

Manchester Alliance for Community Care



Personalisation

2: What are the implications for the voluntary and community sector? A report from the voluntary sector meeting held on 14th May 2008

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1. Background

The Government is reforming the social care system for adults as a response to the demographic challenges of an ageing society and the raised expectations of people who depend on social care and support.

MACC has produced a discussion paper on the broad concept of “Self Directed Support”¹. This looked at the broad concepts involved and identified some initial issues for service users and voluntary sector providers. We believe that in this case it is important to make a distinction between the two as there may be competing interests between the benefits of increased flexibility for service users and the risks to organisations in which structured services seem to offer a more manageable model.

Voluntary sector organisations themselves also need to be aware of the changes to social care in order to be able to inform the people with whom they come into contact about their rights and entitlements in the new system.

To most of the voluntary sector, this agenda is still very alien – we are still trying to consider commissioning processes and their implications, this new world of “personalisation” has sprung up quickly and with very little practical information.

On 14th May 2008, MACC held a meeting of local voluntary and community sector organisations to consider the implications of the personalisation agenda for them as providers of services. Over the following pages is a summary of the main issues raised by the discussion, grouped together into a series of key themes. The questions they pose are ones which MACC hopes can be answered by working together with local stakeholders for this agenda – including Manchester City Council, Manchester Primary Care Trust, Manchester and the diverse range of local voluntary and community sector organisations.

¹ This paper, entitled “Self Directed Support”, is available on our website at www.macc.org.uk/personalisation or by contacting the MACC office.

2. Summary / Position Statement

The following is a summary of the broad view formed at the meeting held on 14th May 2008.

This is hugely positive as an enabling process for some users. As voluntary and community sector organisations working to deliver support and services which meet the real needs and wishes of individuals, we need to approach it from that angle and be responsive as provider organisations.

However, while the intentions of Government are good and informed by the long held views of service user groups, the timescales and targets for implementation risk undermining them. There is a lack of clear information in two key areas:

- **How the new system will be accessible to all users and their carers – including those who are, for a variety of reasons, less able to articulate their needs and wishes. A clear statement of rights and entitlements is required.**
- **How the transition to the new system will affect the services of voluntary sector organisations. In particular there needs to be a planned period of transition from the current system towards the new market based era otherwise the diversity and range of services offered by the voluntary sector will decrease significantly, reducing rather than increasing choice. The sector is trying to develop in a strategic vacuum – there needs to be some demonstrated practical commitment.**

3. Issues for Service Users and Carers

A broad range of issues came up during the discussions. These have been grouped together into themes over the following pages.

We encouraged participants to draw a distinction between the issues they could see from a service user / carer perspective and those of their organisation. The following were identified as concerns service users and carers would have:

1. People's needs change over time – in some people this happens more rapidly than others. Is the new mechanism sensitive and timely enough to respond to this?
2. What if nobody is providing the service you wish to buy?
3. Some service users may wish to employ their existing carers directly on a private basis.
4. Employing family, friends, neighbours – how easy will it be to change / sack them?
5. How will the role of care managers change in this new system?
 - How will they make decisions and what will the new limits of their decision making role be?
 - Will there be panels operating behind them?
 - How will they engage with minority needs – e.g. the ability to respond with awareness and understanding of culturally appropriate services? This is already an issue.
 - The way they present options to people will shape and steer people. What will be done to ensure service users have been advised of the full range of options? It's important that they are given real choice - current practice still leans towards certain forms of care provision.
 - Need for training – support planning, different types of support – this could be addressed by the Learning and Workforce Development team.
6. It is already acknowledged that not everyone will see the benefits of this new system because those who are the most articulate will be best able to participate in the new support planning process. However, in terms of managing their own care, it will also be the “savviest” who will benefit the most from the increased flexibility. Currently there is a tendency for some people to be seen as “not competent”, particularly older people and other “vulnerable” groups – there is a risk that the new system will perpetuate that.

Information

Groups said that they would need to be able to inform service users (whether using their services or not) about their rights and entitlements under the new

system but lacked the information to do so. It was agreed that there was a general lack of awareness about Personalisation and a simple “what, how and who” of Personalisation should be a priority. This was identified as important here because there seem to be lots of potential areas of confusion and a number of examples were raised:

7. Would it be permissible to pay a carer to help you attend an existing low-level service which is ‘free’ at present?
8. Is there a possibility that people would qualify for less support than they currently do?
 - How does the new system fit with the Common Assessment Framework which covers social care and welfare benefits?
 - If prices for services are fixed in the Resource Allocation System (RAS), does this restrict the flexibility of choice of support for the user – will there be a preferred list of services because they have an “acceptable” price?

