a pilot area for personal budgets. One very evident problem has been the low number of providers operating in the borough – resulting in very limited choice for service users.

James outlined Barking and Dagenham's Personalisation Programme showing how by following best practice programme management methodology they had identified the Programme's vision, benefits and projects. Primary Programme benefits were the overall outcomes deemed desirable by the key stakeholders of the programme. Benefits are the 'sum of the parts' that help project deliverables or outputs to contribute towards something wider.

James described (see [presentation](#) for detail) how objectives have been established as a series of projects to enable the borough to create transformation. Personalisation fits into an even bigger transformation project affecting all Barking and Dagenham's services. It is informed by: *Putting People First*; NI 130, the national performance indicator that counts the number of people who have taken up self-directed support; policies developed through ADASS (the Association of Directors of Adult Social Services); and a series of softer measures, eg around customer engagement in services.



Change is being managed through a series of projects and James described some of these briefly: market development; restructuring the workforce; reviewing operating systems and developing the "universal offer" that aims to ensure that all residents have access to the services they need, irrespective of financial eligibility, and that the links between core adult social care services and other Council services are clearly defined and strengthened.

Plans include the high numbers of "self funders" that there are in the borough, to ensure that they get the same access to services as those covered by borough funding.

The factors involved in market development change include block contracts coming to an end and a review of the nature of contracts. Some recommissioning for one to two years is under way while more radical change occurs. Support for advice and information from third sector groups is being rationalised – revealing a current mismatch between funding intentions and actual outcomes.

James and his colleagues are developing market intelligence in order to stimulate new providers and relevant services. They have been developing a web-based directory of advice and information which offers web space for small organisations. They are working in partnership with the borough of Havering and with Demos, particularly at the moment on a survey of 200 people (including self funders) to understand more about the determinants of purchasing decisions (eg cost and ethnicity).

Standards of work by Personal Assistants employed by individuals as carers/supporters are of concern and with Waltham Forest, Redbridge and Havering the Borough is tendering for the development of an accreditation policy. They are also looking at how joint commissioning might work – so that people might make decisions about spending their money together.

Part of the aim of a community development strand of work is to empower people to think of themselves as consumers rather than clients.

**Risk aversion  
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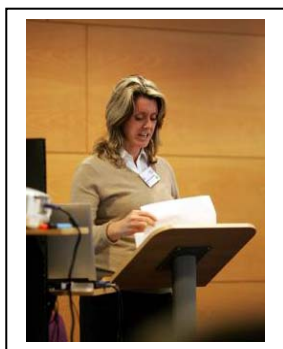
James concluded with some general points about the successes and the challenges of these changes. On the plus side, from the Borough, is a strong sense of excitement and opportunity to make good and lasting change. As service users start to see the potential, they are expressing enthusiasm and a sense of empowerment.

There is resistance from some social workers; changes are seen as being risky, eg undermining safeguarding. Risk aversion, said James, "sometimes beats innovation". Some user decisions may feel inappropriate. A customer reference group made up of 25 users is being formed and it is hoped that their views will inform the borough's interventions: this is not a consultative group – members are making a commitment to active engagement with policy and practice development.

**A brokerage model: Estelle Christmas**, Development Manager at RUILS (Richmond Users Independent Living Scheme).

RUILS grew out of dissatisfaction with local authority services: user-led services came together to ensure they both influenced the local authority agenda, and offered each other mutual support in many practical areas. (Estelle's [presentation](#) gives useful detail). It is Richmond-based and made up of older and disabled people who believe in the idea of self-help and living independently (but with support where necessary). It has focused on direct payments and how to maximise their value to individuals, and welcomed the move to self directed support. To respond more specifically to the development of self-directed support, a further structure has been developed, Richmond Independent Brokerage Service. RIBS is a consortium of voluntary groups set up to develop and provide advice, information and a Support Brokerage Service to individuals with social care needs and carers accessing self directed support in Richmond.

They see independent brokerage as the key to enabling individuals to understand the new system and to receive support in writing and implementing their own personal support plans.



The RUILS and RIBS experience is that organisations in this field are keen to see changes implemented, but are realising that as they adapt and adjust there is a strong case for learning together, maximising resources and understanding how they can be flexible and maybe think a bit more commercially than they have been used to, but still aim to be non-competitive and focus on user needs. It is still a challenge to start from the overall system and how it can work to support people, rather than focusing on an individual organisation's needs. Estelle described their aim as to "hit targets without missing the point".

**Impact on a provider: Craig Muir**, Director for Social Care Policy and Innovation at the Department of Health, on secondment to WRVS.

