

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 11th January 2011

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: A Vision for Adult Social Care: Capable Communities and Active Citizens

1.0 PURPOSE OF REPORT

1.1 To highlight the main factors of A Vision for Adult Social Care: Capable Communities and Active Citizens, published in November 2010.

2.0 RECOMMENDATION

It is recommended that:-

- i) Members of the Policy & Performance Board note the contents of the report.**

3.0 SUPPORTING INFORMATION

3.1 On Tuesday 16th November 2010, the Government launched its *Vision for Adult Social Care: Capable Communities and Active Citizens* and the consultation, *Transparency in Outcomes: A Framework for Adult Social Care*. This is the first in a series of government reforms and includes a useful timeline of forthcoming documents:

- Public Health White Paper – end of 2010.
- Law Commission report on Adult Social Care Legislation – spring 2011.
- Commission on the Funding of Care and Support report – summer 2011.
- Care and Support White Paper – end of 2011.
- Social Care Reform Bill – spring 2010.

3.2 The Vision provides a clear and coherent picture of the future direction of adult social care. One of the most helpful features is how the Vision links measures to prevent dependence with health improvement, stressing the connections between social care and public health as a crucial relationship.

3.3 Much of the Vision for adult social care is recognisable from *Putting People First* and the further development of choice, control and personalisation. The main shifts in emphasis are a greater focus on councils stimulating informal community support, and a more diverse

range of service providers, and is built on the following seven principles:

- *Prevention*: communities are empowered to help people retain and regain independence;
- *Personalisation*: individuals control their care through good quality information, and personal budgets, preferably as direct payments;
- *Partnership*: care and support is delivered as a partnership between individuals, the voluntary and independent sectors, the NHS and local authorities – across all services;
- *Plurality*: a broad market of high quality providers meets people's diverse needs;
- *Protection*: sensible safeguards against the risk of abuse or neglect are in place, but risk is no longer an excuse to limit freedom;
- *Productivity*: greater local accountability and published information drives up standards;
- *People*: a skilled and compassionate workforce from all disciplines works alongside users and carers to lead change.

4.0 SEVEN PRINCIPLES OF THE VISION

4.1 Vision for prevention

4.1.1 The Vision supports the value of prevention, stating that it is always better to prevent or postpone dependency rather than dealing with its consequences. Two main types of approach are required for effective prevention, and councils have a lead role in both:

1. Community action in which neighbourhoods look out for those who need support ; and
2. Services such as good information, new technology, reablement and early identification of careers.

4.1.2 The Vision describes a Big Society approach to social care, in which care is transformed not by looking to the state, but to active citizens and strong communities. The role of local authorities, with partners such as community groups, is to establish the conditions in which 'the big society can flourish', such as a 'catalyst' for social action, 'unleashing the creativity and enthusiasm of local communities', 'inspiring neighbourhoods', and 'unlocking the potential of local support networks'.

4.1.3 Local authorities will particularly need to stimulate community activity in areas where social networks are poorly developed

because of deprivation or rural geography. As part of the Government's Big Society programme 5,000 new community organisers are being trained across the country and a new Community First grant programme will help build social capital.

4.1.4 The Vision provides a number of examples which have all been developed through community action:

- 250 time banks operating locally across the UK.
- One of the four 'Vanguard Communities' for Big Society is testing a web-based complementary currency approach for care and support.
- A model of 'Circles' of Neighbourhood Helpers providing flexible support with practical tasks and social opportunities with older people.

4.1.5 The Vision states that councils should work with community organisations and others to develop community capacity and promote active citizenship. With the NHS, housing and others they should commission a full range of early intervention services. The Government will outline councils' new health improvement powers in the forthcoming Public Health White Paper.

4.2 Vision for Personalisation

4.2.1 The Vision indicates that individuals rather than organisations should take control over their care. A wide range of research has shown the benefits of personal budgets and direct payments to individuals. Personalisation is already underway, and social care is the most advanced public service in making direct payments, but there is much scope for further progress. A number of outcome-based tools have been produced to help councils establish and review the outcomes and costs of personal budgets. Individuals pooling budgets can maximise outcomes e.g. employing an organiser for joint leisure activities.

4.3 Vision for partnership

4.3.1 The Vision states that partnerships are essential to effective social care. It gives examples of whole-system approaches such as the role of social care in reducing hospital admissions, and people with learning disabilities using pooling personal budgets with other funding to gain employment.

