

Combining Choice, Quality and Equity in Social Services Provision

The Ministry of Social Welfare

1. Introduction

Increased prosperity over the last decades has put a pressure on the government and municipalities to meet demands from the citizens as to delivering social services with a still increasing quality. At the same time the demographic developments entail that many people live longer, and that fewer people are able to look after them. On this background it is appropriate to evaluate whether existing services are geared to the necessary changes. In this Host Country Paper some important new approaches will be described from a Danish perspective.

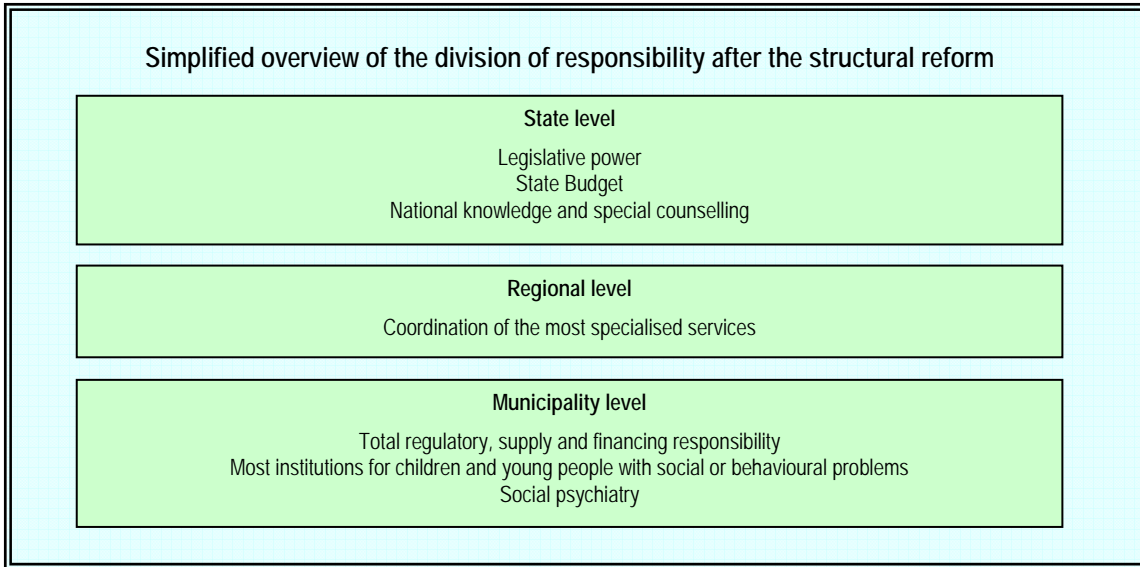
This Host Country Paper thus contains a short introduction to the organisation of the Social Services in Denmark. Furthermore the Host Country Paper describes the most important challenges within the field of social services for Elderly, and some of the ways in which the Danish government and municipalities try to resolve these challenges.

The Ministry of Social Welfare is looking forward to welcoming the Peer Countries to Copenhagen on the 1st of April 2009, as we are interested in your knowledge, challenges and experiences.

1.1 Organisation of Social Services in Denmark

The 1st of January 2007 a new Danish local government reform came into force. Denmark became divided into 98 municipalities and five regions (in Danish: *kommuner* and *regioner*), only the former are considered local authorities.

The reform outlined a new public sector in which local authorities, regions and the state each have their own separate task identity. The state still establishes the general legal framework, but the municipalities will now also carry the main responsibility for other tasks that involve the citizens directly and therefore become the primary access point to the public sector for citizens and companies.



The Municipalities

Overall management of and responsibility for the entire local organisation is vested in the local council. The council may make decisions on any municipal matter. The Local Government Act contains no provisions regarding local government administration. The council is free to adapt its administration to the circumstances and can therefore decide what kind of management structure is preferred, which functions should be allocated to the individual departments, and how individual units should be organised.

The municipalities are financed through general taxation and reimbursements from the state.

The supervision of the municipalities in Denmark is performed by five regional state administrations. The Minister for Social Welfare monitors the five regional state administrations. The supervision of local government is performed from a legal point of view. The supervisory authorities do not consider whether the transactions made by the local council are reasonable or expedient, nor do they consider issues concerning discretionary actions, as long as the actions comply with the law. The supervision does not extend to issues of compliance with the principles of good administrative practice, the supervision only addresses whether legislation and principles of good governance have been set aside.

Regions

The five regions are primarily responsible for the health care system. The regions are also responsible for a variety of specifically defined tasks, which are most appropriately solved at the regional level. These include tasks related to regional development and growth, and tasks related to specialised education and social institutions. The regions have no right to impose taxes. Instead, a special financing system has been established.

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The State Level

As it can be deduced from the above, the Danish system of social welfare has a high degree of decentralisation. Nonetheless, some functions are left exclusive to the state-level. Most importantly, the legislative function, as neither regions nor municipalities has legislative power. Furthermore the Parliament approves the State-budget. Lastly the state-level have some duties of monitoring and supervising the regions and municipalities; as well as being appeals body.

