



A 'JOINT FUTURE' FOR COMMUNITY CARE

A VOLUNTARY SECTOR PERSPECTIVE

COMMUNITY CARE, JOINT WORKING AND THE VOLUNTARY SECTOR: A MISSED OPPORTUNITY

The voluntary sector makes a huge contribution to community care service provision in Scotland, from the many small, local organisations that run lunch clubs and shopping services to the larger, national bodies which provide about a quarter of all publicly-funded places in residential homes for elderly people, over 70 per cent of residential provision for people with learning disabilities, 85 per cent for people with mental health problems and 94 per cent for people with physical disabilities.¹

Yet despite the importance of voluntary sector service providers in relation to community care in Scotland, the national policy debate on joint working has almost entirely ignored the sector, its services and its expertise. The report of the Joint Future Group states that:

- 'The task was short-term and focused, and principally about statutory agencies working better together. That does not diminish the roles of or the need for joint working with the voluntary and private sectors or, indeed, people who use services and their carers.'

The report had very little to say, however, about how joint working with these sectors or, indeed, with users and carers might proceed. The Group included no representatives from the voluntary

sector, and the Scottish Executive unit set up to take forward its recommendations (the Joint Future Unit, or JFU) has secondees from the NHS and local authorities but none from the voluntary sector.

Yet, as the Scottish Executive has acknowledged, the Royal Commission on Long Term Care stressed throughout its report the need for better co-ordination between the NHS, local authorities *and* the independent and voluntary sectors. In England, the Department of Health has recently published an agreement between the statutory and independent sectors which emphasises that joint working needs to go further than arrangements between statutory agencies alone.²

Both of these initiatives recognise that in the current climate of significant organisational change, there is an urgent need to factor in the voluntary sector so that its experience and expertise can be harnessed. As the Department of Health report says:

- 'Where there is involvement [of the independent sector], it is sometimes after the most important decisions have been taken. This is disappointing and fails to capitalise on the expertise that the sector can bring to the discussion. The changing situation requires

A JOINT FUTURE: POLICY BACKGROUND

Joint working in health and community care has been a theme for successive governments since the 1970s. The jargon has changed (from 'seamless' services to 'joined-up' provision) but the message has always been the same: an end to the need for individuals to be assessed by several different professionals or to approach several different agencies; and to the fabled distinction between 'health' care and 'social' care, with the attendant differences of opinion about who should provide (and pay for) services.

Since the election of the Labour government in 1997 there has been a renewed emphasis on joint working in Scotland, beginning with the publication in 1998 of Modernising Community Care: An Action Plan, which introduced two new concepts:

- the 'community care £' (as opposed to the health service £ or the social work £), highlighting the need for agencies to stop being territorial about budgets; and
- a 'tartan' of services, which was generally understood to mean a range of integrated health, social care and other services forming a 'whole systems' pattern of provision.

Following the establishment of the Scottish Parliament and the Scottish Executive, Ministers set up the 'Joint Future Group', a small collection of senior figures from the health service and local government, who were remitted to consider a number of issues including closer joint working between health and social work. At the same time, the Scottish Parliament Health and Community Care Committee held an inquiry into the delivery of community care services. Both these exercises concluded (once again) that agencies need to work much more closely together.

The Joint Future Group made a number of specific recommendations which were accepted by government. These related to the need for shared assessment procedures; improved care management; information sharing; joint commissioning; joint resourcing (through pooled budgets); and joint management of services.

In April 2001, the Executive published a consultation paper, Better care for all our futures, setting out proposals to amend the Social Work (Scotland) Act 1968 and other relevant legislation to remove any barriers to pooled budgets, joint management, and so forth. The consultation paper made clear that where joint working is not brought about by the efforts of the agencies involved, Ministers will have the power to enforce it. These proposals were carried forward into the Community Care and Health (Scotland) Bill introduced to the Scottish Parliament in September 2001; meanwhile government guidance was already being issued in relation to the non-legislative aspects of the Joint Future recommendations.