4.3.2 The Joint Strategic Needs Assessment is the foundation for priority setting, and will be underpinned by new statutory duties for local councils and GP consortia to work together. Other important approaches include joint commissioning, pooled budgets, place-based budgets, and sharing back office functions across councils and NHS commissioners.

4.3.3 Local councils should 'exploit the opportunities of the White Paper' and take a lead role in working with partners on integration, shared priorities and outcomes, commissioning strategies and pooled or aligned funding.

4.4 Vision for plurality

4.4.1 More use of personal budgets, alongside people funding their own care, will require a wider range of person-centred services. Social care provision is already diverse, but more needs to be done to promote a plural market in which 'innovation flourishes' delivered by organisations, such as social enterprises and mutuals that are responsive to local communities. The range should include niche, specialist and mainstream providers alongside universal providers, such as transport, education and employment which do not operate exclusively in social care.

4.4.2 The Department of Health will work with the Department for Business, Innovation and Skills (BIS) to remove barriers and introduce measures that promote a 'dynamic and varied' market. For example, 'social impact bonds' in which philanthropic and private investment supports voluntary sector activity, with successful outcomes rewarded on a payment by results basis. It will also work with the Department of Communities and Local Government to consider the proposed role for Monitor in overseeing the social care market to ensure there is no duplication.

4.5 Vision for providing protection

4.5.1 The Vision indicates that 'a modern social care system needs to balance freedom and choice with risk and protection'. Safeguarding is central to personalisation with some people needing more support than others. However, risk management does not mean trying to eliminate risk, and people might make decisions service providers disagree with. Communities have a role in detecting and reporting abuse and neglect, e.g. Neighbourhood Watch.

4.5.2 Local councils should ensure everyone involved in local safeguarding is clear about their roles and responsibilities; they should establish the right to autonomy and a proportionate approach to managing risk, and champion safeguarding within local communities. The Government will work with the Law Commission on strengthening the law on safeguarding to ensure the right measures are in place.

4.6 Vision for productivity, quality and innovation

4.6.1 The Vision describes the spending review settlement for adult social care as a solid basis for reform. It points to additional funding as a measure of the government's commitment to adult social care – £2

billion by 2014/15; £1 billion in local grant funding in addition to existing social care grants which have increased in line with inflation; £1 billion through the NHS for activity to benefit social care and health, including £300 million for NHS reablement services. An extra £400 million to the NHS for carers' respite was also announced with the Vision.

4.6.2 However the overall context is reduction to overall local government funding, so councils must 'redouble their efforts' to make best use of resources, and describes a framework for delivering efficiencies without reducing services by adopting interventions which have been shown to demonstrate quality and cost effectiveness. These include:

- reablement – the vision describes new NHS responsibilities for 30 days post discharge support from 2012; the NHS and local authorities need to agree what services are needed.
- Integrated crisis or rapid response services.
- Integrated telecare and telehealth.
- Alternatives to residential care such as supported housing.
- Shared back offices.
- Outsourcing, where councils provide a significant amount of residential and day care.
- Reducing high costs in assessment and care management – the government will investigate whether the law could allow some assessments could be undertaken by people themselves, or user-led organisations.

4.6.3 In Halton we are already ahead of the game and services are already in place and options for assessment and care management are being progressed through the Directorate restructure.

4.6.4 Local councils should develop a local plan for reform to ensure they are making the best use of available resources drawing on work undertaken by ADASS and the LGA-led Place-Based Productivity Programme. The Government will support the delivery of efficiency savings by coordinating and disseminating support tools and best practice.

4.6.5 On quality, the Vision describes a move away from top-down performance management to sector-led improvement and local accountability.

4.7 Vision for people

4.7.1 The Vision celebrates the contribution of the social care workforce which does challenging but rewarding work. The personalisation agenda means changes for the workforce – different roles and employers – and measures are needed to ensure it develops in a skilled and responsive way, with the freedom and flexibility to lead

change. The government will co-produce an occupational health strategy to help tackle high sickness absence in councils' adult social care. It will implement the recommendations of the social work taskforce including the creation of a new college of social work.

