

Well-Being Partnership Board – 4 September 2006Report title ***Our Health, Our Care, Our Say White Paper*****1. Purpose**

To act as a background paper to a presentation to this meeting of the Well-being Partnership Board of the key points of the Department of Health's White Paper *Our Health, Our Care, Our Say*.

2. Summary

- This White Paper expands the Government's 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.
- A wide range of new initiatives in both health and social care are to be developed to support this vision.
- The Government wants joint working between local authorities and the NHS to be developed in a broad range of areas.

3. Recommendation

That the Partnership Board notes the key messages from the White Paper and discusses its implementation.

Contact officers:

Catherine Galvin
Assistant Director Business Improvement, Social Services, Haringey Council
(020) 8489 3719 catherine.galvin@haringey.gov.uk

Gill Prager
Director of Corporate & Partnership Development, Haringey TPCT
(020) 8442 6189 gill.prager@haringey.nhs.uk

Policy framework

Our Health, Our Care, Our Say sets 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.

Seven outcomes laid out in the *Independence, Well-being and Choice* 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.

'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.

Joint working between local authorities and PCTs

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 in the two sectors 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.

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

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. Our 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 our annual performance ratings.

Promotion of good mental health is particularly prominent in the White paper. 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). Each local area will be expected to have a mental health promotion strategy addressing external factors such as stress and abuse as well as individual lifestyles. Good practice in this area is defined as including a local needs assessment, cross-sector ownership and links to wider health and social care initiatives. Increased focus

on people of working age with mild to moderate mental health problems is to be piloted nationally, with a view to developing an evidence base to justify a wider policy shift.

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.

Haringey Council and Haringey Teaching PCT (TPCT) already jointly deliver a range of services and pool certain budgets, and discussions are ongoing between us to achieve greater joint working. However there are a number of issues which the partnership notes will need to be resolved, relating to the detail of frameworks. 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);
- 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 need for joint strategies and networks to reflect the full range of local government involvement in promoting well-being.

Both sides of the partnership face a challenging financial climate over the next three years. This in fact creates more of a need for us to work jointly wherever there are benefits to be reaped; however at the same time it can act as a constraint to actually getting it off the ground.

There had been specific financial concerns from the *Independence, Well-being and Choice* Green Paper due to insistence that social care reforms must be cost-neutral. In contrast 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.' This commitment to providing extra funding in social care where the Government's plans make it necessary is warmly welcomed by the partnership; however, there is no detail at all provided of what extra funding for social care may materialise or when.

Extending choice and widening access

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. 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 greater user choice.

The 'choice' agenda includes improving access to general practice for the whole community. The White Paper aims to reduce difficulties of registering with a GP of the patient's choice by ensuring sufficient information is available to allow people to make a fully informed choice.

Walk-in centres are to be developed according to local need to allow for an increased flexibility of access and to ensure that those with busy lives are able to access services on an equal basis. To this end Practice-Based Commissioning is also being developed to ensure services truly meet the needs and wishes of local communities.

A new generation of community hospitals is to be developed to provide diagnostics, day surgery and outpatient facilities in locations which are fitted to where people live and work. These community hospitals are planned to complement more specialist hospitals.

Community Pharmacy contracts are placing pharmacies in a better position to enable them to provide more services and to eliminate the need for visits to GPs. These contracts are to be further developed.

Preventative services

An Urgent Care Strategy will focus on not only improving patient experiences but also on prevention by reducing the number of hospital admissions. This is to be done by simplifying access routes to care and ensuring people are appropriately assessed and referred to the relevant service quickly. The strategy will also work on improving partnership working and joint commissioning between our respective sectors.

A new 'NHS Life Check' service is to be developed to help people assess their own risk of ill health, particularly at 'critical points' in their lives. This will take into account a range of risk factors. Initial development and evaluation is due by 2007 and wider roll-out will follow. A high-profile 'Fitter Britain' campaign will also be developed aiming to improve people's health choices by 2012, focusing on both physical and emotional health.

Revised statutory guidance on the role of Directors of Adult Social Services (DASS) was issued on 15 May 2006. 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.

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.

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 the NHS but also leisure services, adult education, community safety, 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, but it is 'best practice guidance' rather than statutory guidance.