Inter-Agency Relationships In A National Strategy For Developing Community Care Following The 'Caring For People' White Paper

- Notes from a Seminar at the King's Fund College, Thursday, 15 February 1990.

The current situation

At the centre, work continues on the legislative agenda, in identifying resource requirements and in further defining policy through broad guidance. A range of development projects, involving field people, is also under way. In the field, both local and health authorities are getting on with addressing substantial change agendas, rightly without waiting for further specifications from the centre. However, this local activity varies in enthusiasm, clarity and the extent to which health and local authorities are working in partnership.

In relation to the desirable intentions of the White Paper (ie. in improving the support available to vulnerable individuals and their carers in leading more independent lives in the community), positive attributes on which further progress can build include:

* wide acceptance of the critique of past performance and the need for change

* initial guidance from the centre (eg. the Bill Utting letter of 27 January) setting out both the broad approach and concrete targets

* availability of some significant external support for the management of change and some independent funding for research and development projects

* the Social Services management development and training programme coming on stream

* evidence that purchasers are developing quality specifications to shape service development in some places

* evidence that some independent providers are strengthening their contracting capacity

* emergence of some small scale independent providers committed to quality in non-residential services

* recognition that the contracting process could be used to increase the sensitivity and appropriateness of services eg. to ethnic minority users and carers

* reinforcement of previously fragile efforts to introduce individual planning, case management and the costing of service requirements that start from individual need

* in this and other areas, the growth of small scale projects on which wider change could build.

At the same time, a scan of current performance and trends raised several causes of <u>concern</u>, including:

* the danger that pressures arising from implementation of the community charge would seriously weaken the capacity of local authorities to invest in community care and siphon-off any extra revenue support grant into protecting existing corporate commitments

* continuing uncertainty about what resources will be available in the next financial year and scepticism about the assumptions underpinning the transfer of resources from Social Security

* continuity ambiguity about central expectations on what is to be implemented over the next year or so and on how radical are the intentions behind the White Paper

* lack of clarity in many local authorities about the organisational and professional implications of the Community Care Bill and the Childrens Bill taken together

* cynicism among users and carers about both whether they will have any influence on these changes and whether they will be any better off as a result.

* preoccupation in some authorities with the wholesale transfer of traditional services into the independent sector and/or with rushing previous plans to maximise the social security funding of services before April '91 (leaving quality issues until later).

* local authority implementation strategies that focussed initially on major organisational restructuring

* failure in some places to generate action across the NHS and local authorities (eg to reach agreement on the way health and social care responsibilities will be defined and articulated)

* a common tendency for both middle-managers and field staff to be alienated from these changes

Supporting effective strategies for change

Against this (partial) diagnosis, the Seminar examined what extra could be done from the centre, through national development agencies (eg. SSI, NDT, Audit Commission and the King's Fund) and by `lateral' mutual aid among field authorities (eg. on a regional basis) to build on the positives and address these concerns. Attention focussed on two overlapping clusters of issues concerned essentially with

a) providing an engine for more radical change which starts from the situation and concerns of users and carers, and

b) clarifying the steps in effective local strategies for change

Starting from the concerns of users and carers

Services need to become more responsive to the people who use them (either as direct recipients of services or as carers). There is a danger of all the changes being made at a systems level failing to impact positively on the lives of people who use services.

- User involvement covers a diversity of issues, ranging from asking people's views about plans to listening carefully to their views and experiences at all stages in the service planning and delivery process. It is important to include both people who use services directly (whether children or adults) and those who provide informal care (parents or others).

- There is merit in having a dialogue at the individual level (perhaps through the assessment and case management process) so that individual needs can be incorporated into the service planning and delivery process. It may also be important to listen to people in groups.

- Users should be involved in short-term decisions, affecting immediate issues of service delivery, but also in longer term planning, where their views will be vital in shaping the future pattern of services.