1.2 Recent Developments

In order to develop the welfare system further two recent developments have been launched: The Quality reform and an enhanced focus on Method development:

The Quality Reform

The government presented its proposal for a Quality reform in August 2007. The proposal was the product of a long process extensively involving representatives of users, relatives, employees, managers and experts in the public sector.

In the government proposal a number of initiatives were listed in order to ensure a higher level of quality in the public services. The initiatives generally focus on:

- Developing qualifications for staff within the social services.
- Quality development tools – with focus on the area of older people, children and health.
- De-bureaucratisation.
- Better orientation towards the needs and wishes of the citizens in the provision of the social services.
- Improved physical environment and exploitation of technological options.

The initiatives of the quality reform will be implemented via a quality pool of DKK 10 billion (1,3 billion €) in 2008-2011, and a quality fund of DKK 5 billion (667 million €) in 2009-2018.

Method Development

The correct methodological approach has a great impact on the effect of activities and constitutes an important control instrument for both political and administrative local authority work. Several methods have been developed in support of developments in welfare policy. The methods have all been developed, tested and adjusted in cooperation with the project local authorities. The methods help ensure:

Support of procedures, work procedures and activities:

- Correct legal approach
- Efficient exploitation of available resources
- Reduced risk of errors and omissions in the work
- Improved legal protection for citizens

The above mentioned issues have been of topical interest in Denmark over the last years. This Host Country Paper thus discusses various methods to improve the quality of the services provided, and how innovative methods can be developed.

2. Elderly-care

The Consolidation Act on Social Services constitutes the main framework of Danish elderly care policy as well as other social services. As provided in the act, it is a fundamental principle, that every Danish citizen is entitled to services, such as personal and practical help, free of charge if they are in need, regardless of their private economic abilities. The municipalities pay for the services through local taxes and block grants from the state.

Local Government Responsibility

According to the above mentioned act all decisions concerning help to elderly people have to be taken as an individual and concrete decision by the municipality. The municipalities set the standards for help and decide how much help a person is entitled to, based on the individual need. The system of care-services is thereby decentralised with the legal responsibility for ensuring the elderly both practical and personal help placed at the level of the local government.

Home Care Services

The fundamental principles of Danish home care is that it should be offered on the basis of individual needs and that it is free of charge – except temporary help which has an income dependent user charge. The goal of the help offered is to allow elderly people to stay in their own homes as long as possible and to prevent the individual from further loss of physical and mental health. This for example includes helping people in their own home even when they need help to clean the house or get out of bed in the morning. All help according to the act on social services has to be seen in relation with the fundamental idea of "*help to self-help*".

Today approximately 200.000 people receive permanent home care services, care hours delivered every week are between 1 and 1,1 million. These are given to 25% of all citizens aged 67 and above.

Quality Standards

The local council is required to set up and publish so-called quality standards. These standards establish the quality and price requirements made to all suppliers of personal and practical assistance. The quality standard must not only ensure providers information about the services, but also allow the citizens to fully know their rights in relation to the local authority. The quality of the standards and the actual services provided for the elderly must of course meet the requirements conditioned in the act on social services.

The quality standard and the operational goals, including the quality requirements made to the supplier, are tools which can ensure agreement between the policy goals, the actual exercise of authority and the service provider. According to the rules, at least once a year the local council is required to prepare a quality standard and follow up on the quality and management of the assistance.

The Free Choice Reform

Prior to the adoption of a new law called "*greater choice of provider*" by the Parliament in 2002, local municipalities were the only providers of home care for the elderly. The 2002-law aims at securing elderly people receiving home care services the freedom to choose between different providers, the option of changing the help they receive from time to time and the possibility of moving to another municipality. The purpose of the law is to provide increased transparency and a clear separation between the authority and the provider.

Preventive Home Visits

Every municipality has the obligation to offer each citizen, who has turned 75 years old and live in their own home without personal or practical help, at least two preventive home visits every year. The purpose of the preventive home visits is to enable both the elderly citizen and the municipality to utilize the available services that can help the elderly sustain physical and social skills and prevent loneliness, loss of feeling of security etc. Although the elderly citizens are free to decline the offer, the number of preventive home visits is still increasing.

Residential Accommodation

There are various types of housing in Denmark: the family home, close-care accommodation, private nursing homes and in the coming years a new type of private nursing homes or private dwellings (called "fripbejboliger"). As with home care services, it is the municipalities that determine if a citizen needs assistance that cannot be provided in their own home. If a citizen is offered residential accommodation, he or she can chose between different options in the municipality or even move to residential accommodation in another municipality. In 2006 there

were approximately 90.000 homes suitable for elderly people, 45.000 of these included around the clock services from permanent staff. A care home guarantee entered into force 1st of January 2009. It guarantees citizens eligible for nursing homes a waiting period of no more than two month for a place to stay.

