

Personalisation of Health and Social Care Services

Leadership Challenges and Workforce Development Needs of
the Mental Health Voluntary Sector in Leeds

A Report by:

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volition

The voice of Leeds mental
health voluntary sector



Foreword

Transforming social care to ensure a person centred approach to services is currently the greatest challenge for everyone in the social care sector. Skills for Care recognises that increasing personal choice in commissioning services will mean that a widening range of organisations and workforce will be delivering a broader range of services in future. Many of these organisations in the voluntary sector are already delivering person-centred services and are small, user-focused and often user-led. They have much to offer from their experience to the social care sector as a whole but also face particular challenges to meet the personalisation agenda and the consequent changes in commissioning.

Skills for Care commissioned Volition, the Leeds funded membership network for mental health, to undertake research into the readiness of voluntary organisations to meet personalisation: the range of services offered, the workforce development needs and the gaps and barriers to developing skills to meet the challenges. Within a short timescale Volition gathered responses representing a cross section of large and small voluntary organisations delivering a wide range of services supporting people with mental health needs and their supporters. The report gives a fuller picture of the range of services people use for support – an indication of the choices people value for their support – together with a detailed picture of workforce needs – leadership and management, technical skills and frontline skills.

We believe that the issues identified in the survey and report will have resonance in many other areas and for many different settings. We welcome the findings and hope they will help raise awareness of the impact of personalisation, inform strategic planning across the region and lead to a recognition of the benefits of wider adoption of more person centred approaches.

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1. INTRODUCTION

1.1. About this report

This paper is a report of a short-term research project exploring the personalisation of health and social care and implications for the mental health voluntary sector in Leeds. The report primarily aims to outline key findings of the research project and draws recommendations that have practical and policy relevance for stakeholders including frontline mental health voluntary sector organisations, funding and commissioning bodies, infrastructure support organisations, and other relevant regional and national statutory bodies.

The research project was undertaken between May and July 2008 by Volition, funded by Skills for Care Yorkshire and Humber. Volition is a network of voluntary sector organisations with the mission to support and represent the diversity of the voluntary sector working with people with mental health needs in Leeds; promote partnership working; and work to ensure that services meet people's needs and promote user-led and recovery focused services.

Skills for Care Yorkshire and the Humber is one of the nine regional committees of Skills for Care. It is the regional strategic social care employers workforce development body, leading the development of policy, collaborative working and funding arrangements in order to ensure the best possible quality of social care in the region, delivered through a skilled and competent workforce. Skills for Care is responsible for the strategic development of the adult social care workforce in England.

1.2 Aims and objectives of the research

The research project primarily aimed to explore key organisational and workforce development needs of the mental health voluntary sector in Leeds in relation to the move towards a personalised approach to health and social care services.

The research project had the following specific objectives:

- To provide a descriptive study of the scale of the voluntary mental health sector and various types of organisations involved in providing support services for mental health need in Leeds;
- To offer an insight into the scale of the sector and its existing capacity to effectively respond to the reform agenda;
- To identify any capacity gaps (e.g. leadership, organisational and workforce development) that the sector needs to build and/or be supported;
- To prepare a final report detailing key findings and recommendations.

1.3 Key terms and definitions

Personalisation - *Personalisation is about giving individuals more choice and control over their health and social care support, to better support independent living and social inclusion. Personalisation includes such initiatives as direct payments, individual budgets, self directed support and InControl.*

Workforce development – *is about recruiting and developing your ‘people resources’ so that they are motivated, skilled and able to deliver the core activities and services of your organisation.*

1.4 Structure and organisation of the report

The remainder of the report is structured into four sections. It first sets the background of the study by exploring the national policy contexts. The report then outlines the approaches, methodology and processes of the research project followed by the main section of the report that presents a summary of the key findings of the research project. The report concludes with recommendations drawn from the key findings.

2. BACKGROUND AND CONTEXT

Volition is a network of voluntary sector organisations providing services and support to people with mental health needs in Leeds.

Our aims are to promote and support partnership working; provide information about and for the voluntary sector; advocate for equality of access in services; and ensure that the sector is represented and able to participate in strategic planning of mental health services.

To fulfil these aims, we support our members to understand and engage with issues relating to health, social care and social inclusion agendas. The issue of personalisation of health and social care services featured prominently in Volition's work in the period leading up to this research project, and we knew that this would continue after. We were therefore keen to carry out this research because it supports our work and our aim to promote recovery focused services.

Personalisation refers to the national adult social care reform agenda that aims to transform the way health and social care services are commissioned and delivered. The vision that underlies this reform was first set out in the Department of Health Green Paper, ***Independence, Wellbeing and Choice: Our vision for the future of social care for adults in England***, published in 2005. The Green Paper emphasised the importance of developing the right workforce to deliver the vision. The paper also recognised the vital role the Voluntary and Community Sector (VCS) plays and stressed that "support for a strong and vibrant VCS is an essential component of our vision and developing the well-being agenda".

