**Agenda No 12**
**Supplementary Report**

# *AGENDA MANAGEMENT SHEET*

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|---|---|
| ***Name of Committee*** | **Cabinet** |
| ***Date of Committee*** | **21 July 2005** |
| ***Report Title*** | **Adult Social Care Green Paper: Independence, Well-Being and Choice** |
| ***Summary*** | |
| ***For further information please contact:*** | John Bull<br>Head of Adult Services<br>Tel: 01926 412438<br>johnbull@warwickshire.gov.uk |
| ***Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]*** | No |
| ***Background papers*** | Adults and Community Services Overview And Scrutiny Committee, 21 June 2005 - Implications of the Adult Social Care Green Paper "Independence, Well-Being and Choice" |

***CONSULTATION ALREADY UNDERTAKEN:-*** Details to be specified

| | | |
|---|---|---|
| Other Committees | ☒ | Adults and Community Services Overview and Scrutiny Committee – 21st June 2005 |
| Local Member(s) | ☐ | ..... |
| Other Elected Members | ☒ | Consultation event held on 14 July 2005 |
| Cabinet Member | ☒ | Cllr Colin Hayfield |
| Chief Executive | ☒ | Eric Wood, Acting Chief Executive |
| Legal | ☒ | David Carter |
| Finance | ☒ | David Clarke |
| Other Chief Officers | ☐ | ..... |
| District Councils | ☒ | Consultation event held on 12 July 2005 |
| PCT's | ☒ | Consultation event held on 12 July 2005 |
| Police | ☐ | ..... |

| | | |
|---|---|---|
| Other Bodies/Individuals | ☒ | "Open" consultation event held on 12 July 2005 |

***FINAL DECISION***

***SUGGESTED NEXT STEPS:*** Details to be specified

| | | |
|---|---|---|
| Further consideration by this Committee | ☐ | ..... |
| To Council | ☐ | ..... |
| To Cabinet | ☐ | ..... |
| To an O & S Committee | ☐ | ..... |
| To an Area Committee | ☐ | ..... |
| Further Consultation | ☐ | ..... |

**Agenda No 12**
**Supplementary Report**

# Cabinet - 21 July 2005

# Adult Social Care Green Paper: Independence, Well-Being and Choice

## Report of the Director of Social Care and Health

**Recommendation**

Members of Cabinet are requested to:

1. Note the outcome of the consultation processes undertaken in relation to the Green Paper.
2. Agree the draft response to be sent to the Department of Health, attached at Appendices 1 and 2.

## 1. Introduction

1.1 Published on 21 March 2005, Independence, Well-being and Choice, the Government's Green Paper on Adult Social Care is a consultation document on proposals for the future direction of social care for adults in England.

1.2 A national direction for adult social care was required in light of the development of integrated children's services and, in the wider context, as a response to changes in society. These changes include population mobility, an increase in family breakdowns, people living longer and increased expectations about standards of service provision.

1.3 The government is inviting views on the Green Paper, with the consultation period closing on 28 July 2005.

## 2 Consultation

2.1 The Green Paper has been widely consulted upon with elected members, staff, partners (including the Primary Care Trusts, the Independent and Voluntary Sector, and District/Borough Councils) and service users and carers. A number of consultation exercises have also been held, culminating in an event for elected members on 14th July 2005. A summary of the responses gathered at these meetings is attached as Appendix 2.

2.2 The outcome of these consultation exercises forms the basis of a Warwickshire wide response to the Green Paper. This has been collated and is attached as Appendix 1.

## 3. Conclusion

3.1 The outcome of the various consultation events in relation to the Green Paper has been collated and a letter drafted to the Department of Health. Members of Cabinet are requested to approve the response (Appendix 1) for onward transmission to the Department of Health, prior to the closing date of 28th July 2005.