In England, legislative change has been more radical, enabling the establishment of 'care trusts' as stand-alone bodies run jointly by health and social work, able to plan and deliver both health and social care services. This has led to fears in English social services departments that community care is to be 'taken over' by the health service.

flexible commissioners and providers who can continue to manage existing services, deal efficiently with transition, and create new solutions to changing needs and aspirations. Providers cannot be expected to develop appropriate services if they are excluded from planning processes.¹³

This reflects experience in Scotland, where voluntary sector service providers are accustomed to being brought in to inter-agency initiatives (such as hospital closure programmes) only after significant commissioning decisions have already been taken; they are not recruited to help make those decisions.

The picture is similar in relation to national policy. Despite the existence of the Scottish Compact⁴, which states that 'the Government will...ensure that, in the process of policy making, the impact of changes in policy and procedure on the [voluntary] sector...are considered and taken fully into account...', the importance of involving the sector in the Joint Future agenda has not been recognised by the Scottish Executive or by statutory authorities locally (many of whom have their own local memoranda of understanding with the voluntary sector similar to the Compact).

The Scottish Parliament, however, has understood the need for the sector to be fully involved in the new arrangements:

- 'The [Health and Community Care] Committee recommends to the Executive that...any new arrangements to facilitate local partnership working should be required to involve voluntary sector providers, service users and carer representative groups¹⁵

This paper has been drawn up by CCPS, the association of voluntary sector care providers in Scotland, to support that recommendation and to promote action on the part of the Executive and of local statutory agencies now working on the Joint Future agenda.

JOINT WORKING: THE IMPACT ON THE VOLUNTARY SECTOR

There can be no doubt that joint working as envisaged by the Joint Future Group report will have profound ramifications, both positive and negative, for service providers in the voluntary sector. These are likely to include:

- ***Changes to commissioning and purchasing practice.*** Since the introduction of the NHS and Community Care Act 1990, voluntary sector providers have dealt almost exclusively with local authorities in relation to contracts and other service delivery agreements; even where services have been jointly commissioned, the local authority has usually taken the lead role in negotiations. Under the Joint Future agenda, either local authorities *or* health service bodies (or both, jointly) can take the lead on commissioning. The 'mixed economy of care' developed by local authorities, in which several providers compete for business, contrasts sharply with commissioning in the health service, which has 'largely focused on massive, long-term contracts with large-scale, often monopoly providers, or contracting to itself within the internal market'⁶.
- ***Changes to the purchaser - provider relationship.*** The importance of voluntary organisations as providers of jointly-commissioned services is likely to grow. As one commentator has pointed out: 'Committed, trusting partnerships with independent providers will be essential if the new care set-up is to deliver. Those partnerships could mean that the existing power balance between statutory and independent sectors is going to dissolve'⁷.
- ***The 'level playing field'.*** It remains an

anomaly of the community care 'market' that local authorities act both as purchaser and provider; unlike the health service structural reforms of the early 1990s, these two functions have never been completely separated. Although recently-passed legislation⁸ irons out some of the perceived unfairnesses between statutory and other providers in relation to registration and inspection, it remains the case that some authorities have continued to resource their own directly-provided services more generously than those provided by voluntary (and private) sector service providers, with no discernible difference in service quality. Under the Joint Future agenda, health service bodies that are not in 'the market' for service provision will be much more involved in commissioning and purchasing decisions and may question the continuation of such practices. It is also worth noting that with the advent of unified health boards in Scotland, the health service is moving back to a situation where the bodies responsible for planning, commissioning and providing are not as clearly distinguished from one another as they were under the 'internal market' system and are thus, in effect, travelling in a very different direction compared with local authorities.

- **Adapting to pooled budgets:** The alignment or pooling of health and social care budgets may be likely, at least in the first instance, to bring far larger sums of money into play, potentially enabling the voluntary sector's share of the 'market' to expand considerably; however this may be tempered with more stringently controlled and inflexible

commissioning frameworks, as noted above.

- **Exclusion from decision-making.** Caroline Glendinning of the University of Manchester conducted research into voluntary sector involvement in the development of new services under joint health and social care funding arrangements in England⁹, and found that only a quarter of initiatives cited voluntary organisations or user and carer groups as partners. She says, 'The danger is that both for the NHS and social services, the pressures to deliver on performance indicators are now so intense that it's difficult to find time to do the work necessary to consult people effectively'¹⁰. Anecdotal experience of joint working in Scotland is mixed, with some positive equal partnerships developing but, regrettably, some instances where statutory agencies working jointly have excluded voluntary organisations from decision-making and even collaborated to impose unreasonable conditions on them.