Our health, our care, our say: a new direction for community services White Paper, published in 2006, further consolidated the vision of the Green Paper articulating features of a reformed social care system. Most recently ***Putting People First: A shared vision and commitment to the transformation of Adult Social Care*** was published in 2007. It is a concordat signed up to by HM Government, NHS, Local Government Association and Association of Directors of Adult Social

Services and outlines the underlying values of the reform towards a personalised adult social care system. It summarises those values as:

Ensuring older people, people with chronic conditions, disabled people and people with mental health problems have the best possible quality of life and the equality of independent living is fundamental to a socially just society.

Putting People First indicates that the personalisation reform agenda will be “the first public service reform programme which is co-produced, co-developed, co-evaluated” by all stakeholders. This collaborative approach offers a unique opportunity for the voluntary sector to proactively engage and influence the local implementation of the personalisation reform agenda.

Our research project was set against the above backdrop and attempted to identify and highlight key issues for and concerns of the voluntary mental health sector in Leeds in engaging in this reform agenda.

3. RESEARCH METHODOLOGY

The research adopted a mix of qualitative methods of data collection as outlined in the following four sections.

3.1. Desktop research / documentary analysis

The desktop research carried out had two components: review of relevant literature and analysis of Volition's membership database.

The literature review included documentary analysis of relevant policies, published and grey literature, research reports, articles and online resources on personalisation and workforce development. This enabled us to place the research project within the wider national policy context. We also identified key issues from the review that informed the content of our survey questionnaire and development of topic guide (themes) for the qualitative interview and focus group.

3.2. Questionnaire survey

The questionnaire survey is the main tool of this research project. We put meticulous effort in designing the questionnaire to make it accessible to research participants as well as to enable us get valid data relevant to our research aims and objectives. To this end we piloted the questionnaire with five people with similar characteristics to our research sample. The pilot was useful as the critical feedback obtained helped us to refine and finalise the questionnaire design.

The questionnaire took an average of 30-60 minutes to complete. It includes both open and close ended questions as well as lists. Questions were grouped under three main research themes. The first part aims to gather data on organisational background (service activities, client base, scale of the organisation etc.) and questions were mainly open ended. The second part was themed under 'personalisation and organisational leadership' and set out to collect data about understanding, views, potential impact, and leadership readiness in relation to personalisation of health and social care. The third main part of the questionnaire, themed under 'workforce development and personalisation', aimed at gathering data on job roles, skill gaps and the workforce development challenges organisations face (see the Annex for copy of the questionnaire).

The survey questionnaire targeted senior managers of all the 68 Volition members. From previous experience and considering the timing of data collection and familiarity of participants with the issue of personalisation we anticipated 27 of the 68 member organisations (40%) would complete and return the questionnaire. To achieve this high response rate we promoted the research project prior to distributing the questionnaire formally and informally through email and at small meetings and events. We also allowed two weeks to complete and return the questionnaire as well as being flexible on the deadline. The questionnaire was also distributed to a few voluntary organisations outside Volition, members of other local voluntary sector forums with different levels of engagement in the personalisation agenda.

A total of 26 questionnaires were completed and returned. The response represented a good mix of organisations (see table 2 for details) ranging from a self-help group with one unpaid worker and an annual turnover of just £90 to a regional organisation with over 1,000 staff and annual turnover of £32 million. Six organisations asked to be excused from participating in the research for reasons including not finding personalisation a relevant issue for their organisation or for the simple reason of lack of time.

TABLE 1 Representation of returned questionnaires

Mental health specific	7	Community services	1
Focus on BME (black and minority ethnic) communities	5	Focus on people from lesbian, gay and bisexual communities	1
Focus on younger people	3	Focus on older people	2
Focus on carers	2	Housing	1
Disability focused	1	Second tier organisations	2
General health	1		

3.3. Qualitative interview

The purpose of the qualitative interview is to address any shortfalls as well as to validate data gathered from the survey research. Owing to the limited availability of time, we only conducted two interviews. However, both interviews were carefully

planned to further explore and highlight possible additional issues and challenges for services working with specific 'vulnerable groups'. We conducted in-depth interviews with respondents from two services - one focusing on disability (deaf people) and another focusing on black and minority ethnic communities.

3.4. Focus groups

The focus groups served the same purpose as the qualitative interview but with a distinct feature as they aimed to consider the perspectives of service users and staff other than managers. We ran two focus groups - one with five professionals working with four different organisations at various levels, and another with a group of 11 service users.

Comments from the interviews and focus groups were are reflected throughout this report along with responses from the questionnaires.

4. SUMMARY OF KEY FINDINGS

4.1. The mental health voluntary sector in Leeds

This section presents a summary of the scale, type of organisations, service activities and user base, and key challenges of the mental health voluntary sector in Leeds.

4.1.1. Scale of the mental health voluntary sector

The 26 voluntary sector organisations operating in Leeds that participated in the survey employ a total of 817 full time and 313 part time staff. The figure of 436 unpaid staff is also indicative of the scale of volunteers the sector involves. The organisations run a total of 150 services or projects that serve approximately 44,173 people annually. So from this sample of 26 organisations there is a huge range in the scale of services, indicative of the diversity of the sector as a whole (see Table 2 next page).

