

Combining choice, quality and equity in social services.

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Eurocities is the network of major European cities. Founded in 1986, the network brings together the local governments of more than 130 large cities in over 30 European countries. Whilst the comments in this paper represent a context from the Eurocities perspective, they are also drawn from personal experience of planning and delivery of social service in a large UK city.

The Demographic Challenge

The challenges of demographic change, the declining rate of mortality, and financial pressures on health and social care provision as costs increase above the rate of inflation, are faced by all European countries. In March 2006, The King's Fund, a London based independent health policy group, published the first comprehensive analysis of the demand for social care for older people in England and estimates of spending requirements over the next 20 years.¹ From an economic and social care perspective this review sought to demonstrate how much funding would be required over the next 20 years and what funding arrangements would need to be in place to secure such resources. The financial models assume that older people will expect improved quality in service delivery, whilst also demonstrating that any reduction in the care offered by family and friends, as a proportion of the care delivered to older people, will have a significant impact on the public funding required. This analysis and other trends in public sector policy are shaping an emerging policy framework for managing this long-term challenge. The key elements of this policy framework are:

- A minimum public funding guarantee, universally available, at the point when long term care needs arise,
- Improved equity in the distribution of public sector funding and steps to reduce the 'post-code lottery', - the existing differential access to service, dependent on where people live,
- Greater emphasis and more resources spent on prevention and early intervention – including a focus on quality of life and well being for older people,
- Ensuring that services, when required, focus on outcomes for people, in particular outcomes that maximise a person's independence and improved quality of life.
- An emphasis on 'personalisation', ensuring that people have choice and control over the services they receive and how they want to live their independent lives.
- More support for carers, including carers who wish to continue in employment.

¹ Securing Good Care for Older People – Taking a long-term view. – Wanless, D. & Forder J. Kings Fund, London, 2006.

Developing a Mixed Economy of Care Provision

Eurocities has played an active part in the consultation and policy development led by the European Commission into Social Services of General Interest. The latest Eurocities position is set out in a policy paper published in May 2008.² Recently, Eurocities has been successful in securing funding from the Commission to establish a network of Local Authorities Observatories on Active Inclusion. The Observatories will report on governance arrangements, commissioning and procurement practice and provision for quality management in a range of social services areas. One focus will be the exchange of best practice regarding procurement of health and social care provision, which will be led by Southampton.

There are many years of experience working within a mixed economy of social care provision within England and Wales, dating back to the community care reforms in 1993. At that time the government issued a statutory direction, which meant that people requiring long term care in a care home could nominate the home of their choice.³ Given that the market at that time was already dominated by the private sector, which expanded rapidly during the 1990's, public sector provision has largely disappeared, except where there has been market failure. A similar trend has emerged for personal care and support services delivered in the home, where there is no statutory right of choice, but where legislative and financial pressures to drive value for money have seen the market increasingly dominated by the private sector.⁴

The market for care and support services has seen increasing maturity over the last ten years, with an increasing tendency towards domination by a smaller number of large, multi-national providers. The care home sector has also seen the use of a number of financial instruments designed to fund its rapid expansion, for example 'build and lease'. Many local authorities are exploring and developing initiatives which seek to create a more sustainable, local market for these services, through not for profit organisations and stimulating the development of social enterprises. The 'Keeping House' initiative in Leeds is one such example.⁵ There is strong evidence in England and Wales that private sector providers can deliver services at a lower cost and that those services can be as flexible and of a similar quality standard as both the public sector and 'not for profit' equivalent. However, best value principles and adherence to procurement guidelines can lead to increased risk of service failure, which requires a focused attention on risk management, if the benefits of market competition are to be realised.

Direct Payments and Individual Budgets

In December 2007 the Department of Health along with partner organisations published a seminal policy statement on the future direction for adult social care. 'Putting People First' sets out a broad consensus and commitment between government, and other key stakeholders on the pursuit of a personalisation agenda for adults.⁶ The short document describes in fourteen short points how this vision is to be delivered. Included within the commitment is the offer of a direct payment or individual budget for everyone who is eligible to receive a social care service. Each

² Position on the Communication on SGI and SSGI, Eurocities, Brussels, 2008.

³ Choice of Accommodation Directions, Department of Health, London 1992.

⁴ Local Government Act 1999 – Part 1 Best Value. HMSO, London, 1999.

⁵ see www.keepinghouse.org.uk

⁶ Putting People First: a shared vision and commitment to the transformation of adult social care. Department of Health, London 2007.

local authority is now required to set their own targets for achieving this goal, which in the case of Leeds is set at 30% of all people who use adult social care services by 2011. The whole service is to be transformed to support this development, from finance and information technology systems, through to the development of support and advocacy services for people who use direct payments. Resource assessment and quality monitoring tools are also under development. The critique of direct payments in Professor Glendinning's paper ⁷ raises a number of pertinent points, which reflect the experience of many cities, including Leeds. However, whilst many of the risks identified focus on transactional and systemic risks, greater focus needs to be given to the outcomes for people who use services, in the context of the challenges of an ageing society.

