

The Executive**On 4 July 2006**Report Title: **Our Health, Our Care, Our Say**Report of: **Director of Social Services**Wards(s) affected: **All**Report for: **Non-Key Decision****1. Purpose**

- 1.1 To inform Members of the key points of the Department of Health's White Paper *Our Health, Our Care, Our Say*.
- 1.2 To invite Members to consider the Council's future policy direction for adult social care in the light of the Government policy agenda advanced by this White Paper.

2. Introduction by Executive Member

- 2.1 This is a first report setting out the new direction of travel for Adult Social Services. Over the coming year, we will need to consider some of these issues in more detail.

3. Recommendations

- 3.1 That Members consider the Council's future policy direction for adult social care with respect to the promotion of client choice and integration of services with the NHS.

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catherine.galvin@haringey.gov.uk 020 8489 3719**4. Executive Summary**

- 4.1 This White Paper expands the Government's vision of social care services geared towards maintaining individuals' independence, by giving them choice and control over the services they use, with a new emphasis on preventative services.
- 4.2 The Government aims to shift the balance somewhat away from protection from risk to enable greater user choice. However, this will present a significant policy decision for Haringey Council, as some boundaries will need to be drawn.
- 4.3 The Government wants joint working between local authorities and the NHS to be developed in a broad range of areas. This matches Haringey Council's existing direction of travel, but a number of issues, some of them specifically local, will need to be resolved.

5. Reasons for any change in policy or for new policy development (if applicable)

5.1 The White Paper clarifies much of the detail about the nature of the fundamental change that will be required in local authority provision of adult social care, as previously signposted in less detail by the Green Paper.

6. Local Government (Access to Information) Act 1985

- 6.1 *Our Health, Our Care, Our Say* White Paper (Department of Health, January 2006)
- 6.2 *Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services* (Department of Health, May 2006)
- 6.3 *Best Practice Guidance on the Role of the Director of Adult Social Services* (Department of Health, May 2006)
- 6.4 *Independence, Well-being and Choice* Green Paper (Department of Health, March 2005)

7. Background

7.1 This White Paper follows on from the *Independence, Well-being and Choice* Green Paper on adult social care. This set out a vision of services geared towards maintaining individuals' independence by giving them choice and control over the services they use, with a new emphasis on preventative services.

8. Policy framework

8.1 The seven outcomes for adult social care laid out in the Green Paper have been endorsed and will be the basis of new outcomes for both social care and health. These are:

- improved health and emotional well-being,
- improved quality of life,
- making a positive contribution,
- choice and control,
- freedom from discrimination,
- economic well-being, and
- personal dignity.

8.2 Promotion of good mental health is particularly prominent. It is noted in the White Paper as the most common cause of sickness absence (which, as signalled in the recent Department of Work & Pensions (DWP) Green Paper *A New Deal for Welfare: Empowering People to Work*, is a Government priority for action).

8.3 'Innovative providers' are to be encouraged, regardless of which sector they come from; there will be proactive encouragement of social care provision by the independent and voluntary sectors, and of social enterprise.

8.4 Joint working between local authorities and NHS Primary Care Trusts (PCTs) is to be developed in a broad range of areas. These include:

- the alignment of planning and budgeting cycles for the NHS with those of local authorities from 2007/08;
- a comprehensive single complaints system for health and social care, to be introduced by 2009;
- the 'tight integration' of social care into new community NHS outpatient hospitals, and easy access in one place to other services such as benefits and employment advice;

- local authority input into nationally supported commissioning of extra GP services in areas where there is a relative shortage;
- further promotion of jointly appointed Director of Public Health roles.

8.5 Jointly funded intermediate care will be heavily promoted as a means of delivering better outcomes to patients while freeing up acute bed capacity.

8.6 Assessment and inspection arrangements in the health and social care sectors will be reformed in order to complement each other in support of the seven new outcomes. Performance management systems are to be synchronised by 2008, with incentives for good joint commissioning and sanctions for failures. There will be greater enforcement of duties to consult the public over service provision – success in this area will form part of annual performance ratings.

