

Personalisation of Health and Social Care Services

Leadership challenges and workforce development needs of the mental health voluntary sector in Leeds

Summary of a report by:

Bereket Loul
and Gill Crawshaw,
Volition, Leeds

September, 2008



26 St Michael's Road
Headingley
Leeds
LS6 3AW
0113 274 9585
info@volition.org.uk
www.volition.org.uk

This paper is a report of a short-term research project exploring the personalisation of health and social care and implications on the mental health voluntary sector in Leeds. 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 whose mission is 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 responsible for the strategic development of the adult social care workforce in England.

Background

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, InControl.

Personalisation refers to the national adult social care reform agenda that aims to transform health and social care services. The underlying vision 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. This emphasised the importance of developing the right workforce to deliver the vision, recognising the vital role the voluntary sector plays.

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. Most recently Putting People First: A shared vision and commitment to the transformation of Adult Social Care, published in 2007, outlines the underlying values of the reform towards a personalised adult social care system, summarised 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.

The questionnaire survey was the main tool of this project. Questions were grouped under three research themes: organisational background, personalisation and organisational leadership, and workforce development and personalisation.

The questionnaire targeted senior managers of all 68 Volition members. A total of 26 questionnaires (38%) were completed and returned, with a good mix of organisations ranging from a self-help group with one unpaid worker and an annual turnover of £90 to a regional organisation with over 1,000 staff and annual turnover of £32 million.

We also conducted in-depth interviews with respondents from two services and ran two focus groups - one for staff and one for people who use services.

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, with 436 unpaid staff. The organisations run a total of 150 services or projects that serve approximately 44,173 people annually.

Types of organisation include mental health services, general health and wellbeing, housing, community, drugs and alcohol, focus on particular groups or communities. Services provided include counselling, advocacy, information, social inclusion, community support and engagement, residential, housing support, carers, outreach, training, plus many more.

The main challenges identified for the sector were identified as: a more competitive funding regime; more emphasis on project funding than core funding; changing government policies and regulations; and applying quality assurance and monitoring. Increase in cross-sectoral partnership working and increasingly complex needs of people who use services were also challenges.

Level of understanding of and readiness for personalisation

- Nearly half feel fairly confident – they can build on existing expertise
- A third considered personalisation a major strategic concern / included it in their business plan
- 12.5% didn't think it a major concern
- Only 1 organisation said they are fully prepared
- A third are reasonably informed, a third have basic understanding, under 10% have in-depth knowledge.

Views on the core values and principles of personalisation

Most of the participants of this research embrace and align with the underlying core principles and values of personalisation. For example: “[we] are very positive about the agenda while being realistic about the challenges it presents”.

Anxiety and concerns were expressed on how these values and principles can be fully translated into practice, rather than on the values themselves. Concerns cover practical issues, support for people with complex needs, safeguarding issues, choices and options being limited rather than increased, potential stress for people who use services, and financial issues.

Potential impacts on the voluntary sector

We asked participants to identify both positive and negative impacts that the personalisation reform agenda might have on their organisation.

- **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.

“New opportunities to support people to control their own lives.”

- **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.

“People can decide what they want and how they commission their health and social care.”

- **Leadership and governance**

A 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.”

- **Funding and sustainability**

If organisations provide what service users value there will be funding opportunities. But personalisation could bring financial uncertainty and difficulties in planning.

“Opportunities to provide for more people if what you offer is what service users value.”

- **Marketing and communication**

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.

“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.”

Workforce current level of skills and competencies

Under current leadership and management skills and competencies the sector identified gaps in commissioning/contract management, monitoring and evaluation, partnership working, communication and influencing, and project management. The survey indicates that the sector has capacity gaps in the fields of marketing, fundraising, and risk management. Customer service and basic IT skills also need some development. Otherwise, there are high skill levels in many key areas, including team working, service user involvement and cultural competence.

Personalisation and workforce development needs

Many of the research participants recognise the implication of personalisation on their organisations' future workforce development needs. These needs cover training and development for staff at all levels and can be summarised into three categories: basic knowledge; technical skills such as commissioning/contracting, financial management; and "soft" skills such as respecting individuality, flexibility, enabling and empowering. 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.

The research referred to the Ten Essential Shared Capabilities – A Framework for the Whole of the Mental Health Workforce. This was published by the Department of Health in 2004 as a best practice guide and building block for the training and development of all staff working in a mental health setting. The questionnaire asked which of these skills and capabilities organisations need to develop. Partnership working ranked highest, followed by promoting health and wellbeing. Respecting diversity and challenging inequality, and promoting safety were also considered areas for development.

41.1% of the respondents identified staff training and development as a major workforce development challenge. Availability of time, funding and in-house resources are attributed as major reasons for the challenge.

Conclusion and recommendations

The report draws conclusions and makes recommendations. These 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 Mental Health Modernisation Team) will be one of the main bodies for developing actions arising from these 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 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.

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.