

# The role of older people in commissioning services: levels and outcomes

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# Principal source

*Involving older people in commissioning:  
more power to their elbow?*

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Joseph Rowntree Foundation, York,

December 2011

[www.jrf.org.uk/publications](http://www.jrf.org.uk/publications)

# Putting people at the centre of public services (England)

- Economic, social and political strands
- Consumerism, NPM and marketisation
- Independent living, social model of disability and rights
- Personalisation and personal budgets
- Democratic renewal, neighbourhood focus
- Voice in macro commissioning plus choice and bounded consumer sovereignty in micro

# Putting people at the centre of public services (England)

- Public policy advocated the development of voice and choice for service users and carers promote control over their lives.
- The language of policy was that of empowering individuals as consumers of public services and citizens with rights and responsibilities to co-produce/self direct their own care and design care systems

# Commissioning

- First emerged in post-1989 ‘market reforms’
- Planning, designing, procurement and review
- In practice, driven by contracting and purchasing processes, rarely outcomes
- Not merely a technical process but about ‘transforming lives’, shaping who gets what, how, when and where
- NHS commissioning needs ‘a strong voice for...patients and the public’ (Hewitt, 2005)

# How much Involvement?

- Communication: *providing information*
- Consultation: *getting feedback*
- Negotiation: *seeking agreement*
- Partnership: *working together*
- Control: *transferring power*

# The Research Project

- Joseph Rowntree Foundation wanted to ‘identify approaches to choice and control which have credibility with users and viability in practice’.
- Including ‘the leverage that might be possible when money is the main focus’
- ‘that there are few examples where users have a real say in commissioning and more strategic approaches to service planning’.

# Project Aims

- Obtain a more complete picture of how older people are involved in commissioning
- Understand how their influence might be stronger at and between *individual, locality, and strategic levels*
- Help older people to make more meaningful contributions to commissioning.



# Research strategy

- Evidence of much activity but little impact
- Fieldwork in two contrasting, reputedly successful areas to see if impact could be increased more widely
- Iterative process of focus groups with older people, commissioners, providers, 'enablers'
- Contextualise their experience through literature review and national expert panels

# Fieldwork findings

- Well-developed structures, processes and support for involvement of older people
- Older people and agencies identified tangible outcomes and felt results justified inputs.
- Co-produced outcomes at strategic and community levels, access to budgets at latter
- But links between levels under-developed; no input to personal commissioning

# Fieldwork findings

- City strategy based on wellbeing outcomes and county shift to extra care housing .
- Older people conducted formal scrutiny of domiciliary services commissioning.
- Social isolation in city tackled by visiting and social activities using neighbourhood budget.
- older people's forums had budget to fund community activities and low level services

# Fieldwork findings

- Users felt well-supported, more empowered and growing in confidence but...
- *yes, we are being consulted and yes, we certainly do have more power than we had but still find that both the health and the council are fairly selective in what they ask us to consult about.'*
- money and priorities were effectively closed consultations and political decisions.

# Fieldwork findings

- Success built on long term process of cultural change, commitment and leadership
- Recognition still work in progress not the finished deal
- Large agenda of unfinished business which exposed tensions between consumerist and citizenship agenda.

# Findings in perspective

- Learning about how older people can have some impact on commissioning processes.
- Influence greatest on:
  - big picture: helping to define terms of debate
  - low level support - modest improvements to QOL
- Life affirming experience and some mutual self deception amidst the empowerment?
- Partnership working with older people as users more than citizens

# Findings in context

- Sites confirmed to be outliers by expert panels and literature review
- In general much activity to little effect
- Improving individual experiences of care and quality should be bottom line concern
- Since field work, much evidence of abuse, neglect and unacceptable standards in all care settings nationally

# A wider reality: home care

- ‘the poor treatment of many older people is breaching their human rights and too many are struggling to voice their concerns about their care or be listened to about what kind of support they want. (The report) questions commissioning practices that focus on a rigid list of tasks, rather than what older people actually want, and that give more weight to cost than to an acceptable quality of care’.

Equality and Human Rights Commission 2011



# Conclusions

- Better outcomes and user experience requires power to be exercised differently rather than greater involvement as an end itself
- To the extent that the underlying problem is one of ageist and producer dominated power structures, it needs to be exposed as such rather than concealed by higher levels of engagement activities which flatter to deceive

# Conclusions

- Better processes for harder purposes
- the core purpose of public involvement should be to ensure that public services fulfil their core purpose of serving the public
- ‘Speaking truth to power’ and ‘eternal vigilance’ on behalf of user interests
- Avoid co-option and being implicated in decisions not genuinely open to influence
- Focus role on monitoring, scrutiny and challenge to evidence about outcomes for older people of commissioning decisions

**Thank you**

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