A JOINT FUTURE: THE VOLUNTARY SECTOR'S POTENTIAL

As noted above, the current climate of organisational change in community care is the optimum time to draw voluntary sector service providers in to the development of new arrangements: not to do so would be to miss the opportunity to harness their expertise and experience.

A great deal of the Joint Future Group's attention focused on structural arrangements between local authorities and health boards including single management of directly-provided services, the mechanics of pooling budgets, and the challenges of harmonising staff pay and

conditions and almost none at all was devoted to consideration of how independent, voluntary organisations providing substantial amounts of services under contract fit in to the picture.

Yet the benefits of joint working, as set out in government circulars¹¹ - including the provision of more consistent and integrated services, the opportunity to develop more 'whole person' approaches to service delivery, the opportunity to break down cultural and other barriers, and so forth - are as applicable to the voluntary sector as they are to colleagues in statutory bodies. Indeed, in some respects voluntary sector service providers are more advanced in their progress towards these benefits.

Some of the obstacles to joint working that have been cited by local authorities and health service bodies in relation to the Joint Future agenda include problems of boundary co-terminosity; difficulties relating to pay and conditions; the need to change organisational and professional attitudes and 'cultures'; and the sheer complexity of implementing new working arrangements within large bureaucratic organisations.

In this respect, voluntary organisations have a number of advantages as service providers which statutory agencies struggling to work jointly may find beneficial:

- Voluntary organisations do not have to work within the same geographical boundaries as local statutory agencies and can be commissioned to deliver services where co-terminosity is an issue between councils and health service bodies
- Voluntary organisations have considerable experience of employing a wide range of professional groups. There has been some debate about the difficulties presented by (for example) local authorities employing nursing staff, and the disparity in pay and conditions between different professional groups. Yet no attention

at all has been given to the potential for voluntary organisations to help to resolve some of these difficulties as independent employers, jointly commissioned to provide integrated services with a workforce composed of a range of appropriate professionals recruited for the purpose

- Voluntary organisations, being in general very much smaller than statutory bodies, tend to have flatter staffing structures and less complex management arrangements, and are thus both much more adaptable to new ways of working and less likely to incur the kinds of massive management overheads associated with councils in particular
- Voluntary organisations frequently have in-depth knowledge and experience of specific disabilities, 'care groups' or types of service, which statutory authorities should be exploiting in their planning processes.

'The real danger is that inter-agency discussions will be focused exclusively on budgets and organisational structures. Of equal importance for the incorporation of the best in social care would be a clear statement of values...setting out the importance of involving users, carers and patients in all aspects of service delivery.'¹²

The voluntary sector is arguably more advanced in relation to user consultation and involvement than either statutory or private sector service providers; this may be another way in which the voluntary sector can assist statutory agencies in relation to the Joint Future agenda.

As stated earlier in this paper, the purpose of joint working is to remove artificial distinctions

between 'health' and 'social' care, thus 'removing barriers within the individual's care journey'¹³. This principle of integrated service provision has already been given expression in the development of the future 'care home' for adults, which ends the regulatory distinction between a 'residential' home and a 'nursing' home and expects service providers to meet the changing needs of service users without them having to change providers.

Closer joint working between health and social work has the potential to extend this principle to all services. Indeed, there is significant potential for existing care home services to be reconfigured, through a robust planning and commissioning process involving experienced voluntary sector providers, to a range of integrated services providing care *at home*, thus fulfilling another key plank of the Joint Future agenda, namely the rebalancing of care.

THE VOLUNTARY SECTOR AS AN EQUAL PARTNER

Voluntary sector service providers have the potential to make a significant contribution to the modernisation of community care services. Statutory authorities working on the Joint Future agenda will be missing out on a major resource if they fail to involve the voluntary sector in their plans.