It was noted that the Manchester Carer’s Forum has a key role to play in supporting carers through the reforms and enabling people to understand their rights as carers.

It was also agreed that service users and carers need to contribute to the design of the process rather than simply being on the receiving end, particularly in order to ensure the system is as flexible as possible:

“some people will just want to keep things simple or try a few things out”

Brokerage & Advocacy

It was agreed that there is a need to define advocacy’s role and input into the process and to be clear about the boundaries between advocacy and brokerage. That there are gaps in the availability of advocacy services across Manchester, which is a long standing issue.

A useful distinction between the two roles emerged taking the example of ensuring the service user’s voice is heard during the assessment – a broker would not be involved at this stage, because the brokerage role is solely concerned with negotiating the relationship between the user and the provider.

Safeguarding

With the planned changes to the Independent Safeguarding Authority, groups raised concerns about how abuse would be prevented and identified. There was a lot of concern about the safeguards in place concerning non-registered providers of support (e.g. family members) and how safeguarding will work in this new informal context.

There were also several concerns about the issue of risk - in particular, the increased risks of financial abuse of older people. How would risks such as this be monitored?

While on the one hand the new system potentially enables people to make their own judgements about risk, it also suggests that people will need to be allowed to “try out” support models which may or may not work. There was unease about the notion of people spending (public) money on things which are perhaps not important or useful and which don't really maintain or improve health and wellbeing. It would be easy to overreact and be risk-averse but equally, there is still a basic duty of care.

4. Issues for Voluntary and Community Sector Groups

Partnership working

There was a clear commitment from groups about the need to work in collaboration with the Local Authority; however this was not without some concerns about the fact that, for many, this was the first information they had received on the subject:

“After all this partnership working over the last few years (e.g. LSP, POPP) how come there has been no collaboration with the sector over this agenda? We should be co-creating this new system, not simply waiting to be told at the last minute.”

There was a view that there is confusion within the City Council’s Adult Social Care Department about the way forward. A number of groups reported that they had sought clarification individually but had found mixed messages even at quite senior level. Some groups which also work in surrounding boroughs, noted that the approach has been much more engaging, transparent and progressive and queried the attitudes in Manchester which appeared to be barriers to progress.

A number of actions were proposed which could improve partnership working on this issue in the relatively short term:

1. A working group made up of voluntary and community sector and statutory sector managers. This would need to provide clear leadership and transparency about the changes taking place. For issues which are unclear, it would be a place to acknowledge this and work together on resolving them.
2. A joint training programme between the sectors – which would not only solve the problems of understanding and information but also enable better joint working in the future. It was noted that this has already been accepted after a proposal by BMECF to ringfence a certain number of places for voluntary sector workers – it could usefully be made a principle across the system.

Market Development

The new “consumer” model depends for its success on a well developed marketplace of potential providers of support and services. Groups therefore looked at what the risks and potential actions were to develop the market with emphasis on the voluntary sector – but not exclusively so.

- Will there be enough users on Personal Budgets to sustain a market?
 - Presumably the City Council has developed some market projections - we need this kind of information in order to assess risks to organisations and make plans.
 - Concern (based on current experience) that the customer base isn't stable from week to week – so income would be unstable and smaller organisations would be unable to maintain services.
 - There will be a massive impact on some organisations – some will lose their main activity. This may not just affect a particular service but the entire organisation could become unsustainable.

- 3. Market capacity is being reduced as a result of commissioning decisions (e.g. luncheon clubs, home care services). The market is being dismantled when it should be stimulated: Who is looking at the impact of commissioning on the development of personalisation?
 - This was developed further by the view that voluntary sector services which have taken a long time to build up are being dismantled now because of commissioning and funding decisions: this needed looking at in terms of the impact on service users.

- 4. There are concerns about the interpretation of eligibility criteria and the knock-on effects on market capacity:
 - In recent years a tightening of the assessment regime in mental health has led to fewer people qualifying for a service and therefore being referred to voluntary sector services. This leads to voluntary sector organisations being required to cope with more people with higher levels of need – which they may not have the skill or capacity to do.
 - There are concerns that people who do not gain sufficient points on the RAS will be expected to receive some or all of their support for “free” from voluntary sector agencies.

