

## Motivations and Commissioning: perceived and expressed motivations of care home providers

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## Commissioning social care services

- Changes in commissioning of social care services for older people since the early 1990s:
  - a shift in the balance of provision away from the public sector and towards the independent sector;
  - introduction of markets and competition in social care;
  - a separation of purchasers and providers roles;
  - contractual arrangements between purchasers and providers

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- "Commissioning is the process of using public resources effectively in order to meet the needs of local population" (Department of Health 2006).

- putting people at the centre of commissioning
- understanding the needs of populations and individuals
- sharing and using the information more effectively
- assuring high-quality providers for all services
- recognising the interdependence between work, health and well-being
- developing incentives for commissioning for health and well being
- making it happen – accountability
- making it happen – capability and leadership

(Commissioning framework for health and well-being, Department of Health 2007)

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## Why is provider motivation important in the commissioning context?

- Specific nature of social care services
- Quality of care services provided
- Nature of provider-commissioner relationships
- Development of local care markets and incentives structures

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## Commissioner-provider relationships: empirical evidence

- Limited involvement of the independent sector providers in planning of services
- Lack of trust and understanding between commissioners and providers
- Insufficient information sharing
- Short-term contracting arrangements
- Independent sector providers perceived as mainly profit-driven

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## Motivations and commissioning: conceptual framework

- Expressed motivations – providers' own subjective (and stated) accounts of their motives for running care home services
- Perceived motivations – commissioners' views and interpretations of those same providers' motivations
- Associations between providers' perceived motivations and the nature of their relationship with commissioners
- Perceived motivations and contractual arrangements

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## Sample and data collection

- 10 local authority commissioners from eight local authorities in England (two London boroughs, three shire counties and three metropolitan districts)
- 58 care home providers from the same eight localities
- Semi-structured interviews with commissioners and providers

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## Motivations

- Income and profit maximising
- Satisfactory level of personal income
- Duty/responsibility to society as a whole
- Duty/responsibility to a particular section of society
- Meeting the needs of older people
- Independence and autonomy
- Professional accomplishment
- Developing/using skills and expertise

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## Motivations of care home providers: commissioners' views

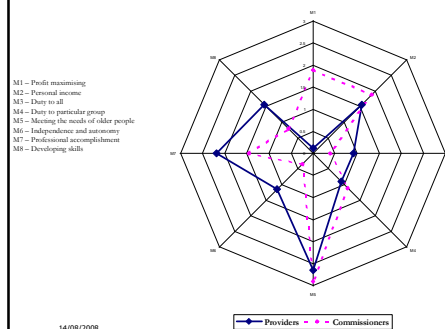
### Perceived vs. expressed motivations:

- Role of profit maximising (commissioners' attached greater significance to this motive than providers themselves)
- Independence and autonomy (independence in running a home more important to providers than commissioners assumed)
- Development of skills and expertise (providers put greater emphasis on developing skills than perceived by commissioners)

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Figure 1. Similarities and differences between providers and commissioners perspectives



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## Perceived motivations and relationships

- Relationships with care home providers described as either *very good* or *reasonably good*
- Negative correlation between profit and quality of relationships
- Negative correlation between meeting the needs and quality of relationships
- No evidence of significant associations between perceived motivations and contractual arrangements

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## Conclusions and policy challenges

- Providers perceived as altruistic and financially motivated
- Private sector perceived as more driven by personal income than providers in other sectors
- Improving commissioner-provider relationships based on mutual trust and understanding
- Developing robust policies that would take into account providers motivational profiles
- Devising adequate incentive structures for providers to nurture and encourage development caring and professional motivations

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