

Social Services for older people

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Combining choice, quality and equity in the provision of social services

This paper refers only to the situation in England; the system differs, to a greater or lesser degree, in Scotland, Wales and Northern Ireland.

Increasingly, and in the context of significant demographic change, it is recognised in England that in order to secure better outcomes for people and communities it is necessary to achieve a strategic shift in the way in which needs are met – from reactive service responses with a focus on “illness” or “disability” - to proactive approaches that promote good health and wellbeing, focus on re-ablement and support people to secure outcomes that are self-defined. This is expressed in an increasing need to look to ways that people can be supported to manage their own care, not least to reduce the future costs of managing ill health and poor “wellbeing”.

In the English context commissioning of services by local government is seen as one of the principal tools for driving the transformation of social care¹. Commissioning of services is planned jointly with the National Health Service (NHS). The NHS is managed separately from local government, but the two organizations have a statutory duty to develop a Joint Strategic Needs Assessment for the local population and base their commissioning decisions on that. Over the 3 years 2008 – 2011 local government is committed to transform social care to a system that is better focused on agreed and shared outcomes that better reflect user preference. These outcomes are described as enabling people to:

- live independently;
- stay healthy and recover quickly from illness;
- exercise maximum control over their own life and where appropriate the lives of their family members;
- sustain a family unit which avoids children being required to take on inappropriate caring roles
- participate as active and equal citizens, both economically and socially
- have the best possible quality of life, irrespective of illness or disability
- retain maximum dignity and respect.

In order to achieve these outcomes it is recognised that systems, process and engagement is needed within and among local communities and having strong partnerships with local health, independent and voluntary organisations together with local people. It is also increasingly

¹ Putting People First – A shared Vision and Commitment for the transformation of adult social care

important to engage and design “new” systems that enable the development of personalised care, including:

- better tailored information, advocacy and advice services;
- processes that enable people to “self assess” –i.e. to specify needs and the outcomes they wish to achieve;
- to support people to design and specify services to meet those outcomes and to secure them through personal budgets;
- to promote “user voice” through developing user led organisations and
- to develop skills development strategies to equip the workforce to deliver this strategic shift.

It is also recognised that shifting the balance of commissioning and delivery arrangements in this way will require remodeling of arrangements to safeguard vulnerable people, as choice and control can lead to a different balance of risk and responsibility between the service user and the public agency. Also the extension of information, advice and advocacy services to all residents brings a responsibility for the quality and safety of those recommendations.

Challenges of demographic change

There is a single system of social care for adults in England; this includes younger people with mental and physical disabilities as well as older people. There are demographic pressures on both these groups, not only the well known increasing numbers of older people (8.3 million people aged over 65 today, predicted to rise to 15.6m by 2031) but also increasing numbers of younger people with increasingly complex disabilities who are also living longer (demand on services for people with learning disabilities increases by 3-5% a year).

Currently local government is transforming social services so that:

- everyone can easily access information and advice about the options available to them, regardless of the combination of their own and public funding to be used to purchase services;
- there is a shift in the emphasis of services to supporting people to maximise their quality of life and well-being rather than responding to crises;
- there is increased “social capital”, that is the involvement and interdependence of older and disabled people with family, friends and neighbourhood, and
- services are designed and funded to give people control over their lives.

Over time these changes should reposition social care to provide better value for money and better quality of life for those who use it and the families and friends who provide informal care. However the current system of funding care in England is through a mixture of taxation (both central and local) and individuals’ own means tested contribution. This is widely seen as:

- unclear – individuals cannot understand or predict what their personal contribution will be
- unfair – the means test penalises those who have saved for their old age and restricted public funds means that many people are excluded from public support
- unsustainable – local government already has to ration publicly funded services because of inadequate resources and this will increase with the growing demographic.

This has led national government to launch a debate and consultation with the population about a future system of care and support and how it should be funded. A consultation paper will be published later in 2009 providing options for funding for future decades,

Public or private providers?

The majority of services in England are provided by external providers – providers can be from the private sector (both for-profit and not-for-profit), the voluntary sector or social enterprises. Some local councils retain a few services “in house” for various reasons, but these are very much the minority of services.

Local councils vary in their relationships with their local providers, but in general external providers are able to provide more responsive, locally and personally tailored services and provide better value for money. Where the provider is a voluntary or user-led organisation they also have a closer relationship with service users and potential service users.

As service users take more responsibility for choosing the services they want and need and spending their own budgets, this should drive a more responsive and innovative “market” in care services. We are already seeing the growth of smaller local services, in particular ones which are run, or strongly influenced, by local groups of service users or carers.

Personal budgets

Since 1996 service users have been able to have a “Direct Payment” of cash instead of non-residential services. Although this system has been liberating for some users, those using this system still only represent a very small percentage of service users (7% of total expenditure is spent in this way). The reason for this small take up is generally thought to be that people, particularly older people, do not want to take on the responsibility of becoming an employer of care staff. Local councils are committed to providing service users with “personal budgets” or self-directed support, where people know what resources are available to them and are able to direct how they receive support, without having to take full financial responsibility. Councils have the following aims by 2011:

- Every service user who is eligible for public funding is supported to have their own person-centred plan, which has been drawn up with them (and their family and carers where appropriate) to reflect their own circumstances and aspirations and gives them continuing control over how they live their life

- This will include technology and adaptations to their home which enable them to live as independently as possible
- There will be a simple, straightforward system of personal budgets, so that service users have maximum choice and control over the services they use, as well as support to choose to take the personal budget as cash.