MARION DAVIS
Director of Social Care &
Health

Shire Hall
Warwick

18 July 2005

*APPENDIX 1*

Your ref:
My ref: ACX/EW/SocSer/JB

21st July 2005

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Department of Health
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By email and post

Dear Sirs,

**RESPONSE TO THE GREEN PAPER ON ADULT SOCIAL CARE**

Thank you for providing the opportunity to comment on the Green Paper, Independence, Well-Being and Choice. Within Warwickshire, we have consulted widely on the Green Paper, using the Association of Directors of Social Services (ADSS) template to provide a focus for discussions. A summary of the responses gleaned from the consultation exercises is attached for your information.

Whilst the Green Paper on adult social care is welcomed for the opportunity it offers to develop a model of care and support fit for the 21st century, the following comments are highlighted for further consideration:

- Despite the positive focus of the Green Paper, we are disappointed by the lack of detail, particularly in relation to an implementation strategy. Whilst it is not clear whether a separate social care White Paper will follow the consultation, we believe this to be essential.
- In contrast to "Every Child Matters," the Green Paper provides no formal duty to work together, in partnership. We firmly believe that there should be a legislative requirement for social care, health, housing and the voluntary sector to work together, in partnership, to achieve better outcomes for service users and their carers.
- The central assumption in the Green Paper that implementation will be cost neutral is challenged. It is not possible to invest simultaneously in preventative services and in meeting immediate and higher level needs, and to bring about major transformational change without increased investment (at the very least in the short term).
- We welcome the clear acknowledgement that the social care workforce has been undervalued, but it is not clear how this is to be tackled. There is also very little indication as to how capacity is to be built, nor how the proposed new roles of Care Navigator, Broker, Planning Facilitator or agent will be developed.
- We welcome the potential for the Director of Adult Social Services to occupy a strategic planning role, but we believe that this would be best met by ensuring a statutory duty to produce an Adult Care strategic plan, in partnership with all relevant bodies, if the vision of strategic commissioning and delivery is to be achieved.

- Whilst the merger of the Commission for Social Care Inspection and the Health Care Commission is noted, urgent attention is needed to develop a simplified process of performance management, regulation and inspection.
- More attention needs to be given to ensuring the availability of high quality information to assist users and carers in understanding the level and type of support available.
- If we are to develop a model of care and support fit for the 21st century, consideration needs to be given to the fact that health care is free at the point of delivery, whereas social care is not. Should Local Authorities continue to charge for services and/or should the Charging for Residential Accommodation Guidance (CRAG) be updated?

We do hope that these comments are helpful and will contribute to the ongoing debate in relation to the development of a high quality and cost effective model of social care for the future.

