# THE FUTURE OF PUBLIC SOCIAL SERVICES IN THE UK

## Introduction

Social public services in the UK moved through different shifts and eras but all were meant to safeguard the plight of the citizens. Although some policies were discriminative, it is through such recommendations that flaws were identified and sound commendations made leading to the current universal health care system that the country enjoys (Markwell, 2009). Besides, social care has gone through tremendous changes over years but with time, there is a shift towards an integrated system. Technology has equally been identified as a determinant of the modern health care and social services of which any country has to change its policies to allow for the adoption of technology into service provision (Hayward, 2018). However, all will be influenced by political ideologies as evident from the manner in which Labour and Conservative governments have influenced policies in the UK throughout the years. Hence, from this discussion, the future of public social services is believed to be on technology which shows how an integrated community service and health care is the best effective model, evident from its successes in other European countries.

## Historical Development of Health and Community Care and Current Provision

The UK has always undergone through tremendous and profound changes as regards to the provision of social services to the public. Historically, caring for the poor as well as the elderly was done or disseminated from the monasteries and religious leaders (Brandao de Souza, 2009). The 18th Century witnessed some of the profound changes, for instance, the Workhouse Test Act established in 1723 which provided and gave legislative authority for establishing parochial workhouse aimed at giving parishes the option of the provision of grants, fuel, food, and clothing to the poor population (Markwell, 2009). Throughout the 19th century, the UK underwent superficial changes with the benevolent attitudes changing as austere workhouse were developed for accommodating the elderly, orphans and the poor (Markwell, 2009). The end of the 19th century equally marked foremost changes as the annexes were introduced for which the sick were being cared for in voluntary hospitals especially for infectious diseases as well as extending the services to the individuals with disabilities or handicap and serious mental health problems (Light, 2003).

Through years, primary and community care in the UK evolved as a separate service area or focus from the hospitals as the local authorities remained responsible for community care as well as public and environmental health services (Markwell, 2009). However, there was a significant policy towards the beginning of 20th century, especially the development of the family doctor service policy which would be funded through insurance schemes (Markwell, 2009). The government equally changed its approach and tactic to health care after the WW2, of which the government was forced to establish or develop the Emergency Medical Service in the year 1939 (Markwell, 2009). From this establishment, a state-funded and integrated hospital service was introduced in 1948 from which the National Health Service was formed.

The 20th Century would equally define remarkable changes and advancement in the improvement of health and the National Health Service ensured that the new advancements in service provision were available to everyone, despite the ability of people to pay for the services (Markwell, 2009). NHS persisted and operated through state-own hospitals, national general practitioners network, and the domiciliary health services. Conversely, there were internal market reforms during the 1990s whose emphases were on producing more responsive and efficient services of which the service provision was based on the devolution of the budgets to NHS Trusts, GP Fundholders and individual directorates (Markwell, 2009).

Since 1997, the NHS priorities have changed and focused on improving preventive care as well as addressing the major social determinants of poor health (Markwell, 2009). The 21st century has equally seen transformation, especially with the NHS’s central aim on transforming the traditional health care-delivery. The government has ensured that people have been put at the centre of health care.

## Political Ideologies and Theoretical Ideologies

Within the UK’s health care and social policy framework, the role of political ideologies is equally manifested in the manner in which it has influenced the formulation and implementation of the social services. From literature perspective, it is conceived and assumed that the inherent role of political ideologies have been studied especially how it influences and affects the public policy implementation, more on health policies (Silviu, 2010). When discussing about political ideologies and effects on the health care policy, EU always come to mind because the entire political system has promoted and lead to the establishment of diverse health care systems. However, the region embody a health care system currently combining various and different approaches like the state budget financing, co-payment or direct payment of specific services from the patients and public as well as private sector health insurances (Silviu, 2010). The UK, throughout the years, has stuck with its liberal ideology or approach of which the guiding principle is the equality of chances whereby the intervention is not at the hands of free market (Silviu, 2010). Essentially, there is much state intervention and entirely, the purpose is on improving the health status of the population. The political ideology is governed or inspired by the adoption of national healthcare system whereby there is national healthcare system with the state-controlled insurance agencies (Silviu, 2010). The same has been the defining element of the health care system in the UK and this explains why the country adopted the universal health care policy which continues to influence most of the health care policies and provision of health and social care to the populace (Light, 2003).

Different theoretical ideologies could also be attributed or provide direction in understanding the formulation and implementation of health care and social policy in the UK. The first focus of the theories is the functional or neo-functional approach as an ideology connecting welfare policy development and the socioeconomic elements and pressures like demographic changes, globalisation, widespread migration, and aging populations (Menachem, 2015). The approaches recommend that states formulate their health care and social policies based on the internal and external socio-economic changes. Therefore, for the approach, socio-demographic pressures and factors are the most crucial in designing, formulating, and implementing policy (Menachem, 2015). In the UK, policy formulation on health and social services is equally attributed to socio-economic factors. For instance, there are austerity measures which have made life difficult for the poor working class to get proper housing and have their welfare assistance provided in time. Nevertheless, the same trend does not exist within the health care sector (McKee et al., 2012). Social and economic inequalities in the UK are not the major or basic determinants health care disparity and as such, there is no extent or elements of segregation in the health care sector. The UK has adopted the universal health care which provides services to all people of ethnicities, including the minorities and majority group, which to a greater extent, is a clear indication or manifestation of the greater future for health care services and sound policy formulation in the country to safeguard health of the citizens (Light, 2003). The future of public social services as regards to health care has been boosted by the government’s measures and incentives to improving the accessibility of the integrated health care. In essence, the government supports local councils helping health as well as social care organisations in collaborating towards meeting the needs of the population, currently allocating £2.7 billion to local authorities in helping or supporting them to integrate social care services and NHS (Gov, 2015).