NB Because of the different types of services provided in the mental health voluntary sector, there will be different meanings and understanding of the term “service users”. In some cases this might mean individual contacts – to a reception point, drop-in centre or telephone helpline, for example – counted as separate “service users”. In other cases it could mean people who live in a residential establishment with intensive support from staff. The purpose of the information in this report is to demonstrate the diversity of organisations within the sector and should not be used for assessing value for money considerations as insufficient data is provided for this purpose.

TABLE 2 – Scale of the mental health voluntary sector based on research sample

	Code	Scale of the organisation					No. of projects	No. of service users
		Annual turnover £	Staff size					
			FT	PT	Unpaid	Relief		
1.	M1	6,000,000	122	30`	NA		15	750
2.	B1	NA	0	6	4		6	3500
3.	M6	90.00	0	0	1		1	8 - 12
4.	M5	500,000	6	5	20	60	8	700
5.	M4	2,000,000	40	20	0	0	10	800
6.	M3	375,000	4	16	40		3	150 + 1590 calls
7.	B4	140,000	0	4	18		1	500 - 600
8.	C2	198, 000	3	6		3	4	180
9.	M2	3,000,000	50	34	7			2,000
10.	C1	N/A	5	6	N/A	N/A	N/A	N/A
11.	B1	N/A	0	6	4	N/A	6	3500
12.	B2	100,000	17	2	0		3	300
13.	B3	N/A	4	2	5		8	90
14.	B5	426, 703	6	20	9		10	263
15.	Y1	1,000.000	16	2	0		5	150
16.	Y2	300,000	11	8	11		3	2000
17.	Y3	NA	7	2	8		NA	269
18.	D1	550,000	18	8	75		NA	500
19.	H1	4,000,000	82	22	0		14	350 – 500
20.	D2	120,000	2	3	7		7	NA
21.	O1	800,900	15	13	100		9	4,000
22.	L1	1,100,000	13	0	30		14	20,000
23.	CM1	32,000,000 (regionally)	1,001	282	60		73	4,300
24.	V1	90,000	1	4	0		1	71
25.	O2	500,000	12	12	2		7	600
26.	GH1	2,000,000	60	70	35		15	10,000

4.1.2. Typology of the voluntary sector mental health organisations

One of the aims of this research was to provide a description of the types of voluntary sector mental health providers. Through analysis of Volition’s membership data base as well as consulting websites of individual members we attempted to frame a typology of voluntary sector mental health providers in Leeds. The typology we developed is based on the main functions/service activities and user/client base. It clustered the 68 Volition members into 13 overlapping categories (many appearing in more than one category).

TABLE 3. Typology of Volition member organisations

	Typology	Number of organisations
1	Mental health specific	16
2	General health and wellbeing	6
3	Community services/centres	12
4	Housing	7
5	Community relations	4
6	Drugs and alcohol	1
7	Arts	3
8	Focus on BME (black and minority ethnic) communities	7
9	Focus on people from lesbian, gay and bisexual communities	1
10	Disability focused	1
11	Focus on older people	2
12	Focus on younger people	5
13	Focus on carers	3

4.1.3. Main activities of the sector and service user base

The following list summarises the main activities that participants identified their organisations are engaged in, and their service user bases:

TABLE 4 - Summary of main activities and service user base

Summary of main activities	Summary of service users
<ul style="list-style-type: none"> • Counselling services • Hospital after-care • Residential services • Day services • Floating housing support • Promoting emotional health and wellbeing • Community mental health services • Community recovery services • Carer's support • Community health development • Social inclusion and community engagement • Advocacy • Information and advice • Outreach services • Training, research and consultancy 	<ul style="list-style-type: none"> • People with mental health support needs and their families and carers • People with physical impairments and their families and carers • People with learning difficulties and their families and carers • Older people and carers • Children and young people • People from BME backgrounds including asylum seekers and refugees

4.1.4. The main challenges for the sector

The following is a summary of the main challenges identified for the sector:

- A more competitive funding regime (59%)
- More emphasis on project funding than core funding (50%)
- Changing government policies and regulations (50%)
- Applying quality assurance and monitoring (41%)
- Increase in cross-sectoral partnership working (20%)
- Increasingly complex needs among users (12.5%)
- Competition from other sectors to recruit skilled professional staff (4%).

4.2. Leadership and organisational readiness

This part of the report summarises the level of understanding of the personalisation approach, perception of its potential impacts, and the organisational and leadership readiness of the sector.

4.2.1. Level of understanding of and readiness for personalisation

Only 4.1% of the survey participants (one organisation) said that they are fully prepared for the changes personalisation could bring. However, many believed that they can easily build on their existing expertise and are well placed to cope with the changes (41.6%). 33.3% of the participants identified personalisation as a major strategic concern while 12.5% do not see personalisation as a major strategic concern for their organisations. 33% of the organisations have a current strategic business plan that covers personalisation. A lower number (12.5%) have strategies and mechanisms in place while 25% said they are waiting for a lead from the local authority.