8.7 Interest is shown in giving ward councillors an enhanced role as community advocates, potentially with a mechanism for a ‘community call for action’ led in some way by councillors.

8.8 On costs, the White Paper says: ‘Where there are additional costs for some elements of the proposals, we will make specific resources available to fund them, without placing unfunded new burdens upon local authorities or putting any pressure on the council tax.’

8.9 Local authorities and PCTs will be expected to integrate workforce planning into corporate and service planning. ‘Nationally co-ordinated action’ will improve recruitment and retention in social care and develop the social work profession.

9. Implications of the White Paper for Haringey Council

9.1 Revised statutory guidance on the role of Directors of Adult Social Services (DASS) was issued on 15 May 2006. Having appointed a Director of Children’s Services, the duties for which local authorities must now make their DASS responsible include:

- strategic needs assessments for adults and families across the borough;
- working in partnership with the Director of Children’s Services to jointly plan the social care workforce needed for the whole community;
- safeguarding vulnerable adults;
- managing cultural change to deliver the Council’s responsibility to promote well-being and delivery of preventative services.

9.2 It is the Department of Health’s intention to introduce legislation requiring local authorities to appoint a Lead Member for Adult Services, to ensure a strategic approach to provision of services for adults, and in particular promoting well-being, preventing social exclusion and protection of vulnerable adults.

9.3 Additional ‘best practice’ guidance calls for the DASS to promote well-being beyond the organisational boundaries of adult social care, working with “the full range of providers” including leisure services, adult education, community safety, the NHS, voluntary and community organisations and the independent sector. This guidance offers welcome flexibility at local level to adapt the role and related structures to meet local circumstances. This is very worthy and Haringey is already working with this range of agencies; however consideration must be given to the local position, and in the context of local NHS financial difficulty it may be especially difficult.

- 9.4 The commitment to providing extra funding where the Government's plans make it necessary represents a quiet but clear and extremely welcome climb-down from the widely derided insistence in the Green Paper that reforms must be cost-neutral. However, there is no detail at all provided of what extra funding may materialise or when.
- 9.5 An increased community advocacy role for councillors is to be welcomed. It is to be hoped that this will complement the existing role of Overview & Scrutiny.
- 9.6 Joint working with the NHS is to be broadly welcomed in principle, especially the alignment of planning and budgeting cycles. Haringey Council already jointly delivers a range of services and pools certain budgets with Haringey Teaching PCT (TPCT). There is enthusiasm in principle for the extension of this joint working and discussions are ongoing to achieve it. However there are a number of issues which should be noted and will need to be resolved, relating to the detail of frameworks and the capacity and willingness of local NHS organisations. These issues include:
- the difficulty of synchronising assessment and inspection, as the inspection regimes are currently very different, with the Healthcare Commission being much 'lighter touch' than the Commission for Social Care Inspection (CSCI);
 - doubts around the PCT's current capacity to deliver integrated workforce planning;
 - how good joint commissioning and joint performance indicators will be defined;
 - the need for proper guarantees of contractual financial security and equity in joint capital projects;
 - the likely cost implications of integrating social care into NHS facilities, as there are certain Social Services functions (such as assessment and care management) which cannot be efficiently decentralised;
 - the need for joint strategies and networks to reflect the full range of local government involvement in promoting well-being;
 - the challenges around reliable provision of information, considering the disparate nature of NHS services and the lack of a joined-up NHS IT system. This is likely to lead to a significant resource implication for the Council;
 - the change in direction that will be required at local NHS level regarding intermediate care, from which Haringey TPCT is currently withdrawing funding.
- 9.7 The biggest single implication of this Government agenda is the renewed commitment to independence and choice. Individual budgets – held by the local authority on behalf of the service user or carer – may be rolled out nationally as soon as 2009/10.
- 9.8 A key part of the new agenda is that a national approach to risk management in social care is to be developed during this year. This will codify the balance between protection from risk and the greater user choice which is a key part of the Government's vision. However, this will present a significant policy decision for Haringey Council, as some boundaries will need to be drawn. Some service users may wish to use their direct payments or individual budgets in ways which are clearly inappropriate, which would raise questions about the Council's residual responsibility towards the service user, as well as about the value being obtained for Council money. Therefore, the placing of conditions upon user choice in the new framework needs to be carefully considered.
- 9.9 The 'choice' agenda also presents issues for commissioning and control of budgets. Value for money is currently achieved through the use of block contracts in several social care services. However, when service users are given greater choice to opt for an alternative provider, this may mean they choose an alternative to the current service