## Effects of Privatisation

The future of social services in the UK is equally subject to the privatisation of such services. Since 1979, the UK introduced privatisation of welfare services, regarded as a solution to efficiency and effectiveness of the public services (Edmiston, 2014). On the other hand, there have been concerns over the procedural implications, especially the country or the public experiencing increased social spending as well as poor provision of services. Allocation of the services have been left to the individuals with democratic influence as well as having or embodying profound consumer interest over legislative entitlements who benefit inappropriately from the increased social security incentives (Crouch, 2015). The privatisation is a threat to the UK’s social service provision because it is threatening the right of the individuals who are highly in dire need for help.

Another theoretical explanation of the UK’s policy formulation is the political approaches or the conflict theories which suggest that the political parties have a role to play as they participate in the design and implementation of social policy, especially when there is the inherent struggle on the resource allocation (Edmiston, 2014). For instance, different political ideologies would recommend the formulation of policies that increase welfare allocation while the other faction vouching for having limited or reduced welfare allocation. The history of health and social care development in the UK has been subject to the two political factors, the Conservative and Labour governments. For instance, the conservative party passed the NHS and Community Care Act who aim was on reducing residential care budget, introducing market principles into the social care and improving community-based service practices (Qureshi, 2002). The policies were aimed at transferring the responsibility of having to pay the residential care to the specific local authorities and transferring the money from the system’s social security and directing the amount to particular local authority was necessary to be channelled to the private division as opposed to in-house services. The Conservatives had proposed the encouragement of including private sector in health and social service provision. Conversely, with the Labour government elected in 1997, the government also proposed new changes, for instance setting up the Royal Commission for funding the long-standing care for the old (Qureshi, 2002). The Labour government introduced a policy that recommended personal care to be free, as opposed to the previous policy that encouraged the social services of undertaking means-tested charges. The Labour government also introduced the Quality and Outcome Framework, specifically focused at measuring the quality of care as delivered by the practitioners, all focused at improving the quality of care and general management of chronic diseases (Qureshi, 2002). Overall, the UK’s health care and social service policies have been influenced by these two political ideologies and to date, they have shaped the universal welfare.

## The future of Health and Community Care

Social public services are shifting towards embodying innovation, which is equally adopted in the UK. The changes will address the challenges of central division, control, and command which have always failed in yielding much safer services and promote creativity as well as responsibility in public services (Hayward, 2018). The current generation and even the future generation will be much dependent on technology and as such, the future of the social services will also depend on the extent to which technology has been embraced or embedded into social service provision.

The future of public service, best to say, will be subject to the rapid changes and transformation brought forth by technology. An excellent example for this concern was during the 25th European Social Services Conference which highlighted some of the unique and essential digital public social services aimed at improving services as well as lives of individuals in the entire Europe (Hayward, 2018). The conference gave the example of transformative technologies like Maarjo Mandmaa, an example of e-governance strategy being adopted by Estonia of which the public services are increasingly being redirected towards the digital platform (Hayward, 2018). Accordingly, such services are being embraced through the digital signature, which in equal basis, has profound and significant basis, viewed as the ordinary pen and paper, and as such, being incorporated into the e-identity card.

The future of public social service will also take a new turn or approach owing to the different approaches to interacting with all the customers or the public, especially the use of apps in communicating and interacting with service providers; this will prompt the government to adopt digital services or e-services (Hayward, 2018). On the other hand, as of currently, there are digital communication platform all focused at enabling the older persons located at homes, connecting their carers to the health as well as social services of which communication and coordination is done and enabled digitally. Nevertheless, much of the public social services will be integrated due to the advent of technology. Part of the possibilities have been enabled through the linking of public and private sector services of which the government is increasingly connecting and linking its services with the private sector (Hayward, 2018). In this case, it will lead to more and higher efficiency in service provision which meets the need and expectations of the populace. The public, as the users, have to be connected through new and modest ways. Hence, the bottom line is that the existence of the public service is that it has to embrace technology for its efficiency. Innovation, proper implementation, and effectiveness of the technologies for public service provision will determine the future of public service.

## Recommended Health and Community Care Approach for the future

Given the shift towards technology adoption in health and community care, the best and recommended approach should be an integrated system of service delivery. As technology continues to provide more opportunities, the UK is better placed as it can borrow from other models in the European countries for digital communication and shifting towards e-services. The future depends on technology and innovation. All will be ensured or enabled through the adoption of effective and unique technologies that integrate local and National Health Service as well as social welfare. In this case, it will address the current issues and concerns over austerity measures which are subject to the bureaucratic local authority. However, privatisation will imply that the most economically advantaged will access the services. If the UK continues to privatise the health care and social services, then a concern is bound to arise over the integration of the minorities and disadvantages groups who may not at the better place to afford the private services since they are always priced overly high.

## Conclusion

As outlined from the above exploration, public social service has developed profoundly from the conventional periods to the current modernity where policies are embracing technology. The UK moved through different periods of health and social service with different governments, Labour Party and the Conservatives both influencing policy formulation. The influence from the government determined and defined the extent of inclusion, segregation, and integration of the diverse populations. Whichever the case, the governments influenced policies that have shaped health care and social service, all aimed at ensuring efficiency and effectiveness. However, with time, it has shifted to the adoption of technology of which social public service is currently seen as highly dependent on technology. Other countries like Estonia have adapted digital public service models for integrating community health care and social services with the national system. Hence, for the UK, the future of public service is sound but only dependent on the integration of technology to improve efficiency.

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