Yours faithfully

**Eric Wood**
**Acting Chief Executive**

# Adult Services Green Paper Consultation Events: 12th and 14th July 2005

## Warwickshire Response to the Analysis of the Green Paper on Adult Social Care

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 1. The Green Paper on adult social care is welcomed for offering an opportunity to develop a model of care and support fit for the 21st century; achieving this will require integration across the 'whole system' of health, social care and the wider community and neighbourhood. | ✓ | | Well principled and welcomed direction. However, in order to achieve:<br>• Need to have range of possible frameworks/models that can then be adopted to meet the needs of particular area.<br>• Need to have a mandatory requirement for social care, health, housing and the voluntary sector to work together (as in Children's Services).<br>• Joint targets would incentivise.<br>• Outcome focus is welcome but whose definition is used, eg. Improved health and wellbeing. |
| 2. We welcome the emphases on choice, independence and prevention, and on seamless approaches to care. | ✓ | | "Choice" is welcomed but what does it really mean – is it from a prescribed menu, does it mean choices are wider the more articulate you are?<br>A stimulated, unregulated, unmanaged market cannot ensure all needs are met (need for regional agreements).<br>Conflict between different policies, eg. Market stimulation and choice direction. Can all this be cost neutral?<br>There are huge barriers to "seamless care" – organisational structures, IT, funding streams, governance. |
| 3. Despite the positive focus, we are disappointed by the lack of detail in the Green Paper, particularly over an implementation strategy. It is not clear whether a separate social care White Paper will follow the consultation, but we believe this to be essential. | ✓ | | Yes, would welcome White Paper and an implementation strategy similar to that for Children's Services.<br>Concern expressed about the leadership issue – what status will the Director of Adult Services have within the County Council? Will they have other responsibilities within the Council or a model of joint appointments with Health followed? |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 4. We welcome the attention to demographic change pressures, but we are concerned that there is insufficient attention in the Green Paper to the specific needs of people with long-term conditions, physical disabilities, learning disability or sensory impairment. | ✓ | | Agreed that we are concerned that there is a lack of reference to work underway under different umbrellas, eg. long term conditions.<br>Does it give attention to the specific needs of some older people? (eg. Mental Health Services for Older People, Elder Abuse?) |
| 5. The outcome domains identified in the Green Paper are important and we welcome this focus. However, there is a need for major refinement and development if they are to provide a clear statement of aims, objectives, and performance measures. | ✓ | | The "how" we do it needs to be relative to the needs of the different localities/regions.<br>Outcomes – are very subjective to the individual, and raise queries about how measurable they are. |
| 6. We believe that some additional outcome domains need to be developed around social inclusion objectives, and 'freedom from discrimination and harassment' should be expanded to address protection from abuse and the safeguarding of adults. | ✓ | | There needs to be effective sanctions for perpetrators of abuse.<br>• Needs to be a whole system approach, eg. better planning process.<br>• Needs to be a cultural change – more education of diversity issues.<br>• Lack of mental health input. |
| 7. We recognise that developing the outcomes framework with be the task of the relevant inspectorates. We are concerned over the potential impact of the demise of CSCI and its merger with the Health Care Commission. We do not know whether the profile or understanding of social care will be sufficiently developed within the new inspectorate. | | ✓ | Agree to one body as long as:<br>• Consistent, cost effective, shared values, common standards.<br>• Could be good role model to encourage more joined up thinking between health and social care.<br>• Need for it to not lead to separating of disciplines but more working together. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 8. The focus on changing the way in which social care is delivered is important. However, the Green Paper does not address vital questions about the respective responsibilities of public and private contributions and the role of charges, or the balance between meeting individual needs while rationing scarce public resources. | ✓ | | Initially will be more costly to provide preventative services but may be cost effective in longer term.<br>• More 'choice' will cost more, especially as expectations rise.<br>• Concerns about equity of resources across the whole community. |
| 9. We welcome the Government opening a debate on risk and independence. However, we are concerned that giving people greater autonomy should not mean that they have no protection from risk. | ✓ | But… | Different attitudes to risk (SSD, Health, family, etc). Need to develop risk assessment tool. Risks can be managed/reduced through assessment and use of regulated services, but risks remain with use of unregulated services. What is liability of local authority? Need balance between tight/loose financial controls. |
| 10. We support the emphasis on developing Direct Payments. However, it must be recognised that this is not a solution that is suitable for everyone. | ✓ | But… | Direct Payments seems to be promoted as the solution for all – we disagree, especially for Older People. There need to be alternatives that deliver similar outcomes. We question assumption that Direct Payments necessarily increase independence. Administration of Direct Payments for both user and local authority is onerous. How can local authority's achieve efficiency savings while supporting Direct Payments and individual budgets? |
