



NEWSLETTER **3**2009

PEER REVIEWS

UK 'welfare city' model seeks local partnerships to tackle unemployment and child poverty

The July 2009 Peer Review took place in the East End of London – an area with some of the highest levels of poverty and deprivation in the country. The topic of discussion was the UK's 'City Strategy' for tackling unemployment and child poverty, launched in 2007 as part of the government's wider welfare system reform.

In simple terms, the policy is based on the premise that local people know more about the situation in their area, are more committed and are able to make better use of available resources. The basic idea is thus to help local partners work together and deliver coordinated services to achieve real improvements in employment levels. At the same time, this new form of "devolved welfare state" can help to mobilise the resources of the public, private and voluntary sectors and to combine them towards shared objectives.

Since 2007, fifteen 'Pathfinder' areas – mainly major cities and urban areas, where employment levels are furthest from the UK's 80% target – have

been required to each develop their own business plans and local targets in terms of employment rates and reduced dependency on social benefits.

Target groups are of two kinds: direct and indirect. Direct targets groups are the so-called 'hard-to-help', such as long-term claimants of job-seeker allowances and beneficiaries of income support and incapacity benefits. They include lone parents, immigrants and refugees, persons over 50, ex-offenders, those with drug and alcohol problems, care leavers, people with mental health issues and young people that are not in education, employment or training. Indirect target groups are the public, private and voluntary sectors that are to be brought together as partners in a concerted local programme.

Despite difficulties linked to the economic and financial crisis, the initiative has shown signs of success and, in 2008, it was decided to extend it for a further two years until March 2011. It has nevertheless been

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On behalf of the



European Commission
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made clear that no further support will be provided from then onwards and that Pathfinders are expected to have merged into independent Local and Multi Area Agreements by then.

While reviewers lauded the initiative's overall goal of increasing employment, they nevertheless felt more should be stated about the quality and sustainability of jobs provided. Also, it was felt that while the initiative has a child poverty agenda, this is not made explicit

enough as this is a vital objective that should not be lost. The same goes for the gender issue, which should be developed more explicitly within an equal opportunities framework.

In terms of transferability to other countries, reviewers felt that, to be successful, such an initiative requires a strong civil society with an already well-developed NGO network. Overall the City Strategy initiative was nevertheless seen as an interesting approach to har-

nessing existing resources and to make best use of them by providing a coherent one-stop-shop approach in the delivery of social and employment services. This is essential in order to support the most vulnerable people suffering from multiple disadvantages, in line with the EU active inclusion common principles and guidelines.

<http://www.peer-review-social-inclusion.eu/peer-reviews/2009/city-strategy-for-tackling-unemployment-and-child-poverty>

The East London Metropole Learning centre is just one example of how unemployment and child poverty issues can be overcome by facilitating collaboration between local partners (including government agencies, the private sector and NGOs) and marshalling existing funding streams to maximise their value.

The centre, visited by the reviewers, was one of a group of five London-based training centres specialising in ESOL – English for Speakers of Other Languages – and 'employability skills' for adults. A private (for profit) organisation, the main objective of the Metropole Learning centre is to provide foreigners with the language skills they require in their specific occupation or sector of specialisation. In parallel, the centre uses a variety of methods to engage potential employers and even offers pastoral care for those learners with personal or family issues that might represent a barrier to employment.

Around 4,000 learners per year follow the centre's programmes, among which almost nine out of ten achieve at least one qualification and around one in three is placed in employment. For those who do not find work immediately, further job preparation and search support is available.

Key to the centre's success is its strong integration in the local community, enabling a good understanding of the students and a strong and trusted relationship with the local business community – both of which are essential when seeking to persuade an employer to take a gamble on the learners.

Since 2007, the centre has received support through the City Strategy and continues to operate through effective partnerships with a wide range of government and non governmental bodies.

Other visits were made to the 'Single Point of Access' and 'Groundwork Newham' projects.



