Commissioning and Performance

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The Commissioning and Performance Programme comprises research funded by the Department of Health core grant to PSSRU as well as other projects. The programme aims to improve understanding of how social care services are commissioned (and hence our research on, for example, direct payments and individual budgets), and with what implications for performance (and so our work on variations, for instance). Two projects are outlined here.

Members of the C&P team are involved in the evaluation of national pilot schemes (including POPP and IBSEN – see page 28) and local initiatives (such as the Innovation Forum programme on older people – see page 29). A recent major activity was the work on the Wanless Social Care Inquiry – coordinated by Julien Forder and José-Luis Fernández (see page 38).

Direct payments

Since 2004, PSSRU has been evaluating the Direct Payments Development Fund (DPDF). This was introduced in 2003 to assist English local authority and voluntary sector partners in developing support for direct payment (DP) users. It was expected to increase the numbers of direct payment users, improve access to services and promote efficiency. The evaluation has therefore sought to examine the effectiveness of DP implementation methods. It has involved working closely with the National Centre for Independent Living (NCIL) and with other researchers in gathering national data (see box 1). The main elements of the research include:

Outcomes for older people using DPs We are investigating how outcomes reflect individual circumstances, mediated by provision of support with DPs.

Analysis of the DP workforce We are examining how implementing DPs involves a shift in employer responsibility to users, and a loss of the administrative role of ‘traditional’ service-providing organisations.

Evaluation of the impact of the DPDF We are also evaluating the success of

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Box 1 The Direct Payments Survey

The Direct Payments Survey involved a UK-wide postal questionnaire collection from local authorities and support organisations covering direct payments policies and practices. This collaborative project was led by the DPDF evaluation team at PSSRU and combined the work of three multidisciplinary research teams involved in national studies of direct payments backed by the DH, the Economic and Social Research Council and the Modernisation of Adult Social Care Initiative.

Three quarters of local authorities in England responded to the survey. Of particular interest are new findings that contribute to our understanding of the way resources are delivered to DP users (Davey et al., 2006):

- Despite wide variations in the typical prices of care for different user groups, hourly DP rates are largely identical.
- There are marked variations between local authorities in DP rates.
- DP rates are generally lower than average prices for home care, raising concerns about purchasing power within local care markets.
- The majority of DP users receive intensive packages of care according to DH classification (i.e. more than ten hours of care per week). Higher levels of DP clients receive intensive packages of care than users using mainstream services.
- Whereas the expenditure on DP care packages for learning disability clients is lower than that of standard packages, the reverse is true for physically disabled clients. Expenditure on DP for older people is approximately the same as for standard packages.
- There has been a substantial decrease in local authority funding for DP support services in the last two years. Also, there are very wide disparities in per client funding. This is despite the fact that the large majority of local authorities perceive such services as critical to the development of DP.

For further details see: http://www.pssru.ac.uk/dps.htm.
the DPDF in increasing the numbers of DP users.

**Costs of providing DPs and supporting DP service users** Indicators of costs, intensity of support and DP provision have been collected as part of the UK-wide survey (Davey et al., 2006; see box 1). These data on value for money will be interpreted alongside evidence on service outcomes.

**DPs to mental health service users** We are looking at developments in the field of mental health services.

**Developing roles and impacts of direct payments in the mixed economy of care** DPs could have profound, enduring effects on local social care economies. The evaluation is looking at their impact on the roles and responsibilities of local authorities in relation to service users, carers, providers and workforce.

**Local variations in DPs** Based on quantitative evidence, the study has explored the range of factors shaping variations in the take up and package intensity of DPs across England (Fernández et al., 2007). Indicators of local need, supply conditions and local service policy were all relevant. The results show that whereas some factors outside the control of policy makers (such as service prices) affect the development of DPs locally, much of the variation relates to local policy attitudes, such as decisions about the degree of in-house provision or balance of care between residential and community services. A large proportion of the variation was not linked to the factors explored.

**Motivations**

Social care actors’ motivations and attitudes obviously play a central role in service delivery. Through their work as managers or owners, providers’ motivations therefore directly affect the quality of care. We have been examining providers’ motivations in a series of studies. Recently, work has been looking at the underlying motivations for providing residential care services for older people. The study has been focusing on the intrinsic aspects of private, voluntary and local authority care home providers’ motivations – including professional achievement, job satisfaction and recognition. We have also examined the extent to which motivations are influenced by personal, social and financial factors.

Most respondents were primarily intrinsically motivated by meeting older people’s needs and by professional achievements. The motivational indicators can be grouped into four components: professional, financial, client-specific and client-generic caring motivations. With regards to professional motivations, interviewees reported high levels of job satisfaction. Care providers were satisfied with their career choice and felt that, through their work, they were contributing to society. The study also identified personal and external factors that could influence intrinsic motivations and professional aspirations.

Further work is now examining whether commissioners accurately interpret the motivations of providers in their area. We are also looking at changes over time: many of the sampled providers have been interviewed three times since 1993, offering an opportunity to study the influences of the rapidly changing social care context.

**References**


