

AGENDA MANAGEMENT SHEET

Name of Committee Cabinet
Date of Committee 4 May 2006
Report Title **WHITE PAPER: Our Health, Our Care, Our Say**

Summary Provision of outline main thrusts of the White Paper “Our Health, Our Care, Our Say” and an initial assessment of local issues for adult social care, health and well being pending a further report.

For further information please contact: Graeme Betts Strategic Director Michael Hake Interim Head of Service
 Tel: 01926 - 412198 Tel: 01926 - 412198

Would the recommended decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]
 No

Background papers Reports on Green Paper [Independence, well Being and Choice, 2005]:
 Adults & Community Services OSC – 21 June 2005
 Cabinet - 21 July 2005.

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Lead Cabinet Member Cllr Colin Hayfield
- Cabinet Member
- Chief Executive
- Legal Jane Pollard
- Finance

- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION No

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

Cabinet - 4 May 2006

Our Health, Our Care, Our Say: A new direction for community services (Cm 6737)

Report of the Strategic Director of Adult Health & Community Services

Recommendation

To support the development of local partnership working to offer better community based health care services and to request further reports on developing this agenda as soon as possible.

1. Introduction

- 1.1 Published on 21 March 2005, ***“Independence, Well-being and Choice”***, the Government’s Green Paper on Adult Social Care was a consultation document on proposals for the future direction of social care for adults in England.
- 1.2 Publication was followed by a period of national consultation during which a broad consensus emerged around the issues within the Green Paper.
- 1.3 In January 2006 the Government published its White Paper on community services: ***“Your health, your care, your say”***. Implementation of the White Paper is intended to secure the following results:
 - People will be helped in their goal to remain healthy and independent
 - People will have real choices and greater access in both health and social care
 - Far more services will be delivered – safely and effectively – in the community or at home
 - Services will be integrated, built around the needs of individuals and not service providers, promoting independence and choice
 - Long standing-inequalities in access and care will be tackled.

- 1.4 The White Paper outlines the Government intention to achieve four main goals:
- Provide better prevention services and earlier intervention
 - Give people more choice and a louder voice
 - Do more on tackling inequalities and improving access to community services
 - Give more support for people with long-term needs.
- 1.5 The White Paper affirms the commitment to the seven key outcomes for social care set out in the Green Paper [See Appendix A]. The standards and criteria to be used for performance assessment by the Commission for Social Care Inspection [CSCI] now reflect the importance attaching to these outcomes.
- 1.6 The key measures for both health and social care in this context are around shared leadership for well-being and social inclusion where:
- Councils and PCTs, as commissioning organisations, develop partnerships to promote health, well-being and inclusion.
 - The role of Local Strategic Partnerships [LSPs] as the “Partnership of Partnerships” and a possible duty of co-operation where local area agreements [LAAs] are seen as a key driver.
 - Statutory Directors together with the Director of Public Health will play a central role in assessing health and social care needs of local populations within a systems wide and inclusive approach to these issues underpinned by timely, robust and accurate information.
 - Care closer to home, with a realignment of health resources towards primary care, prevention and accessible community facilities; including co-located health and social care alongside others [e.g., advice services] will develop.
 - A sustained realignment of health and social care systems into “ a whole systems” framework emerges so that community services are delivered in an integrated way around:
 - Shared outcomes
 - Shift from hospital to community based care
 - Performance assessment
 - Inspection regimes
 - Aligned budget cycles
 - Increased joint commissioning
 - Integrated workforce planning

- A strong focus on commissioning, joint commissioning and a more standardised approach to procurement [away from 150 different local approaches] with support from the Care Services Improvement Partnership [CSIP] to develop more diverse social care markets is in place.
- Delivery of services will be integrated through joint teams, the role of community matrons and use of Assistive Technology.
- Choice and control within social care will be promoted through direct payments and individual budgets [Note: neither apply to health care where choice is facilitated differently].
- Citizen engagement is reinforced through commissioning and Local Area Agreements, with strengthened duties to consult and increased importance attaching to user surveys.