when the Council might nonetheless have an ongoing contractual obligation to pay for the latter. Greater flexibility in commissioning will therefore be required to avoid extra residual costs.

- 9.10 There is already a need to review Haringey Council's charging policy for adult social care. The extension of user choice will exacerbate this need if greater inequities are to be avoided.
- 9.11 Generally, the perception remains that social care is a lesser priority for the Government than health, and there is an ongoing need to champion the value of social care to the well-being of Haringey communities.

10. Work in progress at Haringey Council

- 10.1 The Government's seven key outcomes for adult social care are secured in the Social Services Directorate's relevant business plans, and are broadly equivalent to the seven outcomes and strategic objectives of Haringey's Well-being Partnership Board.
- 10.2 Haringey Council is performing above comparable authorities in the number of its service users receiving Direct Payments.
- 10.3 The Council's Carers Strategy is being developed with the intention of offering service users and their carers more independence.
- 10.4 The cornerstone of the Council's Community Care Strategy is moving away from institution-based provision towards services to enable people to continue to live at home, and it also contains measures to increase choice.
- 10.5 The Social Services Directorate is also looking at the Customer Services Strategy and its uses of IT to enable direct communications with service users, with a view to introducing online booking facilities.
- 10.6 The White Paper also provides further Government endorsement of Haringey Council's Welfare to Work for the Disabled programme.

11. Consultation

- 11.1 It is proposed to hold a series of consultation events with social care staff and service users during Summer 2006.

12. Recommendations

- 12.1 That Members consider the Council's future policy direction for adult social care with respect to the promotion of client choice and integration of services with the NHS.

13. Comments of the Director of Finance

- 13.1 The initial implications of the White Paper were taken as part of the Social Services Directorate's pre-business planning process and consequently as part of the Council-wide budget-setting process. Planning to meet the objectives of this agenda will need to be done in the context of the financial pressures that exist within the health and social care sectors. Any additional financial implications will need consideration by Members as and when they emerge.

14. Comments of the Head of Legal Services

14.1 The proposals in the White Paper do not yet have any specific legal implications. If the proposals are implemented, the Director of Adult Social Services (DASS) will have a wider responsibility than at present. It is envisaged that the DASS, Director of Public Health and Director of Children's Services (who are currently responsible for undertaking regular Strategic needs Assessments to inform future planning and commissioning across health, well-being and care) will advise how local authorities and PCTs can jointly promote the health and wellbeing of local communities. The DASS will have statutory lead responsibility.

15. Equalities Implications

15.1 To achieve excellence, we will need to build on our past experience integrating equalities into all of these new proposals from the beginning. We will use equalities policy-proofing so any new proposals are checked to ensure all equalities issues have been considered and built into any new proposals/policies as they are developed.

15.2 We know from equalities monitoring information and consultations that our existing services promoting independent living in the community, such as direct payments, have been highly successful in meeting the needs of service users from black and minority ethnic groups. We have already started to plan joint work with Health and other partners. An example of this is the report that went to Well-being Partnership Board reporting on progress to standardise all our approaches to complying with the Race Relations (Amendment) Act, equalities monitoring and translation and interpretation.

15.3 We have been including equalities issues into our workforce planning for many years now with impressive results, ensuring our workforce reflects the communities we serve and we will continue with this work in the future. It will however be essential that we address the all equalities implications of the community advocates outlined in this White Paper.