The varied levels of readiness reflect the level of understanding of personalisation that the survey showed. While less than 10% of respondents said they are fully

informed and have an in-depth understanding of personalisation, over half said they were reasonably informed or had a basic understanding. Many others had only a limited understanding or none at all. Lack of understanding and clarity of what personalisation is and what it entails was also reflected in both of the focus groups we ran. Some respondents attributed this lack of understanding and confusion to lack of direction and leadership by local authorities in engaging voluntary sector providers with this reform agenda. They also underlined that the voluntary sector could be more proactive.

- Reasonably informed – 33.3%
- Basic understanding – 29.1%
- Limited understanding – 20.8%
- No understanding - 8.3%
- In-depth knowledge - 8.3%

4.2.2. Views on the core values and principles of personalisation

InControl (a national organisation working in partnership with local authorities to promote self directed support) identified seven ethical principles that guide the personalisation approach. These are: the rights to independent living, personal budget, self-determination, accessibility, and flexible funding, the accountability principle and the capacity principle.

Most of the participants of this research embrace and align with the underlying core principles and values of personalisation, and this is reflected in some of the comments quoted in this report. For example: *“[we] are very positive about the agenda while being realistic about the challenges it presents”*.

Anxiety and concerns were expressed about how these values and principles can be fully translated into practice, rather than on the values themselves. A summary of such concerns is listed verbatim on the next page, gathered from the questionnaires, focus groups and interviews.

These concerns cover practical issues, how people with complex needs will be supported, safeguarding issues, choices and options being limited rather than increased, potential stress and instability for people who use services, and financial issues.

- *Anxieties on how personalisation would work in practice, particularly with individuals with complex and high support needs;*
- *Concern over vulnerable people being aware of services and able to manage complexity of access;*
- *Getting information to service users about the options and their values might be piecemeal and inconsistent;*
- *A real set of options available to service users will be useful, but that this range may in practice be very restricted or only available to a few people;*
- *Without actual and established principles such as recovery and how it can be supported, interventions may continue to be ineffective;*
- *Challenging and potentially destabilising for our members;*
- *Dangers of changing circumstances not being picked up;*
- *Concern that vulnerable service users will be subject to financial abuse and that the monies will be spent appropriately;*
- *Older people are not the same as younger disabled people and less likely to want hassle of self-directed services;*
- *Increasing choice will help service users but that there is a danger that agencies will perish at the same time;*
- *There are some concerns regarding the cost of administering the individual budgets to the organisation, in terms of increased costs to the organisation and the concern if the service user refuses to pay, for whatever reason;*
- *Fears that the agenda is really to save money.*

4.2.3. Potential impacts on the sector

We asked participants to identify both positive and negative impacts that the personalisation reform agenda might have on their organisation. A summary of their responses follows, again with verbatim quotes taken from the questionnaires, focus groups and interviews.

Service delivery and development

Comments welcomed opportunities to develop person-centred services particularly for people from minority communities, with concerns raised around funding being withdrawn from agencies, and the expense of administration.

- *Promote the development of more person centred services – particularly for people who currently get poor or no service such as people from minority communities, people with severe impairments and people who challenge services;*
- *New opportunities to support people with care needs to control their own lives;*
- *It should mean that services are more person-centred and that people have more control over how their services are provided;*
- *Service development may be inhibited, especially if services are not able to influence what kind of provision is available. There may be problems if funding is withdrawn from agencies of them collapsing even if they are effective and valued;*
- *Could prove expensive in terms of man power to administer the budgets. Also in terms of social work time to advocate at relevant meetings;*
- *Worries about the apparent lack of investment in the infrastructure services needed to make personalisation work well.*

Views on service users' experience

Many positive views on how personalisation can offer more choice, control and empowerment. However, there were concerns that it might be complex, confusing or stressful for some, or under-resourced.

- *Positive in that people can decide what they want and how they commission their health and social care;*
- *May offer them more choice, influence, control, flexibility and empowerment;*
- *Might open doors to services to people who might struggle to access them currently;*
- *Will be very positive (if resourced properly and attention given to developing an infrastructure);*
- *Potentially positive for those with skill/capability to use the system;*
- *Can see creating anxieties and confusion for those with complex or high support needs; can be stressful;*
- *Possibly for some who have become 'institutionalised' through many years of support there may be some anxiety and uncertainty regarding changes in the focus of their support;*
- *May prove to be cost led and therefore people may choose the cheapest, and not one for the quality of the service.*

Leadership and governance

Participants highlighted the great opportunity for the voluntary sector to be at the forefront of change, with more service user-led services being developed, but there was anticipation of potential pressures on financial systems.