For every case study that presents a life transformed by receiving an individual budget, there is always a counter story of someone for whom an individual budget has failed to meet his or her care needs. A better measure is to understand overall customer satisfaction in using individual budgets, and here the evidence is pointing to improved satisfaction levels.⁸ The personalisation agenda also brings into focus the debate on the desirability of an 'industrial' scale personal care service versus one that is more personalised to the needs of the individual. The evidence of a significant increase in the number of disabled people employing personal assistants over the last ten years demonstrates that there is a growing market of self-employed and small local care providers who are meeting a growing demand for personalised care. Experience from the UK and elsewhere is also pointing to greater numbers of older people taking up direct payments or exercising the right to choose their care provider.

Personalisation

There is a risk that personalisation is interpreted as being about direct payments and individual budgets for people with assessed care needs. However, Putting People First is also concerned to develop opportunities for people to live healthy active lives, where their opportunities for maintaining their independence as well as self-care are maximised. The UK government through the Department for Work and Pensions launched a white paper 'Opportunity Age' in 2005.⁹ This is the UK government strategy for an ageing society, which aims to end the perception of older people as dependent, ensure that people can enjoy a healthier and fulfilling life and enable older people to play a full and active role in society. One of the initiatives announced in the white paper was the development of a concept known as 'Linkage' – at one time also described as a 'sure start' for older people, building on the successful government initiative for pre-school children of the same name. Leeds was one of eight Linkage pilot sites in England, each led by a local authority, that developed a range of initiatives at a local level to improve access to and information about services and local community support for older people. The Leeds Older People's Forum website hosts all the documentation and reports relating to the Linkage Project as well as a wealth of information concerning Neighbourhood Networks for older people, a network of 40 plus voluntary organisations, part funded by the local authority and providing a range of support which brings a reality to the Opportunity Age ambition.¹⁰

⁷ Combining choice, quality and equity in social services Denmark. Glendinning C. Private paper 2009..

⁸ Leeds Adult Social Care has identified evidence from sampling customer feedback, and Glendinning op cit also provides evidence in support (page 14)

⁹ Opportunity Age- Opportunity and security throughout life, Department for Work and Pensions, London 2005.

¹⁰ www.opforum.webeden.co.uk/linkagereports, This link will provide a range of information about both Linkage as well as the Leeds Neighbourhood Network schemes.

One further development through the Linkage pilot in Leeds, which is now being sustained, was that of a website for older people. Infostore – better information for older people in Leeds, has the ambition of building both an information store which older people themselves shape and contribute. In the next phase of the development of this website, web based technology will be fully utilised to include social networking and further interactive features¹¹. Undoubtedly, the need for tailored information for individuals will grow as our society ages. This is one of the services that will need to develop along with capacity in communities to engage and involve growing numbers of active older people. Our work in Leeds demonstrates that this must be a new focus for social service commissioners, as local authorities move away from directly providing care.

Ensuring Quality Care

As highlighted in Professor Glendinning's paper the UK along with a number of other European countries has a well-established regulatory regime for health and social care provision, independent of local authorities. Services are subject to regular announced and unannounced inspections by the Care Quality Commission and a reports setting out an individual providers compliance with both mandatory and discretionary quality standards is published. Anyone who wishes to use a registered care provider can obtain a copy of their most recent inspection report. Local Authorities in their role as commissioners of service will also be held accountable for standards including the quality of care, for both regulated and none regulated services. The performance of a local authority in this respect is also graded and published by the same Care Quality Commission. Consequently local authorities are continually developing new approaches to assuring quality in care, including those services that people with a direct payment might arrange for themselves. Besides performance indicators or benchmarks, most of which are well established, greater emphasis is being given to the 'voice' of people who use services, not only to understand their direct experience, but just as importantly, to understand how well the wider population think older people in their local community are being supported.¹² A greater emphasis on engaging with older people, to ensure they have a stronger voice in how services are planned and delivered in the future must be a priority in planning for an ageing society.

Whilst there is no absolute guarantee of improved quality, where there are examples of 'user led' services, either through service delivery organisations led by older people or the examples previously cited of self-directed care, the service user experience appears to give a higher value to these services than when they are delivered by a third party. Godfrey, Townsend and Denby in a study of growing old in inner city Leeds concluded that In their encounters with health and social support agencies, many older people were faced with layers of barriers when they identified a need for assistance.¹³ The study found clear evidence that 'even the frailest people invested time and energy in taking responsibility to look after themselves. They experienced frustration when professionals and agencies appeared neither to understand their contribution nor even value their expertise about their needs'.

¹¹ www.olderpeopleleeds.info

¹² www.communities.gov.uk/publications/localgovernment/placesurveymanual0809 provides information on the Place Survey methodology, whilst the following link, www.dwp.gov.uk/opportunity_age/national-indicators.asp provides further information about the policy context for the national indicators.

¹³ Building a good life for older people in local communities. Mary Godfrey, Jean Townsend and Tracy Denby. Joseph Rowntree Foundation, York, 2004

There is growing evidence in the UK and elsewhere that meeting the challenges of an ageing society requires a re-assessment of the role of older people in society and a challenge to traditional models of delivering care. Personalisation, provides an opportunity to re-define the relationship between the state and older people, however it must be complemented with a social policy framework which seeks to eradicate age discrimination and promote active citizenship for older people.