Craig explained that WRVS is a large-scale provider of preventative services offering care and support to people (especially older people) to live the lives they want. (Craig's [presentation](#) shows some detail of the scope and scale of these services). They have welcomed the way the Green Paper, *Shaping the Future of Care*, broadens the whole debate. It is especially welcome in including consideration of a broad range of people with care needs, not just those whose needs are critical and substantial. Craig noted how helpfully Natasha had explained the whole systems approach underlying current thinking.

WRVS have reviewed their services and policies very thoroughly and created a lot of change. They realised that by charging for services they were not reaching the most disadvantaged people. Their services had grown piecemeal and were not well co-ordinated at local level. They were also not well linked into local structures such as Local Strategic Partnerships and Local Area Agreements. A radical restructuring has begun to change all that and to reposition them as an organisation that "lives the personalisation agenda".



Advice to funders after careful consideration of the implications of the personalisation agenda? With expanding services and a greater need for coordination between services and service providers there are implications for start up costs and for the continuing affordability of services – so both initial investment and continuing subsidy will be needed.

**Impact on users: Pat Stack**, Direct Payments Support Service Manager at DISC (Disability in Camden)



As well drawing on experience from this front-line role in Camden, Pat also spoke as chair of the London Self-Directed Services Forum, a unique structure bringing together public sector bodies and voluntary organisations.

Pat starts from a strong belief that users of services have a right to own the processes of decision-making and delivery. He reminded participants of the years of effort disabled people put into deinstitutionalising the services they needed, and then arguing for the money for services to come direct to them. The latter took until 1996 but is still not fully worked through the system. The key considerations are independence, choice and control, ie that a recipient of care has the power to control his or her own care environment, with the clear opportunity to explain what works for him or her rather than have someone trying to interpret their needs and their likes and dislikes.

**Personalisation has the potential to allow more culturally defined and acceptable services to be obtained**

At the start direct payments did not work so well – “the computer said ‘no’ instead of ‘yes’”, said Pat. Now it is a much more inclusive process and beginning to work really well for individuals. People are beginning to shape services to improve their lives markedly. Among Pat’s examples were money spent by an older person on a computer course, and a musician who managed to convert resources from some generalist music therapy sessions to an opportunity to hire a well equipped studio that really served his level of skill.

One area where there has been a notable improvement is in access to services and resources by black and minority ethnic people. Personalisation has the potential to allow more culturally defined and acceptable services to be obtained. Pat provided evidence of how this works. Disabled people among Camden’s Bengali community were not accessing local services; now they have access to direct payments and can choose their own kinds of service and service provider there has been a sharp increase in take-up.

There is no room for jargon or less than honest approaches in this new way of working. Pat calls the outgoing system “the dark days of care management”. He recognises the current financial pressures that surround service delivery but believes the value of getting the new approach right is more than worth the effort.

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### **Final panel**

All the speakers formed a panel and they were joined by **Mark Brangwyn** of London Councils.

**Risk/safeguarding:** a question on how service users can be kept safe in the new system. Effort is going in to creating some safeguards: for example, Natasha and her colleagues are working on a safeguarding framework and London Councils is aiming for some shared standards on aids and adaptations. But the point was also made that when people have made their own choices about the care they need, they will also be prepared to take responsibility themselves. Pat commented that everyone takes risks – except disabled people, whom others seek to protect from that everyday experience.

How much **are efficiency and saving money the drivers for change?** This is a complex area but those committed to change, like James and his colleagues, believe in its value – and know that for the radical change needed a great deal of effort and new thinking are required. Estelle noted how change is affecting use of resources. On the one hand, since services are no longer client specific, individuals can tap into a wider range of resources than before: mapping is really needed to make sure they are aware of the possibilities open to them. On the other hand, this new approach is making it more evident than ever that the previous “boxes” for different categories of user also meant duplication in provision and inefficiency in delivery.

Brokerage can prove cost effective, where small groups of people employ personal assistants together and share the costs. Time banks are a good resource too. There is a market developing in brokerage services. There will still be situations, however, (especially in residential care) where collective purchasing of services will make the most sense.



James noted that **older people** are proving the slowest to adapt and that it will take time for some to see the benefits of change. Pat described how to help an older person to make a gradual shift – starting from what they do and don't like about the services they currently receive.

Some of the cost savings involved in personalised services are hard to identify since effort is going more and more into prevention. Some areas are being studied, like the cost of accidents among older people and the savings that can be made from preventing falls (eg a reduction in emergency bed days). These costs and savings can be obscured by coming under different budgets (eg social care or NHS). New markets are opening but complex funding processes still operate.