- *Opportunity for the development of social enterprise, to provide support and services to people with individual budgets;*
- *It will ensure that we all focus on truly person centred services and remember who our customers are. ...we feel quite comfortable about this because it is at the heart of [our organisation];*
- *Positive in that it will enable more service user led services to be developed;*
- *Negative in that support to evidence governance and proper use of public monies will be a pressure for service users/small organisations;*
- *Will place greater pressures on finance department and on financial accountability. Will become more finance led than social care;*
- *We are led by people [who use services] this should be a great opportunity for our Board to be at the forefront of exciting change in the city;*
- *Unrealistic expectations. All staff (especially managers) expected to operate in 'commercial' environment: mismatch of experience and skills.*

Funding and sustainability

If organisations provide what service users value there will be funding opportunities. Concerns were raised that personalisation would bring financial uncertainty and that it would be difficult for organisations to plan ahead.

- *Opportunities to provide for more people if what you offer is what service users value;*
- *May create greater financial uncertainty for providers particularly smaller ones – income will not be as guaranteed with service users potentially able to shift their financial support resources more easily and quickly between providers if they feel they are not receiving the service they need;*
- *Fluctuating demand and no regular income to allow for planning;*
- *May need a larger financial workforce to control the individual personalisation budgets;*
- *Capacity issues over staff already 100% involved in existing delivery also learning how to move to personalisation;*
- *Negative, as you cannot plan for services to individuals unless supported by a longer-term promise to commission;*
- *Longer-term training and development of staff will not happen as funding will not be assured beyond a few months or a year;*

- *Negative, if block commissioning becomes a thing of the past;*
- *Statutory funders may seek to disinvest from the VCFS in order to get the money for personalisation;*
- *Charitable funders and individuals unlikely to want their money to obviously subsidise statutory services.*

Marketing and Communication

There were feelings that organisations might need to market themselves better, although it was recognised that it can be difficult getting information to where it's needed. There needs to be more focus on accessible information for people who use services.

- *Could be a very competitive environment, we would need a different approach to marketing our services to ensure we reached a wider populous;*
- *It should just mean we continue ensuring our communications are focused on the people we support or may support in future;*
- *Communication will need to be in a range of languages and formats to be accessible to all;*
- *Would have to sell the organisation in a much more competitive manner and would have to increase funding to market the service;*
- *Greater need to expend time and financial resources on information that targets service users;*
- *Agencies will have to get better at this, but there are real problems about getting information to where it is needed. People need to be aware of what is available, what is likely to help them and how they can access this. Current information systems cannot provide this at any meaningful level of detail and comprehensibility.*
- *Not sure who organisations would be marketing to - individuals or intermediary organisations. I suspect that some intermediary organisations (some perhaps not currently existing) would become very powerful and could distort by creating a marketplace which they dominate.*
- *Negative in that only those in the know will be able to benefit from this, that is the big organisations.*
- *Will need to develop this with and on behalf of our members to ensure people wishing to access services can have the information and choice they want.*

4.3. Workforce Development and Personalisation

The vision for a personalised approach to adult social care has huge implications for the workforce of the future. It is clear that, given population and workforce demographics as well as rising expectations of people who use services, the current and future workforce need to change radically to meet the challenges it will face. (Department of Health, 2008, P. 8)

This part of the report covers the workforce development needs of the voluntary mental health sector in Leeds in relation to personalisation of health and social care. It starts with an outline of broadly defined job roles within the sector grouped under three categories (management, frontline/service delivery, and support roles). Then it attempts to assess current level of skills and competencies of the workforce, followed by an exploration of how personalisation will affect current and future workforce development needs of the sector. This part will also attempt to highlight the key workforce development challenges for the sector.

4.3.1. Key job roles identified within organisations

Management Role		Frontline/Service Delivery		Support Role	
Chief Executive	75%	Advocacy	20.8%	Administration	79.1%
Directors (functional)	33.3%	Advice and counselling	54.8%	Finance	70.8%
Head of team	50%	Community development	37.5%	Fundraising	29.1%
Project manager coordinator	54.5%	Health promotion	37.5%	Human resources	41.6%
		Health care	29.1%	IT support	29.1%
		Social care	41.1%	Marketing & comm.	20.8%
		Information	45.8%		
		Project worker	33.8%		
		Supported housing	45.5%		
		Training	8.3%		
		Development	4.1%		

4.3.2. Workforce current level of skills and competencies

Under current leadership and management skills and competencies the sector identified some gaps in commissioning/contract management, monitoring and evaluation, partnership working, communication and influencing, and project management.

Leadership and management	Low level	Acceptable level	High level
Strategic planning and forward thinking		41.6%	41.6%
Managing internal and external changes		41.6%	41.6%
Staff management		41.6%	41.6%
Team leadership		45.8%	45.8%
Project management	4.1%	33.3%	45.8%
Communication and influencing	8.3%	33.3%	45.8%
Commissioning/contract management	12.5%	37.5%	33.3%
Networking and partnership	8.3%	37.5%	41.6%
Monitoring and evaluation	8.3%	41.6%	33.3%

The survey result indicates that the sector has capacity gaps in the fields of marketing, fundraising, and risk management. Customer service and basic IT skills are other areas showing some development needs in the sector. Otherwise, there are high skill levels in many key areas.