Successful involvement of the voluntary sector, however, will require attention to the following areas:

- **The 'conflict of interest' issue.** Some statutory authorities exclude voluntary organisations from planning exercises on the basis that their status as actual or potential service providers compromises both their objectivity in relation to planning and their ability to advocate for service users. But it has to be remembered that as long as
- statutory authorities continue to provide services directly themselves, they are in exactly the same position; furthermore, as noted earlier in this paper, providers cannot be expected to develop appropriate services if they are excluded from planning processes.
- **The costs of consultation.** Many voluntary organisations already make significant contributions to policy and service development locally and nationally, for example through participation in local community care forums, strategy groups or hospital reprovisioning programmes. The Joint Future agenda extends beyond specific planning exercises relating to a particular area or service, and demands joint working routinely and across the board. The resource implications for voluntary organisations of this level of participation must be recognised by partner agencies.
- **Purchaser-provider relations.** 'Providers have become increasingly concerned that some commissioners have used their dominant position to drive down or hold down fees to a level that recognises neither the costs to providers nor the inevitable reduction in the quality of service provision that follows. This is short-sighted and may put individuals at risk. It is in conflict with the Government's Best Value policy. And it can destabilise the system, causing unplanned exits from the market'¹⁴. Voluntary sector service providers, as independent organisations, are in theory always able to turn down a 'bad deal' offered to them by a purchaser. In practice, however, this can mean withdrawing a service completely, and this is a measure that most voluntary organisations are extremely reluctant to

take. Voluntary sector service providers must be viewed as equal partners, and resourced adequately for the services they provide, if the full benefits of their involvement in the new arrangements are to be obtained.

RECOMMENDATIONS

CCPS recommends that steps are taken both nationally and locally to ensure the involvement of voluntary sector service providers *as a matter of course* in taking forward the Joint Future agenda.

Specifically, it recommends that:

- the Scottish Executive should appoint a voluntary sector secondee to the Joint Future Unit;
- the Scottish Executive should act upon the recommendation of the Scottish Parliament Health and Community Care Committee (see above), and legislate to ensure the involvement of the voluntary sector in local joint working arrangements; and
- statutory authorities locally should establish representative forums of voluntary sector service providers (a number of these already exist) and use them to link in with the sector in relation to the Joint Future agenda.

NOTES

- 1 Scottish Community Care Statistics 2000, Scottish Executive 2001
- 2 Building capacity and partnership in care: an agreement between the statutory and the independent social care, health care and housing sectors, Department of Health, October 2001
- 3 *ibid*, para 5.4, page 13
- 4 The Scottish Compact: The principles underpinning the relationship between Government and the voluntary sector in Scotland, CM4083, The Scottish Office October 1998
- 5 Health and Community Care Committee, 21st Report,

- 2001, Stage 1 of the Community Care and Health (Scotland) Bill, The Scottish Parliament
- 6 Ruth Winchester, *The bid for harmony*, Community Care, 18-24 October 2001
- 7 *ibid*
- 8 Regulation of Care (Scotland) Act 2001
- 9 The research was carried out by the National Primary Care Research and Development Centre at the University of Manchester
- 10 Quoted in Community Care, 25-31 October 2001, in *Voluntary reorganisation* by Frances Rickford
- 11 See in particular Circular CCD7/2001, 'Joint resourcing and joint management of community care services', Scottish Executive Health Department, 5th September 2001
- 12 Terry Bamford, author of Commissioning and Purchasing (Routledge and Community Care, 2001), writing in Community Care, 11-17 October 2001, *Dare to be different*
- 13 See note 10 above
- 14 See note 2, page 16 para 6.2

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- Modernising Community Care: An Action Plan, Scottish Office 1998
- Scottish Parliament Inquiry into the delivery of community care in Scotland (Health and Community Care Committee, November 2000) available online at http://www.scottish.parliament.uk/official_report/cttee/health-00/her00-16-01.htm
- A Joint Future: report and recommendations (Scottish Executive, November 2000) available online at <http://www.scotland.gov.uk/library3/social/ccjf.pdf>
- Better Care for all our futures, Scottish Executive April 2001 available online at <http://www.scotland.gov.uk/library3/health/bcof-00.asp>
- Integrated working research pack, Nuffield Centre for Community Care Studies

ABOUT CCPS

Community Care Providers Scotland (CCPS) is the association of voluntary sector organisations providing community care services. It has 31 members (at February 2002), comprising most of the major charitable and voluntary providers of care services in Scotland. Information about the aims, activities and membership of CCPS can be found on our website at www.ccpsscotland.org.



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Community Care Providers Scotland, 9 Ellersly Road, Edinburgh, EH7 4QD Tel:
0131 337 3295 Fax: 0131 347 1756
email: annie.gunner@ccpscotland.org website: www.ccpscotland.org