| 11. In encouraging people to use Direct Payments it is essential to address the reasons underlying low take-up, and to consider how choice and control will be ensured for those service users who still prefer not to (or are unable to) make use of these delegated budgets. | ✓ | But… | Need more education of public re expectations of SSD. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 12. We welcome the idea of Individual Budgets and the different models of planning facilitator, care manager, care navigator, broker or agent merit consideration. However, far more work is needed to test these models, to understand who might perform the roles, and to explore the transferability of the model from the In Control pilots to other service users. | ✓ | But… | We support notion of individual budgets if they don't involve cash payments to users, but operate on voucher/credit basis. This would work well for preventative/low level services on a multi-agency level. There are likely to be problems of capacity and cost. Unfettered choice/control is seen as unrealistic and expensive option. |
| 13. We believe that important issues of market management need to be developed around the expansion of individualised purchasing. The local authority potentially has a role in assisting people using individual budgets to access approved service providers. | ✓ | | Difficult to manage market and ensure there are sufficient providers in existence to meet such a diverse need. PBC also has to be implemented – "hand to mouth" existence for providers. How are they commissioned and monitored – logistically? Change local authority procurement rules. What happens if individual changes their mind or doesn't buy services? |
| 14. It is not clear how the development of individual budgets, the expansion of Direct Payments, and the promotion of self-assessment will fit with the system of Fair Access to Care (FACS). The Green Paper does not address this important issue and we believe that clarification is needed about whether FACS is to remain in place, and if so how it is to operate within these new parameters. | ✓ | | Prevention makes sense! However, bar must be lowered in FACS to moderate and the significant additional cost acknowledged. Must double-fund for a while until traditional services can be de-commissioned. Can't prevent all need for core services, even then will reduce need but not remove it. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 15. We welcome the Green Paper's recognition that regulation needs to be proportionate. However, we believe that people making use of personal assistants and new models of brokers and care navigators need to be offered the protection of an appropriate regulatory regime that is currently missing. There must be some level of 'minimum assurance' that has regard to the POVA requirements and the implementation of Bichard. | ✓ | | This is concerning and we question whether vulnerable children would be so exposed to risk?<br>Vulnerable adults will not be making an informed choice as they won't know what risks they are being exposed to in all cases. Could increase vulnerable adult investigations.<br>Using preferred providers who are checked could be a solution? |
| 16. We welcome the emphasis on individual choice. However, this raises tensions with questions of rationing of services and where there will be inevitable restrictions on individual choice because of collective wellbeing. | ✓ | | With choice comes responsibility. Without additional funding services will be rationed as the core services are still going to be needed. Choice will always be limited by resources available in public purse. What about needs-led priorities? |
| 17. We welcome the Green Paper addressing the issue of changing the name of Direct Payments. We believe that confusion will be minimised by adopting the alternative that requires least change; 'direct services payment' is therefore the preferred option. | | ✓ | Lots of talk re joined up services with DWP but no "joined up" directions and papers.<br>Perhaps DWP would like to change the name 'Direct Payments'. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 18. We welcome the emphasis in the Green Paper on prevention. Clearly more evidence is needed on the value of preventive interventions, and further research is required as a priority. However, we believe that some low level interventions may prove *not* to have demonstrable preventative value, but are nevertheless still vital in terms of social inclusion and quality of life objectives. | ✓ | | Need to define "preventative" – preventing what?<br>Action on "condition management" can help prevent health crises.<br>Improving life quality is a worthwhile objective in itself, not just to reduce calls on resources in future.<br>Benefits on "preventative" work will need to be tracked over the long-term (ie. years) to evaluate impact on outcomes. |
| 19. While we welcome the prioritising of low level support and prevention, we are concerned about how this can be addressed within the framework of Fair Access to Care where these needs would be judged as of moderate or low importance. | ✓ | | We already do this to some extent through grants/SLA's to voluntary organisations. If we promote the development of a range of community services, SSD does not need to provide. |