2.1 Challenges for the Elderly-care

The most important challenges for the Danish welfare system with regards to elderly-care, are the changing demographics in Denmark and how to ensure continued innovation and development of the quality of the services provided by the Public Sector:

- **Change of Demographics**

A central challenge for Denmark and the other European countries is that the group of elderly people and other citizens with reduced functional capacity, who may need practical assistance and care, is increasing, while the number of citizens of working age capable of providing this assistance is decreasing. At the same time, the citizens of a welfare society like the Danish expect to receive high-quality services such as home help. In this respect it is important to create the conditions for meeting this challenge. Furthermore in the future, more elderly people are expected to live a healthy and active life. Improved diet and more exercise can prevent some of the lifestyle diseases that threaten to impair life for the individual and result in a need for personal and practical assistance.

- **Continued Innovation and Development of Quality in the Public Sector**

International comparisons (e.g., the OECD's economic survey 2008) indicate that the access to public services in Denmark is broad, including personal and practical assistance for the elderly and others with reduced functional capacity. However, one of the challenges to the public sector will be how to ensure economic viability of the care sector in the future without affecting the quality of care and the groups who are in need of help. How can continued innovation and development of the public care sector be ensured?

2.2 Initiatives

The below mentioned initiatives are some of the actions taken by the Danish government in order to meet the challenges:

Prevention

Although everyone must have equal access to care if the need arises, it is also important to introduce preventive measures before the need for care arises. The Danish Government has set up a Prevention Commission; the purpose of which is to launch a national action plan for prevention that specifies clear targets for the activities. This work will include the individual's personal responsibility for his or her own health. The objective is for as many people as possible to have good conditions for a healthy, well-functioning and high quality life. This will also contribute to postponing the need for public assistance, thus saving society expenses for treatment and care.

Recent Reforms

The local government reform mentioned in the introduction to this paper has laid down the framework for strengthening local self-government. In the political agreement on the local authorities' economy for 2009, the Government and the local authorities have laid down a number of principles for good decentralised management. The principles underline the local council's right and duty to take responsibility for determining and prioritising the service level of the local authorities, providing frameworks and clear targets for local-authority institutions and suppliers as well as documenting and ensuring the quality of task management.

As stated in the introduction to this paper, initiatives have been taken for a *quality reform* of the public sector. This reform is to ensure continued innovation and development of quality in the public sector and help strengthen conditions for people in need of care and people employed in the care sector. Examples of initiatives in the quality reform related to elderly-care are:

- *Quality jobs:* A key element in the quality reform is to ensure jobs that appeal to people, a better framework for recruitment and retention of staff, good management and development of staff competencies. The tripartite agreements – between the government and the labour market parties – that were concluded in the summer of 2007 include approximately 50 initiatives to this effect. Management is central in the *quality reform*. Through tangible tools the management is given the opportunity for developing their own qualifications and thereby creating an everyday environment with appeal to employees as well as users.
- *A permanent contact person and reduction in the number of different assistants in the home:* In connection with the financial agreement for 2009, the local authorities have expressed their intention to work on reducing the number of different assistants visiting the individual citizen. Moreover, the government recently passed a bill to the effect that recipients of home-help services now will be entitled to one permanent contact person who must be close to the citizen.
- *Up-to-date buildings, facilities and technology:* As part of the quality strategy, a Quality Fund has been established, some means of which will be given to improve the physical framework and introduce new technology, including in the care sector. One initiative is to give special focus to labour-saving technology in the social and health area, including old age care.
- *Knowledge about quality:* In 2008 continued creation of tools for the development of quality were initiated. The purpose of this is to develop tangible tools and methods which on one hand are able to support the local council in filling in the framework of the legislation and on the other hand it can support the development of quality in the services provided by the institutions in the municipalities – thereby reaching the principles of good decentralised management. Development and testing of the following are examples in the area of the elderly:
 1. Tools and indicators for measuring the professional quality
 2. An accreditation system where the institutions receive feedback from an external, independent organisation
 3. Methods for measuring the user satisfaction

- *Quality contracts:* With effect from 2010, quality contracts will replace the present local authority service strategies. Quality contracts are the local council's contract with the citizen and must include clear and measurable objectives for each of the local authority service areas. The aim is for citizens to get clear information about the service level they can expect to receive in individual local authority service areas.
- *Reporting unintended incidents:* Attempts will be made to develop and test a system where care staff, residents and relatives can report errors and unintended incidents in the care sector, thus creating better possibilities for learning across local authorities and sectors. The attempts must be evaluated.
- *De-bureaucratisation:* The purpose of the Government programme for de-bureaucratisation is that employees in the areas central to welfare ought to be given increased time for care and service and spend less time on administration, and that employees and management ought to have increased freedom in solving tasks at the local level. The programme for de-bureaucratisation is tied to binding action plans containing tangible goals for the de-bureaucratisation efforts and for the de-bureaucratisation proposals that will be implemented by the ministries. The action plans will be available in the middle of 2009. Furthermore well functioning institutions are given the opportunity for to be exempt from the rules in force, in order to test alternative approaches for solving their tasks.
- *Guarantee for home care:* Since the 1st of January 2009 citizens eligible for nursing homes have been guaranteed a place to stay, after no more than two months.