- It is particularly important to involve service users in the development of community based services for people with long-term disabilities. The population is a vulnerable one and there is a serious danger that policy changes and their financial and organisational implications could take place in such a way as to be irrelevant to the lives of service users or, worse, so as to cause additional problems. Furthermore, most community care is provided by informal networks of carers and others in the community, so it is vital that services support and encourage these networks.

There are a number of ways in which central government could give its impetus to the development of consumer involvement at a local level. The following are a few suggestions:

i. Sensitivity to consumer interests will be fostered when `high level' planners and policy makers have personal contact with people who use community care services. In many cases, people have relatives or friends who use services, or else make a personal commitment to keep in touch with an individual or local service. It is clearly not possible to make such personal involvement a requirement of the work, but it may be possible to encourage people to develop personal links of this sort.

ii. In some services, much has been achieved already and it will be important to ensure that existing good practice is built on and recognised and that others have the opportunity to learn from the experience gained.

iii. A clear focus on user outcomes should be given to any policy guidance or service development work. Thus managers and service providers should be encouraged to think about the implications for users of any changes in the service system. As part of good management practice, there should be a clear focus on the objectives of a service, in terms of its effect on the lives of people who use it.

iv. The centre can ensure that consumer involvement is built into service specifications, and that this is included in any audit or review of plans. Central guidance could be given, together with illustrations of good practice.

v. Citizen advocacy is one important way in which the most severely disabled people can be given a voice. There are particular difficulties for citizen advocacy groups in obtaining funding which is independent of service providers. Whilst it may not be appropriate for central government to fund individual schemes, the centre may be able to offer support to a national citizen advocacy office which would have the responsibility for developing and supporting local schemes.

vi. The centre may be able to fund demonstration projects and ensure that the lessons learned from these are widely disseminated.

vii. Central government agencies (such as the NDT and SSI) could model consumer involvement in their own work, thereby encouraging authorities to follow their example. Some progress has been made in involving parents in reviews of services, but more could be done to ensure that disabled people are involved also.

Locally, services which aspire to greater responsiveness will need to:

i. Set up situations where people can discuss freely their views on services.

ii. Ensure that mechanisms exist to incorporate user views into quality control arrangements. For example, there should be an effective and well-publicised complaints procedure and, more positively, user feedback should be actively sought as an important way of monitoring quality.

iii. Ensure that the service establishes a contract with users, so that it is clear what the service sets out to achieve on their behalf and the ways in which users are to be involved are clearly specified.

Local strategies for change

The Bill Utting 27/1/90 letter sets out a useful view both of concrete action required in the short-term and (see particularly Paragraph 5) the elements in purposeful local strategies. However the written word is capable of different interpretations and further clarification of key steps might cover:

* the importance of authorities starting from a clear sense of local purpose (building on paragraph 1.8 in the White Paper).

* seeking to establish inter-agency agreements (particularly with the NHS) both on purpose and on how common issues are to be addressed.

* ensuring from the outset that processes are developed which engage consumers (see (a) above) and involve staff.

* using these processes to undertake a stock-taking both of what is good in current local performance (judged against desired outcomes) which should be built upon, and also what is know about local needs and the full range of resources being deployed to meet them.

* working out what forms of individualised service planning and resource allocation are to be introduced and where to start in shifting existing provision. (There remains however significant differences of view about how case management might best be defined and when new approaches to case management should be introduced).

In assisting local efforts to address these issues, work is already underway at the centre to provide further guidance and support some development. However there is scope for:

- enlarging on the framework in the Bill Utting letter to convey a clearer set of expectations about the local authority trajectory in building a coherent strategy for change.
- ensuring that action through national and regional management of the NHS is more positively supportive and better integrated with central expectations for local authorities (specifically in relation to community care plans, the use of NHS resources currently devoted to social care, and the contribution of both DHA and FPSA professionals to needs assessment and community service delivery).
- extending the range and volume of high quality developmental support to local implementation by providing more vehicles for central-regional-local interaction in both directions and by promoting stronger `lateral' exchange among key implementors.

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Virginia Beardshaw
Roger Blunden
David Towell