| 20. While we welcome the overall approach of the Green Paper, we must challenge the central assumption that implementation will be cost-neutral. It is not possible to invest simultaneously in preventative services, *and* in meeting immediate and higher level needs, *and* to bring about major transformational change without increased investment. It is vital that the changes are adequately costed and funded. We are concerned that adult social care is already making a disproportionately large contribution to the Gershon efficiency savings, and expectations for further savings cannot be sustained. | ✓ | | It cannot be cost neutral, although efficiencies will be achieved by all partners working properly in protecting and pooling resources.<br>We will need to invest to save in the longer term.<br>Long-term financial modelling needs to be undertaken - the outcome of the Kings Fund (Wanless) work should be used to inform the financial of adult social care.<br>Also the unresolved issues relating to Continuing Health Care Criteria need to be dealt with. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 21. We welcome the Green Paper's recognition of the vital contribution of informal carers to social care. However, we are concerned that some of the assumptions suggest a poor understanding of the characteristics of most informal carers (the majority of whom are themselves elderly). It is essential that carers are not seen merely as another resource. | ✓ | | Carers are a vital resource for preventative services. Some will want to contribute to the wider society by working or volunteering. We felt the Green Paper did not betray a positive understanding of the complexity of carers issues. |
| 22. We welcome the clear acknowledgement that the social care workforce has been undervalued, but it is not clear how this is to be tackled. There is also very little indication of how capacity is to be built. | ✓ | | • Not just social care workforce, also health care and wider workforce.<br>• Not always lack of money – available workforce is the problem.<br>• Can we be more efficient through integration?<br>• Need to raise profile of "care" – particularly work with older people.<br>• Resources are problem too though.<br>• Perhaps raise profile as "career" not a vocation – relevant courses in schools/colleges.<br>• Need to compete with retail sector.<br>• Organisations taking people on "work experience" – issues re 'confidentiality' are a barrier.<br>• Includes recruitment into voluntary organisations. |
| 23. We welcome the recognition of the importance of coordinating support, but it is surprising and regrettable that the Green Paper has little to say on integrated team working as the way forward in delivering the reforms for adult social care. Earlier work by the ADSS on service for older people has indicated possible ways forward. | ✓ | | What might make integration happen?<br>• Shared information/HR systems.<br>• Pooled budgets – eg. YOT.<br>• Shared assessment processes (building on SAP).<br>• Information sharing protocols.<br>• Must respect user views about confidentiality/what to share/with whom. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 24. The Green Paper is right that new models of support are required for the future. However, a vision for the next 10-15 years needs to be considerably more innovative. At the same time we recognise that many traditional services are extremely popular and highly valued and we do not underestimate the challenge in changing the pattern of services. | ✓ | | Still feels like the wish list we've had for 20 years.<br>Green Paper really only general principles – perhaps we need follow on documents on specific client groups/with specific targets. Valuing People already has clear direction and vision for people with learning disabilities, but maybe Green Paper will ensure it moves forward. |
| 25. We welcome the emphasis on the potential of telecare. However, the belief that this will "require a smaller workforce to deliver the support needed by an individual" needs much more scrutiny. There are likely to be some very real limits to the substitutability of telecare for 'hands on' care. | ✓ with potential | But… | Great concern that "telecare" being viewed as substitution for "hands-on" care. If money for preventative technology is additional to funding for "human services" that is fine. Would like telecare to be promoted as valuable in enabling independence, managing risks. |
| 26. We agree with the importance of new models of care that can support people in the community. However, there is no recognition that new models have a disproportionate impact on different agencies. Mechanisms are needed that will transfer the resources between agencies in recognition of these changing demands. | ✓ | | Simplistic approach. Other agencies have funding pressure so should there be alignment?<br>Two separate demands on resource. How do we finance this change? Joint commissioning will be needed.<br>Impact on community/carers has not been considered.<br>Need to think outside the box. Single managed teams. Intermediate care good, eg. but needs proper funding.<br>But people with dementia cannot access Intermediate Care. Current resources aligned to demand of 10 years ago. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 27. We welcome the emphasis on assessment, but there remain significant challenges in implementing the SAP, the CPA and person-centred planning. What progress has been achieved around assessment, what remains to be done and *how* this is to be delivered must be addressed. | ✓ | | Look at current good practice and build on that, eg. multi-disciplinary teams. How do we join them up?<br>Voluntary sector not had training on SAP yet – but is planned.<br>Children's services have "Common Assessment Framework". Assessment "is too elaborate" and shouldn't be replicated.<br>Lack of consultation in residential homes about SAP is resulting in lack of 'sign-up' to it.<br>Need IT systems to talk to each other.<br>Issues about confidentiality and access of SAP, etc.<br>Conflict of expectations on what is in assessments. |