Basic/ technical /specialist skills	Low level	Acceptable level	High level
Basic IT skills		54.5%	29.1%
Interpersonal communication		20.8%	62.2%
Team working		20.8%	62.2%
Cultural competence		29.1%	54.5%
Service user involvement		16.6%	62.2%
Customer Service	12.5%	20.8%	62.2%
Training facilitation		20.8%	37.5%
Fundraising	25%	45.5%	8.3%
Marketing	29.1%	45.8%	12.5%
Risk management	8.3%	62.2%	12.5%

4.3.3. Personalisation and workforce development needs

Many of the research participants recognise the implication of personalisation on their organisations' future workforce development needs. These future workforce development needs are predominantly focused on training and development for staff at all levels of organisations. The training and development needs identified can be summarised into three categories:

Needs	Specific Areas	Remarks
Basic knowledge	Understanding personalisation Relevant policies Values and principles Models and good practices	For both frontline and management staff
Hard technical skills	Contracting/commissioning Financial planning and management Marketing Partnership working Setting quality standards within personalised service	Mainly for management staff
Soft skills	Cultural competencies Respecting individual uniqueness and aspirations Enabling and empowering people Flexibility Value based practice	Mainly for frontline staff

These “soft” skills will be key in supporting personalisation of health and social care services. Working with people to tailor their services and support requires staff to respect individuality and avoid making assumptions.

4.3.4. The Ten Essential Shared Capabilities, personalisation and workforce development

The *Ten Essential Shared Capabilities – A Framework for the Whole of the Mental Health Workforce* was published by the Department of Health in 2004 as a best practice guidance and building block for the training and development of all staff working in a mental health setting. This research project identified seven out of the ten Essential Shared Capabilities that have direct relevance for the mental health workforce to deliver the personalisation of health and social care. The questionnaire asked which of these skills and capabilities organisations need to develop.

Working in partnership - <i>developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.</i>	45.8% need to develop
Promoting mental wellbeing and recovery - <i>Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.</i>	37.5%

<p>Respecting diversity - Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.</p> <p>Challenging inequality - Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.</p>	<p>29.1%</p> <p>(these 2 capabilities were combined on the questionnaire)</p>
<p>Promoting safety and positive thinking - Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.</p>	<p>25%</p>
<p>Providing person centred care - Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.</p>	<p>16.6%</p>
<p>Practicing ethically - Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.</p>	<p>12.5%</p>

4.3.5. Workforce development challenges

41.1% of the respondents identified staff training and development as a major workforce development challenge. Availability of time and funding for staff training and development are attributed as the major reason for the challenge.

Lack of time available due to workload for staff to attend training and development activities	54.5%
Availability of funding for staff development	54.5%
Availability of resource to deliver in-house training	33.3%
Availability of suitable external training	25%
Developing and implementing effective workforce strategy	16.6%
No challenge	8.3%

5. CONCLUSION AND RECOMMENDATIONS

This report has explored the personalisation of health and social care and implications on the mental health voluntary sector in Leeds. It has highlighted the size and breadth of scope of the sector and its diverse service user base and service activities. From the data gathered through the survey questionnaire, interviews and focus groups, we have explored the leadership and readiness of the sector, its organisational challenges, and workforce development needs vis-à-vis the personalisation reform agenda. From the findings presented in the preceding section the report draws the following conclusions and makes recommendations.

1. Information

The research found that voluntary sector mental health organisations in Leeds have mixed levels of understanding of personalisation and varied levels of preparedness. Some are confused and unsure how personalisation is going to unfold in Leeds, and are concerned how it will affect people who use services. These first recommendations deal with information, recognising that work is already underway in this area. For example, Volition runs regular newsletter articles on personalisation, along with feedback from representatives on relevant working groups and one-off events. We have organised workshops and conferences on direct payments and self directed support for our members, including events in partnership with Leeds Adult Social Care and the other voluntary sector forums.

Recommendations

- The local authority needs to provide clear direction in this regard by continuing to involve the sector in the reform process and sharing periodic information.
- The voluntary sector should be more proactive in engaging with this major reform agenda and in keeping up-to-date.
- As a forum of the mental health voluntary sector in Leeds, Volition can play a vital role in facilitating information provision to the sector from the local authority as well as other relevant sources. Information for Mental Health (Leeds Mind) can also assist in this.
- Information messages must be firmly based on the principles and values of personalisation (see below).

- People who use mental health services in Leeds also need to understand and engage with the personalisation agenda. The local authority should provide clear accessible information, and should be gathering the views of service users on options and proposals. This needs to happen as soon as possible. The voluntary sector also needs to make sure they can respond to queries about personalisation from people who use their services. Staff will be better placed to do this by keeping up-to-date with developments, and knowing where to get further information.

2. Principles and values of personalisation

The sector overwhelmingly supports the underlying values and principles of personalisation, and this provides a strong foundation for taking this agenda forward. While some organisations are anxious and concerned how personalisation can work in practice, the sector's person-centred and recovery-focused approach is consistent with the values of personalisation.

Understanding of practical issues around implementation can be improved through learning from the direct experience of other local authorities that already have a personalised health and social care system in place, as well as from voluntary sector organisations and people who use services in these areas.