- 4.7.2 In regulation, the document indicates that the General Social Care Council proved an expensive model, and failed to extend registration to other care workers. The transfer of responsibility to the renamed Health Professions Council has been previously announced. The Government is reviewing the overall approach to professional regulation in health and care and will make proposals later in the year.

5.0 NEXT STEPS

- 5.1 Given the strategic importance of the new White Paper it is recommended that the Portfolio Holder for Adults & Social Care and the Chair of the Health Policy & Performance Board submit a letter in response to the consultation on the vision for Adult Social Care.
- 5.2 That the Council explores the framework and potential to develop a Social Enterprise. This is likely to focus upon adults with a disability and further reports will be submitted to the Board on this matter.

6.0 POLICY IMPLICATIONS

6.1 Personalisation

The Government intends to embed personalisation in the new legal framework that will follow the Law Commission's report; examples of possible developments include improved portability of assessment (so people can more easily move between council areas) and an entitlement to personal budgets or direct payments. It will also look to making it possible to combine health and care personal budgets.

6.2 Transparency in outcomes: a framework for adult social care Consultation

Alongside the Social Care Vision, the Department of Health has also launched a consultation on *Transparency in outcomes: a framework for adult social care* - a new strategic approach to quality and outcomes in adult social care. This is an enabling framework which seeks to place outcomes at the heart of social care, improve quality in services, and empower citizens to hold their Councils to account for the services they provide, and a HPPB report is planned for 11th January 2011, including reference to the Transparency in Outcomes consultation.

7.0 FINANCIAL/RESOURCE IMPLICATIONS

7.1 Financial

7.1.1 Councils should move beyond block contracts and critically examine their procurement arrangements to make sure they are fair to small social enterprises, user-led organisations and voluntary organisations which may struggle with tendering but offer individualised solutions. Better understanding of the market is needed, particularly how to incentivise innovation and best value.

7.1.2 The Government will identify and remove barriers to collaboration and to aligning funding streams across health and social care. It will share learning from trailblazer councils developing health and wellbeing boards, and has announced a £3 million Health and Social Care Volunteering Fund for projects to operate across at least four localities promoting interventions such as personal budgets and healthy eating.

7.2. Workforce Commissioning

7.2.1 Councils should take a leadership role in workforce commissioning, including integrated area workforce strategies linked to joint strategic needs assessments. The Government will support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy. It will publish a personal assistant strategy in 2011 and will extend the piloting of independent social work practices (currently in children's services) to adult social care during 2011.

8.0 OTHER IMPLICATIONS FOR THE COUNCIL PRIORITIES

8.1 Children and Young People in Halton

8.1.1 The implementation of the reforms necessary to meet both this Vision and also those of the documents to follow in the forthcoming months will need to pay close regard to children & young people's services in Halton.

8.1.2 The transition from young people's to adult's services is crucial and the process to create a seamless transition must be maintained and improved upon by identifying relevant wider individual and family needs. Establishing links to the emerging Team Around the Family process within Children's Services will support this.

8.1.3 Joint commissioning will also be key and this is to be a key strategic priority for the Children's Trust from April 2011 and within the new Children & Young People's Plan, which has strong links to the Joint Strategic Needs Assessment. As joint commissioning within the Children's Trust continues to develop, more opportunities will

present themselves for wider commissioning to help make the Vision a reality.

8.2 Employment, Learning and Skills in Halton

None identified.

8.3 A Healthy Halton

8.3.1 Councils should work with community organisations and others to develop community capacity and promote active citizenship. With the NHS, housing, and others they should commission a full range of early intervention services. The Government will outline councils' new health improvement powers in the forthcoming Public Health White Paper.

8.3.2 By April 2013, councils should provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment. They should also accelerate reform of their systems such as assessment, care management and finance to give a stronger emphasis to choice and outcomes in all settings. Councils must also ensure that good quality, accessible information, advice and advocacy are available for all.

8.4 A Safer Halton

None identified.

8.5 Halton's Urban Renewal

None identified.

9.0 **RISK ANALYSIS**

9.1 Taking on board the factors of the Vision for Adult Social Care will mean continued planning and development in all the areas mentioned above. This will enable the continued improvement in service efficiency and effectiveness, and most importantly, increased choice, control and independent living for users of services.

10.0 **EQUALITY AND DIVERSITY ISSUES**

10.1 None.

11.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.