Germany showcases efforts to maintain healthcare system in light of declining and ageing populations

A shortage of physicians in the Land of Brandenburg, due to the region's particularly sparse and ageing population, triggered the June 2009 Potsdam meeting, where policymakers from some EU countries gathered to discuss how best to maintain the supply of healthcare services to local populations.

To address its healthcare problem, the Land of Brandenburg has introduced a number of measures, which it wished to share and debate with other Member States – the challenge of ageing being common to many parts of the EU.

Measures taken included the introduction of financial incentives for doctors taking over practices in underserved regions, the provision of fellowships and additional trainings for medical students and doctors, the launch of a pilot project to support immigrant doctors, and support for research into telemedicine.

Another key initiative was the so-called AGnES project, which aimed to ease doctors' workloads by enabling

the delegation of certain medical services to qualified community nurses, who could conduct at-home visits to patients in rural areas with scattered populations. Nurses carried out standard state-of-health checks, such as blood pressure measurements, blood samples, injections and ordering prescriptions, most often for patients with restricted or no mobility.

This pilot project, which took place from July 2006 to December 2008, relied on new information systems to ensure a close connection and mutual feedback between the general practitioner (GP) and the nurse, namely for medication requests and hospital admissions, for which doctors must legally be consulted.

The results of the project were positive, with a strong degree (over 90%) of acceptance for the concept of community medicine nursing among participating GPs, nurses and patients.

Despite this success, Peer Review participants had differing views on the legitimacy and benefits of letting

nurses take over doctors' responsibilities. While some felt that nurses can quite adequately perform many of their tasks, citing literature demonstrating that 50-80% of what primary care physicians do can be done equally well and more cheaply by a nurse¹, others pointed out that nurses undergo different and shorter training than doctors and are therefore less qualified to make diagnostic decisions.

Discussions highlighted the sensitivity of substituting physicians with nurses, as this could in many health care systems threaten the income and employment of medical practitioners and be vigorously opposed by their professional associations. Opposition to nurse substitution would likely be strongest in countries where physicians are funded through fees per service – which is namely the case in for instance Germany, while countries where physicians are remunerated by salary and by capitation, e.g. Ireland, the UK, Nordic

¹ Laurant, MGH; Reevers, D; Hermens, R; Braspenning, J; Grol, R; and Sibbald, B: *Substitution of doctors for nurses in primary care (review)* John Wiley and Sons Ltd, 2005, Cochrane Library issue 5.



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countries and the Netherlands, could face lesser difficulties.

Nevertheless, such resistance is likely the reason why, despite existing evidence, no country has ever explicitly declared its intention to reduce the physician stock and replace doctors with trained nurses, and why the German scheme remained limited both in scope and geographically. Indeed, the Brandenburg project remained under a high degree of physician control, which, based on stated evidence, would be unnecessary if efficient provision of care for

the trial population were the primary goal.

The meeting in Potsdam thus demonstrated a gap between the existing research evidence base and policy design and implementation in healthcare. Future policymaking will have to invest further in this area and reflect on how to better translate the existing evidence base into concrete policies. This could require a turnaround in the use of financial and non-financial incentives that form the basis of the existing health and social care delivery systems, and that sometimes have perverse

effects in terms of providing high quality care to citizens and motivating funders to be more efficient.

However, a gradualist approach, with a strong emphasis on quality evaluation, productivity, and providing better healthcare for patients, will be necessary since, in fine, all reforms are also experiments on patients.

<http://www.peer-review-social-inclusion.eu/peer-reviews/2009/ensuring-a-functioning-healthcare-system-in-regions-with-declining-and-ageing-populations>

Upcoming Peer Reviews

3. - 4.12.2009	France	Measuring the impact of active inclusion and other policies to combat poverty and social exclusion
21. - 22.1.2010	Germany	The Federal Foundation Mother and Child for pregnant women in emergency situations
4. - 5.2.2010	Spain	Modernising and activating measures relating to work incapacity

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