However, the key message is to emphasise the values that personalisation is based on: choice, independence, control, flexibility, social inclusion, person-centred services.

The voluntary sector is already engaged with these values, so can play a leading role in taking the personalisation agenda forward, by building on and sharing good practice. The sector has much to offer partners and commissioners, with experience and expertise in developing person-centred and recovery-focused services and outcome measures; delivering services to diverse communities; engaging with and involving people who use services and carers, including those who might have been excluded from other services; enabling people who use services to run organisations and services themselves; and being innovative and responsive to new ideas.

This research gathered opinions from managers and other workers in organisations that work with specific groups and communities, including older people, deaf people and people from black and minority ethnic communities. Participants recognised the benefits that personalisation could bring to people for whom services currently might

be inaccessible or inappropriate. There is, however, a need to reach out to individuals and communities who are not engaged with existing services, who will be completely unaware of the potential of personalisation.

As well as working groups and partnership teams referred to above, Leeds Strategic Plan offers another vehicle to promote the voluntary sector's approach. This plan is the Local Area Agreement for Leeds, and includes priorities to enable more vulnerable people to live independently, and for more people who receive community services to have increased choice and control over their daily lives. Volition, through Leeds Voice, has encouraged members to get involved in influencing and monitoring delivery of the plan.

Recommendations

- As above, Volition in partnership with the local authority should provide opportunities for the sector to learn from the experiences of people in other local authority areas.
- Communication around personalisation must emphasise the underlying principles and values as the best way to engage the voluntary sector.
- The mental health voluntary sector should make the most of opportunities to promote and share its good practice and expertise, through partnership work across health and social care. This includes expertise of working and engaging with people and communities that other agencies have not connected with. This needs to be an ongoing process as services change and personalisation becomes more mainstream, as organisations within the sector will have different experiences to share.

3. Training and development

Training and development was identified by the research as the main workforce development challenge for the sector. This was primarily attributed to limited availability of funding and lack of time for staff to take up training and development opportunities. The anticipated financial impact of how services are going to be commissioned under future personalised systems provoked further anxiety and concern about financial resources for staff training and development.

However, within the sector there is expertise in a range of areas, in many cases to a high level, including team working, cultural competence, interpersonal communication and service user involvement. There is also expertise in staff training and development, with some capacity and interest to develop this further and provide to staff from different agencies and sectors.

Recommendations

- Local workforce development strategies should consider and attempt to address challenges identified by the voluntary sector.
- Commissioners and funders need to recognise and address the above training and development challenges faced by the sector
- Full cost recovery must be a principle of all funding agreements with the voluntary sector, recognised and implemented by commissioners;
- Organisations within the voluntary sector have varying levels of skills and expertise. Volition, along with other infrastructure organisations, should explore how expertise and training and development resources within the sector can be shared to benefit a range of organisations, staff teams and people using services.

Next steps

These conclusions and recommendations will be taken forward by Volition in the first instance, by raising awareness of the report amongst our members and with our partner organisations. We anticipate that the Mental Health Workforce Strategy Group (a sub-group of the Leeds Mental Health Modernisation Team) will be one of the main bodies for developing actions arising from these recommendations, due to its focus on mental health, and because all sectors are represented.

Leeds Adult Social Care has joined InControl, and has started a programme of service transformation towards self directed support, so there will be further opportunities to discuss this report and act on its recommendations. Volition is actively involved in a number of the workstreams that form part of this programme of work, including commissioning and contracting, and brokerage. Another workstream covers workforce development issues.

Volition will also take this report to Leeds Infrastructure Consortium (coordinated by Voluntary Action Leeds), Leeds Voice Strategy Group, other voluntary sector forums in Leeds (Older People's Forum, Learning Disability Forum, Physical and Sensory Impairment Network, Leeds Voice Health Forum), the national Mental Health Providers' Forum, and the Regional Forum for Yorkshire and Humber.

ANNEX: Questionnaire



volition

The voice of Leeds mental
health voluntary sector

Personalisation of health and social care services: leadership challenges and workforce development needs of the mental health voluntary sector in Leeds

Completing this questionnaire

- We want to hear from you, no matter how much or how little you know about personalisation. So don't worry if you can't answer all the questions.
- The information you provide will be treated in confidence. We will not use individual names and organisations.
- This questionnaire should take no more than 30 minutes.
- Please read each question and tick a box (or boxes) to indicate your answer or write in your comment.
- If you prefer to have this questionnaire in hardcopy or have any queries regarding this questionnaire or the research project, please don't hesitate to contact us at info@volition.org.uk or call us on 0113 274 9585.
- Once you completed this questionnaire, please return it, **before Wednesday 18 June 2008**, to Bereket Loul at Volition:
bereket.loul@volition.org.uk
Volition, 26 St Michael's Road, Headingley, Leeds LS6 3AW
Tel. 0113 274 9585

Thank you for your cooperation!

