

## **The role of the purchaser and care manager**

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The presentation this morning begins with a role play. I have been asked to say that any resemblance between the characters portrayed and real people either living or dead, is entirely coincidental and should not be used by the audience as reasons for either taking offence or legal action.

### **1992**

#### ***Social Worker (Alan)***

Alan        It's 1992, and I'm a Social Worker, but next year I'm going to become a 'Care Manager'. 'Care Manager!' – I'm quite excited about this community care ... I think it's got a lot of potential.

I'll be doing needs-led assessments for a change, instead of trying to fit people into whatever happens to be available. I'll have my own budget to spend, so I'll be able to offer service users a much better choice. And about time too! Our own home care service is good, but it's not exactly flexible. There's far too much 'well, we can't provide that' or 'we don't *do* that', you know the kind of thing ...

It says here in the guidance that users and carers will be able to exercise the same power as consumers of other services. I suppose it'll be a bit like going round the supermarket selecting what you want.

### **1993**

#### ***Purchasing Manager (Margaret)***

Margaret    The last nine months have been a bit of a nightmare for me.

I'm overloaded with cases referred by care managers who all want decisions by yesterday! I'm supposed to have control of the purchasing budget, but control isn't what it feels like: these new care managers won't have their own budgets for a couple of years – so at the moment it's all down to me.

One really positive thing about the changes since April 1993 is having money to buy services from independent organisations to fill the gaps we've known about for ages. In fact I'm purchasing so many individual packages of care, I just can't keep up with the paperwork and checking the invoices.

If I'm going to keep my sanity next year I've got to start doing some of this famous 'managing the market'. If I can decide on the overall standards I want and the type of services, I can set up some larger contracts with providers.

I've already had some ideas but I need to discuss them with the care managers.

***Care Manager (Alan) and Purchaser (Margaret)***

Alan So under this new system presumably I'll be able to choose the best provider for the job?

Margaret Well, we'll have an approved list of providers and you can choose the best provider from the list.

Alan So I can't just choose any provider?

Margaret No.

Alan And what about small voluntary groups – will they be able to get onto the approved list?

Margaret Possibly not, you see we need to protect users by setting standards and having formal agreements, and some voluntary groups may not meet the standards.

Alan Oh, well what about 'good neighbour' schemes – will they be able to get onto the list?

Margaret Well, I'm not sure at the moment because they're so informal – no management structures or monitoring systems.

Alan Oh. It sounds a bit worrying to me. But I will have money to spend on individual care packages, won't I?

Margaret Yes, some money will be available for spot purchasing, but the majority will be allocated on block contracts.

Alan But I will have some money?

Margaret Yes, you'll have an allocation, but you'll have to come to me because I'll be holding the budget.

**1994**

***Independent Provider (Alan)***

Alan It's 1994, and I'm an independent provider of domiciliary care.

When I heard that social service departments would have to spend 85 per cent of their Special Transitional Grant on independent sector care I was delighted. It was as if someone in the Department of Health had suddenly started listening and realised that unless they were forced to, lots of local authorities wouldn't even bother to find out about our services, let alone buy them!

Well, here we are nine months into Community Care and I've been to more meetings than I ever imagined possible. Meetings *so long* that I feel in need of personal care by the end of them.

It's certainly true that they're buying more services than before, but it's all spot purchasing for individuals so we can't plan ahead. I don't get any feel for what they're really looking for, or whether they have any plans to develop in a particular direction. There is plenty of demand at 5 o'clock on a Friday afternoon when 87 year-old Mrs Jones is being discharged from hospital in the next half hour and needs two carers for an hour in the morning and an hour at night, and can you start immediately, please, thank you very much.

But unless it's a crisis, I get the feeling that the care managers are very wary of independent providers and it's been hard getting regular referrals, even when some services are block-purchased.

But, the biggest problem is getting paid on time. Their systems seem to be falling apart and they just don't seem to appreciate that I've got to pay my staff and myself.

Still, things can only get better ... can't they?

***Purchaser (Margaret) to Provider (Alan)***

Margaret Look, I know things haven't gone too well, but I do want to go on buying your services. I know the care managers didn't seem too keen at the beginning and there's been plenty of scare stories about psychopathic care assistants and the like.

Alan Well, I know we're not perfect, but then neither are your own providers, so we want to be treated on an equal basis and if *they* can't set up a new service within three weeks I don't see why we should be expected to.

Margaret Point taken! By next April we should have a proper strategy for purchasing and a better system for long-term contracts. It will mean more meetings I'm afraid, including convincing some of our elected members that you are not just in it for the profit.

Alan 'Not just in it for the profit'? I have to listen to things like that all the time ... Sometimes I think they don't realise just how insulting their comments are, or maybe they do ... Still, things *are* getting better than they used to be, and as long as I don't bite back, we might actually get to the point where we're treated as equals.

***Service User (Margaret)***

Margaret I'm what they call a 'service user', though two years ago I was a 'client'. Someone from the social services came to see me yesterday to ask me about the home care I've been having for the last four months. It's a new service, it's not run by the social services, but they buy it in from someone else.

First of all, he asked me about something called my 'needs assessment' when the care manager asked me about my needs. I couldn't remember having a discussion about that at all; in fact I didn't have much of a choice about the service although the woman they send is very good.

He asked whether I was happy with my care plan and had it been reviewed since the service started. He had to explain what a care plan was before I could tell him that I didn't think I'd ever had one. I rummaged through my papers and found this leaflet about the service which the care manager had given to me to explain everything.

As I said, I like the woman who visits and I'm not bothered about her not being a council worker. In fact, she's similar to the home

care woman who visited me two years ago. They do a good job even if they do always insist on doing things their way and get a bit funny if you try to ask for something different. I didn't mention that, because it doesn't do to upset them.

## **Discussion**

We think that this role play raises three major questions which we would like to discuss.

*How can Local Authorities set up systems for purchasing domiciliary care that:*

- enable purchasers to control expenditure within budget, ensure standards and develop effective partnerships with providers?
- motivate care managers to develop innovative care plans, even if they don't hold budgets?
- give service users real control over *how* services are provided and real choice over *what* is provided?