| 28. We believe that the sharing of important information between agencies is poorly addressed by the Green Paper, and needs to relate to models of partnership working and ideally to co-located multidisciplinary teams. | ✓ | | We feel there is a need for government to consider legislation to ensure partnership working and the sharing of important information between agencies.<br>Multi-disciplinary teams work well in hospital – a commonality. Whereas teams in community come from different ethos and create conflict. Therefore training should be from 'same starting point' on risk taking.<br>Needs to be more joined up working from government departments. Need agreement by agencies on what is partnership working.<br>Multi-disciplinary often works well at coal face but not higher up organisation.<br>Mental Health good, eg. of Health and SSD – step in right direction.<br>Care has become 'professionalised'. Need to listen to what carers want.<br>Ethos of local hospitals can drive local agenda. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 29. We welcome the establishment of the position of Director of Adult Social Services. However, it is not clear what leverage or power the DASS will have. There needs to be a clear duty of partnership across all partners if responsibilities are to be matched by appropriate power. | ✓ and… | ✓ | Would prefer an alternative title that did not emphasise 'Social Services' but 'Social Care' or 'Social and Community Care'.<br>If Director of Adult Social Services (DASS) just reporting to local authority, is this the right place for DASS to sit?<br>Should this post sit in neutral agency? In Children's there is a legal requirement for partnership.<br>Problem because lack of common boundaries, particularly in a Shire County with a number of District/Borough Councils and PCT's. |
| 30. We welcome the potential for the DASS to occupy a strategic planning role, but we believe this would be best met by ensuring a statutory duty to produce an Adult Care Strategic Plan in partnership with all relevant bodies if the vision of strategic commissioning and delivery is to be achieved. | ✓ | | If planning not watertight – other agencies might not be signed up, eg. OP Strategy underpinning agreement (signed declaration). Statutory version of COMPACT required. Cop out to say not structures that deliver as need statutory duty. Explicit priorities required for innovation and agreed strategy.<br>Same clients but basic communications lacking. Strong personalities and need will to progress agreed strategies. PCT's and Acute Trusts divided and SSD caught in-between but lower down on ground good examples of joint working, eg. MH teams. |
| 31. We welcome the emphasis of the Green Paper on partnership working. However, there is a need to set out a clear integrated model for strategic working with the NHS, without which there are risks of confusion and inertia, and marginalisation of social care in relation to the NHS agenda. At minimum, changes in the NHS must not make partnership with the local authority *more* difficult to achieve in the future. | ✓ | | Department of Work and Pensions steered to work jointly with Health and Social Care. Meetings held to look at joint teams so single point of contact for vulnerable adults. In such visibility consider all aspects for other organisations, eg. falls, access to charging so take holistic approach which is being piloted. Make most of opportunities.<br>Still internal issues to address such as joint work between OT's and social workers.<br>Pooled budgets would help decisions about how available resource can be spent.<br>In terms of charging, are home owners going to be dealt with and provided with different levels of care depending on income?<br>Issues currently around difference between health and social care responsibilities as no clarity between, but if care planned jointly there would be efficiencies. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 31. continued…. | | | NSF's provided clear view of future integration. Staff at all levels need to be trained and exchange environments to understand other roles and priorities. Signposting needed to raise awareness of services across agencies.<br><br>Team structures need to be appropriate mechanisms to relate and respond to staff issues and management transitions. |
| 32. We support the development of 'the new NHS'. However, the development of practice-based commissioning in the NHS has the potential to reinforce neighbourhood level integrated planning and provision, *or* to fragment neighbourhood models. We believe that the relationship to adult social care commissioning needs to be clearer. | ✓ | | Social Workers in GP practice as part of joint team with housing, etc. very dependent on individual workers and their knowledge rather than process/structure making strategic connections.<br><br>Information Advice Workers historically have provided information to population to reduce waiting times.<br><br>Practice based commissioning would require different structure and creation of joint teams and links to other functions, eg. housing/ voluntary organisations to signpost to other services/benefits, etc.<br><br>Handy people schemes, etc, locally available but resource not accessed due to lack of links, eg. hoist availability not available so people go into respite care. Need more sheltered housing then can respond to changing dependency levels with GPs, hairdresser, etc, on site. Simple community based support for everyday living. |
| 33. We welcome the developments currently taking place around neighbourhood and wider locality reforms promoted by the ODPM (notably Local Area Agreements and the Local Strategic Partnership), but we believe the relationship to social care is poorly addressed by the Green Paper. Any forthcoming White Paper will need to consider these key developments and their relationship to the future of adult social care in some detail. | ✓ | | Safety net of preventive services currently not appropriately/statutory funded. Is it appropriate to bring in one model – need to understand communities differences to ensure equity and consistency to meet needs.<br><br>Current local/area working arrangements not robust – duplication and gaps noted by all participants. Supporting People example of some statutory bodies opting out of participating. Needs to be statutory responsibility to be part of framework. |

