

The role of the purchaser and care manager

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It would seem to be an anathema to talk of the importance of local authority apparatus in the context of developing new services in line with the requirements of the National Health Service and Community Care Act 1990. After all, the one line that so many of us have learned to recite without recourse to any kind of aide-memoire is, 'our activities are now driven by the needs of service users – rather than service providers'.

But that statement needs always to be heard and understood within the context of what the local authority will be willing to buy on behalf of its public. There have been many debates about the difference between wants and needs, raising questions beyond the scope of this paper. However, we do need to reflect upon the kinds of factors which influence the decisions of purchasers and care managers when they seek the provision of particular kinds of service. We shall try to draw out the ways in which the staff of Cambridgeshire's project have influenced the culture and activity of that group of staff and the ways in which it might be possible to replicate that activity in the future.

First of all we need to set out a critical difference between purchasers and care managers. Some people may see the two titles and roles as synonymous but for us there are major differences. Purchasers have a wider strategic responsibility in relation to the overall spending patterns, charting of unmet need and addressing the gap between needs and resources. Care managers are significantly less strategic. They are primarily concerned with making arrangements to meet the care needs of individual clients, but also have an important responsibility to record the needs of clients, regardless of whether services currently exist to meet them.

In theory, these two related tasks are undertaken by staff who are in regular, perhaps even frequent, contact with one another. Practice suggests otherwise. Each of these two key actors is extremely busy: one is heavily

engaged in dealing with members of the public in need of services and devoting a great deal of time and resourcefulness to ensure that they receive the best possible response; the other seems to be constantly attending meetings which often have as their focus discussion on how to lessen demand on services or how to bring about change in the existing range of provision.

So, a key task for the project staff has been to mediate between these two worlds whilst also encouraging and facilitating interaction between buyers and sellers – the market in social care. It is already clear that this is a more complex task than it may first seem. Providers have to penetrate a social services department which contains worlds within worlds – those who face the public, and those who face the realities and constraints of operating cash-limited public service budgets.

As the public articulates its needs for a service, care managers attempt to interpret that into a care plan, purchasers pay heed to their budgets and providers adapt and consider diversifying, there is plenty of scope for misunderstanding, confusion and disappointment. As for creativity and imagination there is not too much time left over for that.

This is where we think that our project has had a key role to play mediating between these different groups and individuals, acting as a conduit for purchasers to express their need for a service to be developed and for actual or potential providers to communicate their interest in a new service.

Factors influencing *purchasers'* decision making

- the Budget
- extent of knowledge of the range of providers
- prejudices and predilections
- political environment
- history
- community care plan
- view of colleagues
- unmet need
- determined advocacy

Factors influencing *care managers'* demands for service provision

- client need
- past success
- knowledge of budgetary pressures
- knowledge of potential providers
- likelihood of acquiring appropriate resources

Factors influencing *providers'* preparedness to develop new services

- purchasers' commitment to buy
- stability of existing provision
- capacity to change
- willingness to change
- recognition of client need

None of the above lists pretends to be exhaustive, nor have we attempted to rank the factors in order of importance, but they do illustrate the need for mediation in order to commission new services effectively.

So how can a third party intervene to influence the strategic decisions of purchasers or the more pragmatic concerns of care managers?

First, by providing information on the range and variety of independent sector providers in the locality. This may be done in a number of ways, such as gathering together information on, for example, all home care providers, day centres and so on, or by asking them about the information they need.

Secondly, by acting as a go-between for organisations which have little or no knowledge of how a local authority is structured, who has the power, or when and how decisions are made. Never underestimate the level of ignorance about how local authorities do business. After all, most of us if transplanted into another area would have difficulty working out the answers to our own simple questions – if for no other reason than that every local authority seems to have different titles for the same kind of staff.

Thirdly, by working alongside organisations, offering them advice and guidance so that they may develop in such a way as to attract the interest of purchasers and persuade them of their capacity to deliver cost-effective quality services which meet the assessed needs of clients.

Fourthly, by encouraging care managers to keep on collecting data on unmet need.

Fifthly, by ensuring that purchasers face outwards – that is to say that they stay in touch with the wider environment rather than just the very demanding bureaucratic structures and timescales that can effectively cut them off from opportunities for service development.

Sixthly, by promoting dialogue, consultative activity and a spirit of openness, suggesting that we are engaged in a dynamic process and that there is always scope for change and development.

Finally, by taking a long-term view of the change process – recognising that change either tends to happen dramatically, often unconnected with any local considerations, or painstakingly slowly as a result of careful detailed work by footsoldiers.

Contrary to the strongly held views of many public servants, the public is less concerned with the auspices under which a service is delivered and

more with quality and cost. As long as the ring-fencing arrangements remain, local authority purchasers and care managers (and here the differences of role pale into the background) will need to give more weight to the actual provision of services than to the sector in which they are located. Given their pivotal role in the future development of social care services, it is vital that purchasers and care managers are fully informed of all the services and providers on their territory.