There was much discussion about “preventative” and “low level services”, with a number of major concerns identified:

- Most providers are already at risk in the relatively short term - so market capacity (and therefore choice) is set to reduce unless there is some intervention. The Council's intentions should be set out in a clear Prevention Commissioning Strategy.
- There is a need at least to consolidate the existing capacity: identify and protect our existing baseline of preventative support services.

“What is the commitment on the part of commissioners to existing services? How is commitment being demonstrated other than by words?”

Some felt that the traditional forms of care have served some people well enough for many years, so why dismantle them? (Characterised as the “School dinners never did me any harm” view) While this was not necessarily shared widely as a view, there was agreement that “traditional” care services should remain as a valid option for people – but would the market continue to sustain them?

There was, again, a question about transparency and equality within the “market” – in respect of the pricing system in the Resource Allocation System being based on City Council costings. There was concern that these costings would not reflect the true market cost of services if the City Council has not identified its own costs on a Full Cost Recovery basis (e.g. taking into account not just Social Care costs but the Legal, Finance and HR departments). For voluntary sector organisations, it was felt that this is not just about management infrastructure but also about the flexibility to respond to service users and be an accessible community resource:

“How will this new system take into account the significance to the local community – e.g. advice, a friendly voice – many people simply “pop in” to community based services for an informal chat. Personal Budgets can never fund this. So how will this be sustained?”

Issues were also identified about how responsive the Resource Allocation System would be to changes due to inflationary pressures: the example of rising food prices was given as something which has an immediate impact on luncheon club providers. For some service user groups the “cost of living index” is rising faster than others at the moment: so there is a question of who will bear this risk.

- Collaboration between organisations may be the inevitable course in order to be sustainable:
 - a. Some larger organisations may be willing to share expertise in financial management with smaller groups
 - b. Organisations like MACC could help bring providers together to collaborate

Commissioning

There was a great deal of anxiety about the impression that the Personalisation agenda, despite the potentially positive outcomes for service users, presented yet further change to funding mechanisms at a time when commissioning processes are not yet in place and many groups are still actually working to a grants-based funding model.

In particular, there was a strong need identified for clarity around the relationship between commissioning (and procurement) and the personalisation agenda:

- Why has nobody from commissioning told us about personalisation?
- How can we build a market when we're working with year-on-year contracts? Where's the long term commitment to the sector?
- Clarification needed about the Grants culture – is this the end of grants from the Local Authority? What is the plan and the timescale for implementing these changes? Voluntary and community sector organisations need advance warning and practical information about changes to mechanisms so that they can plan and implement change.
- What is Adult Social Care's policy on quality vs. price in procurement?
- VCS organisations want to be able to sustain their foundations in order to remain flexible and able to be responsive to the needs of their communities, but if the grant system is phased out, how will this be funded?

Some actions to address this were proposed:

- A defined period of transition needs to be identified, with incremental changes allowing groups enough time to manage change.
- Leadership and a 'common sense' approach from the City Council through this period with clear information and support in place for organisations.

Change and Development

Inevitably, given that the personalisation agenda was new to most of those present, there was a great deal of concern about the potential difficulties this would create for organisations. Certainly some of this can be seen as a natural human anxiety about change, but most of the comments revolved around the notion that the sector is already struggling to develop and this new and unfamiliar challenge would create yet further pressure in the very near future. A revealing comment was “**How much should the average group know?**” – a feeling that perhaps others knew more about this and yet this was a widely shared concern. It was also reported that groups involved in the Black and Minority Ethnic Consultation Forum (BMECF) had expressed the same view: this is still very new to most groups and there has been little information made available about what it means for them.

There was consensus that it was important to keep the benefits to service users in focus, but the concerns about the sustainability of services and organisations were legitimate because of the people they support:

“If the person is at the centre it should be positive – but will organisations be able to take it on or just be pushed into it?”

“There is huge potential but have we got the flexibility, stability and capacity to seize it?”

A number of issues were raised about the change in the relationship moving from “service users” to “customers”

- Some organisations are not allowed to charge service users for their support under their governing document – and of those who can, not all will want to: “Charging for home visiting and befriending doesn’t feel right.”
- On the question of “How do you keep Tracey?” (see above) some service users may wish to employ their existing carers directly on a private basis. Providers often include clauses in contracts which prevent workers taking on private work in the same area, in order to retain a stable workforce. Should organisations seek to be more flexible about this? Can they afford to give away their workforce? Or is this part of a new relationship with users? TUPE issues need clarifying.
- Is there a risk of creating a two-tier system within organisations: some people paying and others receiving services funded by charitable income?