Natasha and others noted how useful it would be to see a forum developing in London to share intelligence on some of the quicker returns on investment in change. She noted the survey that Barking and Dagenham are planning to undertake regularly with service users, aiming to take people each time to the next step of thinking about what they need and want and what they would like to change.

Several charitable/independent funders asked questions about **the role of grant funding** for traditional providers of service. In subsidising services, will grants affect the way the market develops? Mark felt that the third sector had won the argument that it does not provide services on the cheap – through pricing on the basis of full cost recovery, for example. But if the third sector aims to continue to innovate and experiment, then it is increasingly unlikely that the public sector will be able to support this. Charitable/independent funders will therefore be crucial for development. From Craig's perspective the main needs are for “seed corn and start-up” support. Debbie Pippard of Big Lottery Fund commented that with this assistance to start new or different services, funders would want to be sure that there were good strategies for improving sustainability over a period.

The topic also raised issues around the **diversity of the sector**. In the context of this kind of service provision, some providers, though technically charities, are a long way from any voluntary ethos. Diversity of quality needed to be faced squarely too – some voluntary sector providers (like some private sector ones) are neither innovative nor good. On the other hand, more localised or specialised services may demonstrate good project development principles and well-targeted services but continue to need subsidy. Mathew Pelling of LB Haringey was concerned that commissioners have lost sight of the community sector but, in this area of work especially, need to reconnect with it. Some authorities seem to be falling into a pattern of trying to narrow down the market and service users' options before personalisation is implemented – in other words, still thinking institutionally.

Barking and Dagenham's "Small Sparks" pilot offered grants up to £250, to be matched with time or money for good ideas that would help "reconnect individuals with their community". They were widely marketed by Social Services and a good example of how a borough could look for different approaches. Estelle encouraged boroughs to think differently about how to involve the sector – even thinking afresh about circulation lists for events, grants programmes and commissioning could make a real difference. Lisa Greensill referred to community empowerment experiments and felt there was a lot to be learned from formal Local Strategic Partnerships where these were well led, as well as from more informal approaches.

The point was made how important good quality **second tier organisations** are at borough level. If infrastructure organisations are skilled and up to date on areas like personalisation then they may be key to investment in the sector.

If new service provision can be offered at relatively low cost, that sounds beneficial, but services are going to be very challenged by their need to retain users. Those organisations used to, and proficient at, bidding for contracts for service delivery to boroughs or other commissioners will need to learn a host of **new skills to market to individuals** and cope with changing individual demand. Some charitable funders were sure that they would be asked to help voluntary organisations adapt to the new world and were also expecting to be asked to help smooth out these potentially abrupt changes in demand. This sort of demand would sit alongside requests for help with innovation. The range of requests might over time become much more varied as "off the wall" ideas are tried out to stimulate demand and provide new sorts of services to suit individuals. All agreed it must be better at this stage to have many and varied services available to give service users ideas about what might be available to them.

Further discussion included how funders needed to think differently about **additionality** – avoiding subsidising public services, but with ideas about delivery becoming better integrated; there was room for funders to look at new ideas. Boroughs would welcome a chance to look together at experience of impact of these new ways of working.

Lisa summarised some points she particularly took from the session. Personalisation is a lot more than personal budgets. In particular, all involved need to become much more aware of and better at prevention. The transformation under way is an opportunity for funders of all kinds to help people get quick and easy access to the services they need and want. At the same time there is a need to marshal evidence of savings from preventative work and more tailored, targeted, acceptable services. Intelligence can be good at local level; multi-borough funders, however, and more specialist ones, need to know where to look for the best intelligence sources.