| Observations on Green Paper | Agree | Disagree | Comments |
|---|---|---|---|
| 33. continued…. | | | Complexity of current partnership planning documents could be simplified and streamlined. This might be facilitated by potential reorganisation of WCC and PCTs. Environment and structures changing as well as cultural. May not be adult services, may be community services and see this as difficulty in funding basis for change to avoid health and social care planning for future separately. Even between adults and social care there is a risk of split causing tension for transitional planning for young, disabled adults. Similarly transition from MH into older persons services. |
| 34. We welcome the recognition that the government has given to the importance of 'joined up government.' We are disappointed therefore that the Green Paper appears to have missed a vital opportunity to provide key links and to facilitate inter-departmental collaboration. Any future White Paper and subsequent legislation will need to do considerably more to ensure that the social care agenda is fully integrated with the health and wellbeing strategies. | ✓ | | Merger ideas for health and social care seems less dominant and now looking for local solutions.<br><br>Contracting culture could destabilise preventative services provided by voluntary organisations: interdependency of voluntary sector providers important to be maintained and resourced.<br><br>Needs to be accountability and clear communication of responsibilities. Well being agenda dependant on resource availability. Well being not supported by FACS and danger each organisation will protect their own resource. Strategic review of older people highlights some of current difficulties in working together towards well being. NSF standard 8 – work done but not owned – no adequate structure for leading good health promotion. Danger of nothing getting done. Opportunity to draw responsibilities together and make difference.<br><br>Needs to be clarity about what is meant by well being and promote opportunities to use the Well being power. Role of well being beyond just health and social care, eg. role of Eduction, employment, libraries, etc. |

# Additional Issues Identified

| Issues Missing From Current Analysis | Comments |
|---|---|
| Workforce issues | Differences in employment rights between agencies. Hybrid roles emerging. |
| Direct Payments | Users very concerned about DP being provided to family/carers. |
| Personalised budgets | Concern about safeguarding individuals well-being/ability to use or employ un-regulated care.<br>Balance between empowerment/leaving individual to fend for themselves. |
| Separation of Children's Services | Potential loss of continuity for service users. |
| Service user involvement in planning/service delivery and training | If we really want to be sure that new services meet needs. |
| Risk taking | Risk taking is a central theme of the paper. It is not cost neutral if it is to be properly managed and the risks taken by individuals v. the risks to society are to be properly balanced. |
| Mental Health Bill | Same government, MH Bill discussion paranoia about risks vs. free-for-all for risk in this – eg. POVA non-checks for personal carers. |
| Integrated teams – impact on charging | How do you work out if health/social care referral – CHC criteria, etc. |
| Care navigator role | What about the role of social workers as interveners, not just assessors. How does it fit with Community Matrons/case managers? |
| Director of Adult Social Services | Responsible for children's transitions – yet Children's will be more separate and many won't fit FACS. |