Currently councils are working hard to put in place a complete transformation of their local system to support local service users to realise these aims. The website of the Personalisation Network, www.personalisation.org.uk, gives many examples of the work that local councils are doing.

Quality of services

In the UK care services are a regulated service, inspected and registered by an independent regulator. From 1 April 2009 this regulator will be the Care Quality Commission, which for the first time will regulate both health and social care, bringing these functions together under one independent regulator. This is intended to bring the following benefits:

- Giving people using services, their carers and families one port of call for information on standards, safety and available provision
- Bringing together the best inspection and regulation methods, combining intelligence systems and statistical analysis with on-the-ground inspection and the views and verdicts of people who use health and social care services and the staff that work in health and social care
- Giving an independent, authoritative view on the contribution that care makes to preventing illness and promoting ongoing healthy, independent living and wellbeing

The quality ratings produced by the regulator for each care service gives councils the information that they need to use as commissioners to drive up the quality of care services locally. This has led to a number of initiatives between the regulator and councils about better use of procurement and commissioning to drive up the quality of services. One way of doing this is through the use of differential payment rates for different quality ratings and a number of councils are successfully using this to drive up the quality of the services they fund. An example of this is Medway Council which has a clear purchasing policy based on the quality ratings of care homes and supporting local care homes to aspire to a "good" or "excellent" rating. In addition they share this policy with local people who are looking to purchase their own care home place, so that they can identify the criteria to consider when looking for quality and value.

If councils are to become enablers of a system of self-directed and bespoke services, which individuals can purchase with their Direct Payments or Personal Budget, then they will no longer be able to commission "one size fits all" services from large providers. They will probably have to decommission outdated styles of support, such as institutional care for adults with learning disability – this in itself can be difficult within our local political system. They will have to move to developing and encouraging a local care market which can offer innovative and bespoke services, which will let people choose the type of support they want. Often this type of service will be provided by local organisations, such as voluntary organisations or social enterprises, which

can provide small scale, high quality services for local people. Increasing number of users involved in commissioning decisions should keep a more individual and personal check on the quality of care, so long as effective feedback and information flows at the local level.

This will require a culture change in council commissioning, although many are already experienced in developing the local market in care homes and domiciliary care in order to be able to contract sufficient, cost-effective and flexible services for their clients. Councils are developing a partnership with local people, not only the individual users of services, but working with local people, users and carers to design services that local people will want to use. In order to achieve quality, innovation and change, commissioning will need to become more of a developmental relationship between commissioner and provider rather than purely purchasing. In particular, support for personalization has led to the Micromarkets project which is identifying good practice in developing thriving local "micromarkets" of very small providers and developing good commissioning practice that local councils can use to invest in and foster such markets.

There is an aspect of market development where the aspirations for transformed social services come together in synergistic way. The extension of choice and control through individual people gaining purchasing power from the council brings a wider benefit to those who have to purchase their own services because they fall outside councils' means test threshold, or choose to do so to remain independent of the state. As councils move to supporting a pluralistic and bespoke local care market, then this must include opportunities for local "self funders" to purchase from the same providers. Indeed, in council areas where the majority of those needing care will be funding it themselves, then developing such an open market will be necessary to ensure that it is viable for providers. As councils develop pathways of advice and support for those with personal budgets then these can be made more generally available, providing a truly universal service and hopefully helping to remove any stigma surrounding receiving council services.

Personal contributions and brokerage

People in the UK are generally required to make a financial contribution towards their social care services, but care which is classified as health care is provided free to the user. This can produce some strange anomalies, depending on which public agency is providing care. Where care is provided in a residential setting there is a national means test. There is local discretion over charges for care in a person's own home and some services, such as equipment and intermediate care following a hospital stay, are provided without charge. Councils generally try to use this discretion to set charges at a reasonable level, but they also have a responsibility to their local tax payers to maximise value for money and recovering some of the cost of services through charges will help to spread support to more of their residents, when they are working within a very restricted budget. There is evidence from organisations representing disabled people that some people refuse or reduce the services they receive from their council because they do not feel able to pay the charges. It is not clear whether this group of people adds significantly to those who in the current English system are receive no services from the state system because they are deemed to have sufficient means or the type of care needs that they can make their own arrangements – estimated at approximately 280,000 older people in 2008.

Shared responsibility between national and local government

This is a complex tension in the English system and is emerging as a key discussion in the national debate about the future of the care system. Currently the system is a mixture of national legislation and policy direction and local delivery and discretion. The system is also very complex, as it has changed incrementally since our Welfare State was set up in 1948. It is a locally based system, and therefore varies depending on local circumstances, but it has to interface with two national systems – the NHS and the welfare benefit system.

In recent years the local variation has become more marked because of the mixture of funding from national and local taxation. Both of these are a limited resource and budgets have to be balanced with other local responsibilities, including children's services. Although there was an increase in council funding in the late 1990s/early 2000s, councils are now in the position of having to manage social services within a budget which is not keeping pace with demographic changes. Although this has driven innovation, it has also driven some councils to focus their services on those with the greater needs. This has led to variations across the country which are greater than just differences between locally designed and delivered services and which service users and their families are telling central government is unfair and unacceptable. The conundrum of how to deliver a locally and personally based service within a nationally "fair" system is one of the biggest challenges for the Government's green paper. To deliver this within a budget which national and local taxation can afford, particularly in a time of recession, is an even greater challenge.