**Personalisation is a lot more than personal budgets**



Thanks to London Councils for hosting this event

## Participants

Debbie	Pippard	Big Lottery Fund
Jaishree	Mistry	Charity Bank
John	Merivale	The City Bridge Trust
Billy	Dann	Comic Relief
Gilly	Green	Comic Relief
Carolyn	Robertson	Comic Relief
Terry	Bamford	Consultant
Natasha	Cooper	Department of Health (London) – Social Care & Partnerships
Pat	Stack	DISC
Alice	Howard	Financial Services Authority
Lisa	Greensill	Government Office for London (Chair)
Ruth	Child	Greater London Authority
Athol	Hallé	Groundswell
Jude	Stevens	Lloyds TSB Foundation for England and Wales
Sara	Bomer	Lloyds TSB Foundation for England and Wales
Claire	Crump	Lloyds TSB Foundation for England and Wales
James	Clark	London Borough of Barking and Dagenham
Beverleigh	Forbes	London Borough of Brent
Kiran	Patel	London Borough of Camden
Achilleas	Georgiou	London Borough of Enfield
Louise	Nolan	London Borough of Hammersmith & Fulham
Susan	Humphries	London Borough of Haringey
Mathew	Pelling	London Borough of Haringey
Malcolm	John	London Borough of Harrow
Cheryl	Lewis	London Borough of Lewisham
Asela	Ibrahim-Elmorsy	London Borough of Newham
Virginia	Stuart	London Borough of Redbridge
Sena	Shah	London Borough of Southwark
Barbara	Disney	London Borough of Tower Hamlets
Christopher	Blyth	London Borough of Wandsworth
Victor	Willmott	London Catalyst
Mark	Brangwyn	London Councils
Cristina	de Paiva	London Councils
Ian	Redding	London Councils
Adrian	Fradd	New Philanthropy Capital
Robert	Foster	Red Ochre
Barnaby	Hopson	Royal Borough of Kingston upon Thames
Estelle	Christmas	RUILS
Cristina	O'Halloran	United St Saviour's Charity
Craig	Muir	WRVS
Gaynor	Humphreys	London Funders
Martina	Protze-Galas	London Funders
Yvonne	Schwartz	London Funders

## Speaker biographies

**Mark Brangwyn** is the Head of Community Services at London Councils. He is responsible for developing commissioning and information services for social care.

**Estelle Christmas** is based in RUILS, a user-led organisation which serves the community of Richmond by providing information, advice and guidance around Direct Payments and Self Directed Support (SDS). RUILS has led the development of a Consortium of ten local voluntary organisations that respond flexibly to the changing market that the Transformation for Change Agenda has encouraged. Estelle is Development Manager of Richmond Independent Brokerage Service (RIBS), set up last January by the Consortium. She has worked in the social care sector for over 20 years, first as a Learning Disability Nurse in a long stay hospital in Surrey and throughout her career she has been closely involved in leading services and individuals through significant change in adult social care. She is passionate about how Personal Budgets and SDS will affect people's choice and control over their lives.

**James Clark** is a project officer in the London Borough of Barking and Dagenham's Personalisation programme. He is responsible for market development and market stimulation activities that will support the move to personalised adult social care. James's background is in economic development and business support, which reflects the current shift in the role of local authority commissioners towards market shapers and market managers.

**Natasha Cooper** was appointed in 2009 as the Strategic Commissioning Development Manager for the Department of Health's London Social Care and Partnerships team. She is responsible for delivering the Commissioning workstream of London's Joint Improvement Partnership. Natasha qualified as an occupational therapist in 1993. Since then she has primarily worked in social care, most recently as a Service Manager in Enfield Social Services.

**Craig Muir** has spent most of his career in the Department of Health (DH) but this has included six years seconded to other organisations including spells as Director of Planning at the Royal London NHS Trust, Chief Executive of a Cabinet Office Agency and at the Ecole Nationale d'Administration in Paris. He is currently seconded to WRVS as Older People Advisor where his role has been to support the transformation of WRVS so it can support more older people to live the life they want. In DH, jobs have included heading DH Policy Unit on Drugs, Alcohol and Smoking and managing the programme to implement the 1991 NHS Reforms. He has also been Private Secretary to three Ministers, Head of Personnel and Head of Older People's Services. Most recently he was Director for Social Care Policy and Innovation.

**Pat Stack** is the Direct Payments Support Service Manager in Camden where he works for Disability in Camden (DISC). He took up the post nine years ago having worked for many years in printing and publishing. He entered that field after gaining a reputation as a student activist. He is chair of the London Self Directed Support Forum. Pat has been disabled since birth.



**London Funders exists to strengthen and support London's funders to better meet the needs of Londoners**

London Funders is the membership organisation which works with funders and investors supporting London's voluntary and community organisations. It links all the sectors, providing foundations, funders from the public sector and corporate givers with opportunities to share their experience and learn from each other. It helps to forge productive relationships which contribute to the wider benefit and overall sustainability of London's voluntary and community organisations. It aims to contribute to a vibrant, varied, fit for purpose third sector which is appropriately and fairly funded.

**London Funders**

Central House, 14 Upper Woburn Place  
London WC1H 0AE  
Tel 020 7255 4488 Fax 020 7255 4496

[www.londonfunders.org.uk](http://www.londonfunders.org.uk)

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