1.7 There is a strong emphasis on enabling health, independence and well being through new “life checks”, especially in priority areas. Promoting mental well-being is to be placed at the heart **of “Choosing Health – making healthy choices easier ”** [2004] Specific provision is made for:

- A new “Quality Outcomes Framework” by 2008/09 with a focus on self-care within health.
- Personal health and social care plans as part of an integrated health and social care record by 2010.
- Joint health and social care managed networks /teams to support people with complex needs by 2008.
- Information prescriptions for people with long term health and social care needs by 2008
- A new deal for carers
- Self care becoming a key competency for health staffs.

2. Delivering the agenda locally

2.1 Few of the issues in the White Paper impacting on social care require legislation to take them forward. There are, however, several areas where guidance is promised which may need to be allowed for in considering how to take forward the agenda locally.

2.2 The main challenges are around how we organise and work together for local people to deliver quality reliable, responsive and resourced services that meet expectations and deliver outcomes that matter. There is a strong emphasis on working in partnership. An initial assessment suggests:

- The Council’s modernisation approach with its emphasis on devolved, joined up and locality working links well to the White Paper agenda.

- The reconfiguration of PCTs and health services offers opportunities to:
 - Generate a shared vision and understanding of priorities and outcomes for people.
 - Review current strategies and joint working not just with health but also more widely in line with the Warwickshire summit.
 - Generate joint appointments around commissioning and provision of health and well being services.
 - Explore a joint appointment for a director of public health.
 - Review arrangements for governance and scope for partnership boards; including joint strategic commissioning with Coventry for specialist provision.
 - Further develop joint teams in the areas of mental health [currently co-located]; learning disability and older people.
 - Explore co-location with General Practices and the more general development of one front line consistent with the principle of “no wrong front doors”.
 - Establish a base line for current Health Act 1999 and related health payments to the Council and for a movement towards more pooled and joint budgets in the future.

The White Paper also points to a need to:

- Develop a more explicit approach to evidence based and outcome focussed strategic commissioning statements around:
 - Extra care housing and care homes
 - Support of Carers
 - Valuing People
 - Mental Health Services
 - Older People – quality of life and healthier communities
 - Assistive Technology and adaptations to promote independence
 - Supporting People
- Explore more integrated partnership working with district councils to promote independence and well-being; especially in the areas of assistive technology, adaptations and meeting housing and accommodation needs of vulnerable people
- Deliver the “Bit of Help” service and the preventative agenda around the inherent links with supporting people, districts, community protection, information, and community and voluntary services.
- Commission and develop locality services in partnership with community and voluntary services to sustain independence and well-being.
- Review the current approach to direct payments so as to improve “ take-up” and levels of satisfaction.

- Be more customer focussed by reframing current information [data] flows on user and carer feedback and to utilise them more explicitly in service development and planning.
- Improve performance management and generate a performance improvement culture consistent with EFQM [European Foundation for Quality Management] involvement.
- Develop information and advice services and accessibility to information around health and social care.
- Consider the implications of “Foundation Status” for partnership working and more generally for acute services [and the review] in Warwickshire.

2.3 The White Paper with its emphasis on collaboration between local health services and social services, as a keystone for delivery, is consistent with the framework within which the new Directorate is working. The County Council has already recognised a need for change and partnership. A process of organisational transformation has commenced. This includes:

- Delivery of the requirements of the Children Act 2004; and,
- Fundamental reconsideration of the way services are delivered across the Council; and,
- A much wider emphasis on change and “whole organisation” solutions for the people of Warwickshire; and,
- Adding capacity by working in partnership with others.

2.4 This approach aligns well with the principles of public service reform. It offers real opportunities to take forward this White Paper agenda within Warwickshire.

GRAEME BETTS
Strategic Director of Adult Health &
Community Services

Shire Hall
Warwick

April 2006

APPENDIX A

INDEPENDENCE, WELL BEING AND CHOICE*

THE SEVEN KEY OUTCOMES

- **Improved Health:** enjoying good physical and mental health [including protection from abuse and exploitations]. Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.
- **Improved Quality of Life:** access to leisure, social activities and life-long learning and to universal public and commercial services. Security at home, access to transport and confidence in safety outside the home.
- **Making a Positive Contribution:** active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision-making.
- **Exercise Choice and Control:** through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
- **Freedom from Discrimination and Harassment:** equality of access to services. Not being subject to abuse.
- **Economic Well-Being:** access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.
- **Personal Dignity:** keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

*Independence, well-being and choice – Our Vision for the future of social care for adults in England, Department of Health, March 2005. p.26