Section 1. About you

Name of Respondent	
Role/Position/ Job title	
Name of Organisation	

Section II. About your organisation				
What are the main activities and services of your organisation?				
What is/are your organisation's Membership/client/ user base?				
Scale of the organisation	Staffing	Paid		Unpaid
		FT	PT	
	Number of current projects/services			
	Approximate annual turnover			
	How many people use your services annually?			
Funding sources				
What do you think are currently the main challenges for your organisation? (Please tick all that apply)				
<input type="checkbox"/> Changing Government policies and regulations <input type="checkbox"/> Increasingly complex needs among users <input type="checkbox"/> Applying quality assurance and monitoring <input type="checkbox"/> Increase in cross-sectoral partnership working <input type="checkbox"/> A more competitive funding regime <input type="checkbox"/> More emphasis on project funding than core funding by commissioners <input type="checkbox"/> Competition from other sectors to recruit skilled professional staff <input type="checkbox"/> Other(please specify):				

Section III. Personalisation and Organisational Leadership

3.1. How would you rate your understanding of personalisation of health and social care?
(please tick one that applies)

- No understanding
- Limited understanding
- Basic understanding
- Reasonably informed
- In-depth knowledge

3.2. Does your organisation have a view about the core principles underpinning Personalisation?

3.3. What impact (both positive and negative) do you anticipate personalisation will have on your organisation in terms of:

Service development and delivery?

The experience of people who use services?

Leadership and governance?

Funding and sustainability issues?

Marketing and communication?

3.4. Which statement(s) best describe your organisation's readiness for the changes that personalisation could bring? (Please tick all that apply)

- Our organisation is completely unprepared.
- We can easily build on our existing expertise and are better placed to cope with the changes.
- Personalisation is not a major strategic concern for our organisation.
- Personalisation is identified as a major strategic concern for our organisation.
- We are in the process of developing strategies and mechanisms to effectively respond to the changes.
- We have strategies and mechanisms already in place to respond to the changes.
- Our Board/Management Committee members are aware of Personalisation
- Managers, frontline staff and all other members of our workforce are well informed
- We are waiting for a lead from the Local Authority
- We are fully prepared for the changes
- Other (Please specify):

3.5. Does your current strategic business plan cover personalisation?

- Yes No

3.6. How do you think the mental health voluntary sector in Leeds needs to engage in influencing the development of local implementation of personalisation?

Section 4. Workforce development and personalisation

4.1. Which aspects of workforce development is/are currently the main challenge to your organisation? (Please tick all that apply)

- Recruitment: Attracting high quality competent staff
- Staff retention
- Staff training and development
- Other (Please specify):

4.2. Which of the following broadly defined job roles does your organisation currently have? (please tick all that apply)

Management roles:	Frontline /service delivery	Support role
<input type="checkbox"/> Chief Executive Director	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Administration
<input type="checkbox"/> Deputy director (functional)	<input type="checkbox"/> Advice and counselling	<input type="checkbox"/> Finance
<input type="checkbox"/> Head of team/department	<input type="checkbox"/> Community development	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Project manager/Coordinator	<input type="checkbox"/> Health promotion	<input type="checkbox"/> Human resources
<input type="checkbox"/> Other (Please list):	<input type="checkbox"/> Health care	<input type="checkbox"/> IT Support
	<input type="checkbox"/> Social care	<input type="checkbox"/> Marketing and Communication
	<input type="checkbox"/> Information	<input type="checkbox"/> Other (Please list):
	<input type="checkbox"/> Project work	
	<input type="checkbox"/> Supported housing	
	<input type="checkbox"/> Other (Please list):	

4.3. How do you rate your organisation's workforce current level of skills and competencies? (Please tick as appropriate)

Management skills:	Low level	Acceptable level	High level
Strategic planning and forward thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing internal and external changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication and influencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioning/ contract management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking and partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basic/technical/ specialist skills	Low level	Acceptable level	High level
Basic IT skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service user involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list if your organisation has any additional relevant skills and competencies:			

4.4. How do you think personalisation will affect your current workforce development needs?

4.5. Which of the following skills and capabilities does your workforce need to further develop?

<input type="checkbox"/> Working in partnership <input type="checkbox"/> Respecting diversity & challenging inequality <input type="checkbox"/> Practicing ethically <input type="checkbox"/> Promoting mental wellbeing & recovery <input type="checkbox"/> Providing person centred care	<input type="checkbox"/> Promoting safety and positive thinking <input type="checkbox"/> Other (please specify):
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4.6. What are the main challenges to your organisation in terms of developing your workforce?
(Please tick all that apply)

- Developing and implementing effective workforce development strategy
- Availability of resources to develop and deliver quality in-house training
- Availability of suitable external training opportunities
- Lack of time available due to workload for staff to attend training and development opportunities
- Availability of funding for staff development and training
- Staff do not see training as a priority
- Other (please specify):

4.7. What support do you and your organisation need to meet the challenges of personalisation?

Section 5. Additional Information – Please use the space below if you have any additional comments you want to make or issues you want to raise

Date completed: _____

Name: _____

Please return this questionnaire, **before Monday 16 June 2008**, to Bereket Loul at Volition:

bereket.loul@volition.org.uk

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