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Briefing note: A vision for Adult Social Care – Capable Communities and Active Citizens

Community Services – Strategy and Policy

November 2010

1. Introduction

1.1 This briefing note summarises the key messages from *A Vision for Adult Social Care: Capable Communities and Active Citizens* published by the Department of Health (DH) on 16th November 2010. The full document is available on-line at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121667.pdf

1.2 *A Vision for Adult Social Care: Capable Communities and Active Citizens* is the initial publication in the development of the Government's Social Care Reform Bill. The timeline below details the other documents and inputs expected over the course of the next year and a half.

Autumn 2010	End 2010	Spring 2011	Summer 2011	End 2011	Spring 2012
Government publishes vision and outcomes consultation	Government publishes Public Health White Paper	Law Commission publishes its review of adult social care legislation	Commission on Funding of Care and Support publishes its report	Government publishes Care and Support White Paper	Government publishes Social Care Reform Bill

1.3 A separate summary of the outcomes consultation, *Transparency in Outcomes: a framework for Adult Social Care*, has been produced and is available at: http://team/sites/SAP/SandP_TeamSite/default.aspx

2. Summary & Policy Context

2.1 *A Vision for Adult Social Care: Capable Communities and Active Citizens* sets out the Government's vision and agenda for adult social care in England. It focuses on making services more personalised, more preventative and more focused on delivering the best outcomes for those who use them.

2.2 The vision is based upon seven principles:

- **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.
- **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
- **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils – including wider support services, such as housing.
- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high-quality service providers.
- **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high-quality care and support services. A focus on publishing information about agreed outcomes will support transparency and accountability.
- **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

3. Prevention

- 3.1 The Government vision is based upon the principle that those actively involved in care are the best people to decide how these services should change. The key proposal put forward is that prevention is best achieved through community action, working alongside statutory services. Within this vision, Councils are identified as playing a vital role in both leading change and in stimulating action within their communities.
- 3.2 The vision recognises that carers are the first line of prevention and that more needs to be done to identify carers and support them effectively. This includes a particular focus on young carers and the importance of ensuring that they are not being asked to provide inappropriate levels of care. Further detail will be provided in a forthcoming Carers' Strategy.
- 3.3 The Government indicates its commitment to new technology and re-ablement as two key elements of prevention. The Government is supporting an expansion of re-ablement across the NHS and social care, with £70m in new resources in 2010/11 and up to £300m a year earmarked for re-ablement in the next Spending Review period.
- 3.4 Prevention also requires further work to help people manage long-term conditions. The Department of Health's current Quality, Innovation, Productivity and Prevention (QIPP) programme is exploring how different services can work together to promote self-care, preventative care and early intervention, minimising the need for hospital and residential care.
- 3.5 For disabled people, securing good outcomes may also mean bringing employment and housing services together.
- 3.6 Prevention depends on promoting health and well-being at a grassroots level. In line with the proposals outlined in *Equity and Excellence: Liberating the NHS*, local government will take on new health improvement responsibilities and will take the lead role in drawing up Joint Strategic Needs Assessments (JSNAs), which will shape the commissioning of health, social care and health improvement services.

4. Personalisation

- 4.1 The vision for personalisation is based upon the principle that people, not service providers or systems, should hold the choice and control about their

care and that personal budgets and direct payments are a powerful way of giving people control. However, the Government acknowledges that a personal budget alone does not, in itself, mean that services are automatically personalised.

- 4.2 Activity to improve personalisation will need to consider five groups of people who need more support or appropriate help to manage a direct payment:
- Older people should be supported with information on quality of providers and by having the 'hassle costs' of choice reduced as far as possible.
 - People with learning disabilities, autism, disabled people and those with complex needs require person-centred planning to maximise choice and control.
 - People with mental health conditions need further support since take-up has been low despite evidence that use of personal budgets resulted in a significantly higher quality of life.
 - People in residential care should have the same entitlement as anyone else to exercise choice and control over their care and how they live.
 - People who lack the Mental Capacity to make some decisions should also be offered the same opportunities for choice and control as anyone else. Councils should work with the person and those close to them to find out their preferences and manage risk sensibly.
- 4.3 Pooling budgets and using direct payments to employ an organiser to help a group of people to arrange leisure activities are suggested ways of maximising outcomes from personal budgets. However, the focus needs to be not only on the process of direct payments but also on the outcomes of greater choice, control and independence. Assessments need to be portable, and this issue will be explored further by the Law Commission and the Commission on the Funding of Care and Support.
- 4.4 Councils have a key role to play in ensuring that everyone, whether using a personal budget or their own funds, can get the information and advice they need to support their choices. This activity could include making information accessible online, or working with local voluntary organisations so that they are able to provide support, advocacy or brokerage.
- 4.5 Councils should provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment, by April 2013 and ensure that their processes and systems work to support a personalised system. Central Government will put personalisation at the heart of the framework for quality and outcomes being developed.

5. Plurality and partnership

- 5.1 The Government's vision is that the increased use of personal budgets, alongside people funding their own care, will be a catalyst for change. Person-centred services will develop as people demand the services they want to meet their needs. These needs will be met by a diverse range of providers.
- 5.2 Councils will have a role in stimulating, managing and shaping the care and support market, supporting communities, voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs. A first step in this market-shaping is for Councils and their NHS partners to move away from traditional block contracts, increase personal budgets and support the growth of a market in services that people want. The starting point should be a shared view of the outcomes to be achieved.
- 5.3 There should be a fair playing field for providers, particularly for small providers, and commissioners of services should work with suppliers in the independent and voluntary sectors to better understand market capacity and capability.
- 5.4 Partnership working and the flexible use of resources should be encouraged if this improves outcomes. The plans set out in the NHS White Paper *Equity and Excellence: Liberating the NHS* provide the basis for a greater degree of local co-operation and co-ordination. These plans include: joint work around the JSNA; new statutory duties for local councils and GP consortia to work together; joint commissioning, pooled and place-based budgets; and merging or sharing back office functions across councils and NHS commissioners.