There were further related issues concerning volunteers:

- Should volunteers be providing services to people who have been assessed as requiring community care services?
- Should users be asked to pay for a service which is being provided by an unpaid worker? Most people thought users would not be willing to pay for something which is in theory being delivered for free.
- How will the relationship between the client and the volunteer change if the service has to be paid for?

Capacity to deliver the changes required was a major concern.

- Have organisations got the management capacity and resources to be so flexible - potentially providing a bespoke service for every customer?
- Engagement of Trustees in this complex agenda would present a challenge, particularly among smaller organisations who perceived this as likely to be “too scary” for some of their Trustees.
- What about groups not providing a “service” which can be “defined” and “sold” – how would they go about setting “prices”?
- As noted earlier, there were concerns for existing organisations being drawn into supporting more people with higher levels of need. Even if they

are not expecting to receive income through Personal Budgets, this change will still affect the quality and sustainability of their work.

- What will the monitoring regime be? What will the requirements be and where will resources come from to do this?

A number of financial questions emerged:

- What will happen to current funding?
- How will core costs be met? Full Cost Recovery is still not being implemented by funders and personalisation seems set to continue this.
- Organisations providing a number of different services to different client groups asked if they could use existing income streams to subsidise underfunded activities? There are concerns about the legality (and ethics) of subsidising community care services with charitable income.
- Charitable funds are raised for add-ons to services not to pay for services themselves – this should not be lost as it is a key part of the quality of the service. Also, the main activities of most organisations cannot be sustained on purely charitable income.

Possible solutions:

- A “Providers Forum” could be established to help develop and share solutions to some operational issues.
- Developing a charging system: there may be other models than a simple charge, e.g. membership fees.
- Organisations need to assess the risk if their current funding is discontinued.
- Organisations need to estimate the number of current service users who might move onto some form of Personal Budget.

5. Conclusions and Recommendations

This report sets out the many questions raised during the discussions at the meeting: the fact that there were no clear or obvious answers indicates the dearth of information available to the voluntary and community sector in developing a response to this new agenda.

MACC's research has identified numerous reports, discussion papers and toolkits – all of which are geared towards the implementation of personalisation by Local Authorities. With one or two limited exceptions there has apparently been little thought given to the impact of this system on service provision within the "Third Sector". This seems at odds with a developing strand running through all Government policy about increasing the contribution of the voluntary and community sector to delivering services and working in partnership.

In order to fill this gap, therefore, we believe it is important to start a programme of joint working between Manchester City Council and the local voluntary and community sector to identify how the sector can help deliver the benefits of a personalised system of care. To be effective, this programme would have a number of key features:

- A clear implementation plan with identified (and realistic) timescales and lead roles.
- A joint working group where information can be shared and solutions can be developed around
 - Implementation within Adult Social Care
 - A communication strategy to ensure accessible information for service users and carers
 - Brokerage and advocacy provision
 - The relationship between commissioning and personalisation
 - A market development strategy across all sectors
- A forum for voluntary sector providers to
 - Develop and share management solutions
 - Identify collective training and support needs
 - Form relationships which may lead to collaboration and formal partnerships between agencies.

All of which needs to be supported with regular briefings and updates for the wider voluntary and community sector and service user and carer groups.

6. About MACC

Manchester Alliance for Community Care (MACC) is a voluntary sector development agency which, for over 20 years, has been working to reduce inequalities in health and social care and wellbeing across Manchester.

Broadly our work includes

- challenging both statutory and voluntary sectors to design and deliver services which address the rights, needs and wishes of individuals rather than the ability of organisations to deliver them
- the development of the capacity of local voluntary and community groups to identify unmet needs and to work to meet this need, through building up the skills base of the individuals inside these organisations.
- supporting networks of local voluntary and community groups to enable them to be a mechanism for developing collaborative work across the sector
- encouraging and enabling participation by the voluntary and community sectors in the planning and decision making structures which shape the health and social care economy in Manchester and to provide a conduit for this participation.
- promoting understanding of inequalities in health, social care and wellbeing and the role of the voluntary and community sectors in addressing them

Further details about our work can be found on our website www.macc.org.uk

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For further information and regular updates on our work, please visit our website
www.macc.org.uk
