Combining choice, quality and equity in social services

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Introduction

ESN is a network of national associations of directors, managers and other professionals who provide and/or contract/commission public social care and health in 26 countries. In Denmark our member is the Foreningen af Socialchefer i Danmark (association of social directors in Denmark).

ESN sees the development of personalized and sustainable social care and social inclusion for dependent older people both as a major challenge but also as an opportunity for social services in Europe today.

1. A personalized service

One of the most important roles of local public social services is to meet the needs and the wishes of their older citizens including those requiring long term care. This requires a strategy for the care needs of a given community based on health, social, housing and other data, both actual and forecast together with consultation of stakeholders especially those who use long term care. On this basis, public authorities can plan and/or contract services to meet their population's needs and wishes.

Older people and their carers should be informed, valued and respected and as far as possible enabled to exercise choice about their care needs which should result in personalized quality care. This is not only the means to select a service from approved suppliers but seeking to involving people who use care services in the very design and delivery of their own services. This requires a pro-active 'personalised approach.

This approach may include, for example, developing services that respond to a multi-cultural environment by dealing with important issues such as the care of the dying, in an individually and culturally sensitive way.

2. Choice, need and equity

Exercising choice in long term care means that users are informed and supported in what can be a complicated process of balancing needs and preferences within a policy context.

This requires an available range of home and community support including adapted housing with care settings as well as residential or nursing (i.e. medical) care as appropriate.

Whether services were provided by public or private organisations, our members felt it was essential that there was an active quality driven regulatory framework focused on user outcomes.

Choice may not be 'neutral'. There may be in-built systemic and financial incentives which can influence the decision making process. For this reason, choice about significant changes in one's life should be made with the support of a qualified professional or by a multi-professional team, e.g. including health and social care experts within the framework of a clear policy and practice strategy. Systems that rely predominantly on an assessment of need carried out, for example, by staff employed by a hospital or care home may not always be able to ensure that the full range of community based options are taken into account.

A German director felt that the use of the social insurance model, for example may encourage people to choose residential care leading to an acceleration in dependency earlier that otherwise necessary. He was concerned that this could lead to the building of more nursing homes than were needed and at significant cost.

As to how people might choose home care, a Swedish director described how there were a number of factors, including, the influence of friends and neighbours, evening and weekend capacity, the range of services, language skills and the 'image' or style of the service (did it for example identify itself as' a part of the local community'). She felt that it was important where people have difficulty in exercising choice that they had access to an advocate, communicator, interpreter, etc. and that published and online information should also be accessible.

It is important to recognise that many people with intellectual as well as physical disabilities live well into old age and services will need to take account of their special needs as well.

Another colleague stated that many countries charge differentially the users of social care and health services and that this poses problems for older people and their carers who have need of both services.

Members felt that all should have equal access to core services should be on the basis of need. However it was also felt that those who had the means to pay for private care were entitled to do so as long as this did not lessen the quality of care available for others. The challenge is to ensure that all have access to good minimum standard of care.

3. The use of personal budgets, vouchers and smart cards

The development of personal budgets over the last 15 years, lobbied for by users, has generally been seen to have improved inclusion and stimulated the 'social market' thereby improving choice for individuals and new services some of which have been created by service users themselves.

The use of vouchers has grown in the social services environment with its use doubling in Sweden, for example, in three years. As far as we can tell, the experience in many countries, including Italy and France where it has perhaps most developed, is that it can provide a useful instrument for service users to exercise choice and for both contractors and providers to target and manage service expenditure. Our members report it being used essentially in the not-for-profit sector with prices set by public authorities.

Vouchers will usually meet the full cost of a (sometimes basic) service and may therefore be regarded as equitable in terms of its allocation to users according to a common needs based criteria although the opportunity for 'top up' can usually be permitted to obtain a higher quality or extra services as seen for example in the UK with regard to nursery vouchers.

A pre-requisite for effective choice must be that there needs to be a number of providers with the capacity to ensure service responses to meet certain standards. At the same time, new providers may be able to offer a more flexible and adaptable range of services; for example open at times previously regarded as 'out of office'.

The question as to whether the use of vouchers or indeed any choice of service can lever up quality will depend according to our members on the strategic framework of contracting and monitoring of quality.

If contracting both at a macro strategic level and a local individual level is driven by clear quality standards with systematic inspection and evaluation of service outcomes which involves asking users about their service experience then the exercise of choice may affect quality as providers seek to maximize custom.

An area of concern is that of the poorly regulated 'private' home care market serviced sometimes by untrained migrant workers. This black market in care which colleagues in Germany and Italy, for example, have alerted us to, poses serious risk to vulnerable users. Could the use of vouchers or other transparent instruments usefully help to provide much needed protection to both users and employees?

4. The role of public authorities

Whether local and regional authorities are the traditional providers of long term care or mainly contractors or commissioner of services, ESN believes that it has an important role to ensure on behalf of its citizens that their needs and wishes are met and that, as far as possible, they take ownership of the decisions about their own care.

Public authorities have an important role to protect their vulnerable citizens from all forms of abuse or discrimination and to ensure that whoever is contacted to provide care does so to the highest standard. This would seem to suggest that regular inspection of services and ongoing consultation with users is important.

Local authorities as principal contractors will also need to shape the market to ensure that services people need and want are available. This goes beyond micro managing individual services to seeing long term care and indeed other social services as a part of the wider economic and social environment in which local citizens live , work and are cared for. This proactive role involves public authorities in stimulating the development of services that people to a sufficient standard and which is economically sustainable for providers.

Authorities should ensure, for example, that contracts are let for a sufficient period to enable providers to invest and make a return to ensure growth and development.

This may also, for example, mean that a percentage of the fee is dependent on reaching certain standards or alternatively that raising the bar on quality is 'rewarded' with a premium price.

For the managers working in a multi-provider market it also means revisiting traditional public administration skills to encompass, for example, contract management, negotiating and risk assessment.

Conclusions

For this peer review the key question is how to combine choice, equity and quality and can this be enhanced, for example, by the use of vouchers?

- For ESN the response is that this use can be helpful so long as public authorities have a clear strategy about meeting the needs of their population with explicit policy priorities which can inform choice by users and be supported by professionals.

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- The assessment of individual needs is an important starting point for individual choice and should be professionally led and lead to accessing wide range of personalized care and support.

- There must be a focus on quality which may be driven either by contracting or some other form of transparent planning and evaluation process and which consults users and evaluates outcomes. This goes far beyond the 'start up' accreditation of providers.

- The challenge of rising costs of services cannot be avoided and most countries charge for elements of social care on the basis of ability to pay. Minimum standards of care are essential to avoid basic inequalities of access and quality leverage should be built into contract in avoid the 'lowest common denominator'.

Vouchers will not of themselves resolve the wider questions of sustainable and affordability of long term care services but they may within the framework of values and processes that we have outlined and the inevitable limits of budgets ensure that individual have some say over their own care and are able to exercise choice. Alongside a community long term care strategy focused on personalisation this may contribute to levering up standards.