6. Protection

- 6.1 A modern social care system needs to balance freedom and choice with risk and protection. Providers and commissioners of services are responsible for their quality and safety. Equally, all staff need to see safeguarding and providing a high-quality service as central to their role. Local Government will be expected to act as the champion of safeguarding within communities. The Government is to consider whether this function should be placed on a statutory basis.

- 6.2 Government wants to support and encourage local communities to become the eyes and ears of safeguarding, building on existing Neighbourhood Watch schemes or initiatives by local HealthWatch.

7. Productivity, quality and innovation

- 7.1 The Spending Review allocated an additional £2bn by 2014/15 to support the delivery of social care. This includes £1bn through the NHS, to be spent on measures that support social care but also benefit health. Of this £1bn, up to £300m a year is for re-ablement spending in the NHS, while the remainder will support other social care services. The other half of the £2bn is from additional local government grant funding.
- 7.2 This additional funding comes in the context of a reduction to overall local government funding. In addition, demographic changes will continue to put increasing pressure on social care. The Government therefore proposes a framework that Councils should use when looking at delivering efficiencies and getting value for money from social care, based upon preventing people's needs from escalating, finding routes for service users into employment and effectively managing long-term conditions.
- 7.3 The recent study on the impacts of re-ablement, from the Personal Social Services Research Unit and the University of York suggests that re-ablement is cost-effective for local authorities. For the 10 months after a re-ablement programme, people's care costs were around 60% lower than those who had not gone through a re-ablement programme.
- 7.4 To strengthen and mainstream re-ablement services, the Department of Health will amend the 'Payment by Results' tariff from April 2012, so that the NHS pays for re-ablement and other post-discharge services for 30 days after a patient leaves hospital. From next April, Trusts will not be reimbursed for unnecessary readmissions to hospital. £70m has been allocated to PCTs to spend on re-ablement in 2010/11.
- 7.5 An integrated crisis response service that responds within a four-hour period has the potential to save £2m per PCT and £0.5m per Council by reducing ambulance callouts, unnecessary admission to hospital and unplanned entry to long-term nursing or residential care.
- 7.6 Integrated telecare support and assisted living are both identified as key means of allowing people to maintain their health and wellbeing. Robust

evidence on how to target telecare and telehealth to ensure both cost-effectiveness and successful outcomes is lacking. A £31m whole-system demonstrator programme will inform the Department of Health work on market shaping.

- 7.7 The Government expects Councils to look closely at how they can reduce the proportion of spending on residential care through improvements to their community-based provision, including consideration of supported housing and extra care housing and better use of existing community-based services, for example step-down re-ablement or home improvement and adaptations.
- 7.8 To ensure that most of the money goes to those in need, Councils will need to ensure that they minimise spend on back-office administration and replace poor value services. The Government notes that a large proportion of care services are provided 'in-house' by Councils and that while there may be exceptional reasons for the Council to retain services, separating responsibility for commissioning and providing services should become the norm.
- 7.9 Councils will be expected to show that they have reduced unnecessary management costs in their assessment and care management processes and redirected them to fund more care and support.
- 7.10 Consideration will also be given as to whether the law could allow some assessments to be undertaken by people themselves, including user-led and community organisations, rather than Councils.
- 7.11 *Transparency in Outcomes: a framework for Adult Social Care* consults on an agenda by which the quality of outcomes will be evidenced. It will have five core elements:
- Building the evidence base
 - Demonstrating progress
 - Supporting transparency
 - Rewarding and incentivising
 - Securing the foundations

More detailed information on this consultation document is provided in a separate briefing, accessible at:

http://team/sites/SAP/SandP_TeamSite/default.aspx

- 7.12 The current annual assessment of Councils as commissioners of adult social care services will be ended and replaced by a new sector-led approach. Where concerns are raised about services, CQC will continue to be able to inspect Councils.
- 7.13 To deliver the Government's vision of productivity, Councils are encouraged to develop a local plan for reform to ensure that they are making the best use of available resources.

8. People

- 8.1 The previously outlined principles of partnership and plurality mean that the vision for the adult social care workforce is one where people are employed by different organisations, including mutuals and employee-owned co-operatives, some of which will work across traditional health and social care boundaries to deliver more integrated services.
- 8.2 Local Councils will play an important role, working with local employers in the independent sector and other partners to commission the workforce of the future and lead local changes for existing staff.
- 8.3 The particular needs of personal assistants and their employers will be addressed in a forthcoming PA strategy, published next year. This will highlight the need to give people who use services choice and control over their care needs. It will also emphasise that with this freedom comes responsibility to be a good employer and to train, recruit and retain staff.
- 8.4 New and continuing professional roles will be developed for front-line social workers, occupational therapists, nurses and others. New carer pathways will be developed, including more apprenticeships and a new care worker role in home and residential care as well as more PAs.
- 8.5 A new College of Social Work will be developed. The Government has also announced the transfer of the General Social Care Council's regulatory functions to the renamed Health Professions Council, reflecting its new broader remit.
- 8.6 The Localism Bill will give organisations the ability to challenge local authorities where they believe they could provide services differently or better. Social Work Practices (SWP) – professional partnerships of social workers, voluntary sector organisations and private sector organisations independent

of the Council that operate as social enterprises – is one example provided of running mainstream social care functions differently. The Government wants to see a much more locally specialised service, with social workers combining their skills with the knowledge that local people and carers have about their own needs. This should result in greater choice and control over the services that local people purchase.

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