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| Report to: | Adult Social Care and Community Safety Scrutiny Committee |
| Date: | 10 November 2011 |
| By: | Director of Adult Social Care |
| Title of report: | Caring for our future – national engagement exercise on the future of Adult Social Care |
| Purpose of report: | To enable the Committee to consider the national engagement exercise and make any comments to inform the County Council's response |

RECOMMENDATION

The Committee is recommended to:

1. Consider the national engagement exercise questions and initial views and make any comments to inform the County Council's response

1. Financial Appraisal

1.1. There are no financial implications in participating in the Government consultation exercise. However, the outcomes of the consultation could have significant impacts on the future funding of care and support services.

2. Background Information

2.1. Government has launched Caring for our future: shared ambitions for care and support – an engagement exercise with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support (See Appendix 1). The exercise runs until 2 December and the results will inform a Government White Paper and a progress report on funding reform that will be published in spring 2012.

2.2. Caring for our future aims to bring together recommendations from the Commission on Funding of Care and Support (Appendix 3), which ESCC Adult Social Care responded to (Appendix 4), and the Law Commission's proposals on Adult Social Care law reforms (Appendix 5) with Government's Vision for Adult Social Care.

3. Priorities: areas for discussion

3.1. Six areas have been identified that Government believes have the biggest potential to improve the care and support system. Recognising that all improvements cannot be made at once, Government is asking the public, care and support providers and other stakeholders to submit their priorities for:

- i. Improving quality and developing the workforce
- ii. Increased personalisation and choice
- iii. Ensuring services are better integrated around people's needs
- iv. Supporting greater prevention and early intervention
- v. Creating a more diverse and responsive care market
- vi. The role of the financial services sector in supporting users, carers and their families

3.2. A summary of consultation questions is at Appendix 2

3.3. As part of the Caring for our future engagement process, Government also wants to hear people's views on the recommendations made by the Commission on Funding of Care and Support and how they should assess these proposals, including in relation to other potential priorities for improvement; and the Law Commission's proposals on Adult Social care law reforms.

4. Initial views for consideration

4.1. Overall, priorities 1 to 5 are in line with the County Council's promise, policies, practice and investment including the council's promise to support the most vulnerable people and encourage personal and community responsibility; and Adult Social Care policy steers to make a strategic shift in resources towards older people's services; improve information and advice to enable people to make the right choices about the support they need; improve people's choice and control about how their needs are met; and to continue to invest in prevention and early intervention.

4.2. Key messages – initial proposals for consideration and further development:

i. We agree that the six areas identified have the biggest potential to improve the care and support system. The following should be prioritised, enabled and incentivised:

- Implementing the recommendations of the Commission on Funding Care and Support
- Quality as a guiding principle and adequate time, resources and leadership to plan for, manage and deliver changes in practice across health and social care
- Models of care that reflect best practice, local need and people's expressed views
- Integrated commissioning, funding and personalised care along the care pathway
- Freedoms, flexibilities, funding mechanisms and statutory levers that encourage and reward a whole systems/whole life approach to delivering outcomes
- Enhancing individual and community engagement, empowerment and capacity building
- Increasing investment in the development, diversification and growth of local care markets

ii. There needs to be clarity on what local authorities will be responsible for, and that local authorities and their partners will be enabled to meet and manage those responsibilities, given increasing demand and the totality of pressures facing local government budgets. This includes adequate provision to fund any enhanced activities such as information, engagement, workforce and market development that may be required locally.

iii. Significant variation across the country in demographics and social care markets, and the disproportionate pressure this places on local health and social care budgets, services and workforce, should be taken into account in any final proposals. This is particularly relevant in East Sussex which has amongst the highest numbers of older people in our resident population in the country with a projected growth in demand for services of 5% year on year.

iv. We strongly believe therefore that further resources are required on top of increases required by demand pressures, given the historical and current under-funding of social care for adults and high levels of unmet need set against rising costs and tighter public finances.

v. We recognise that national standards and frameworks can help ensure consistency in quality and equity. Where appropriate therefore, national consistency in e.g. assessments, entitlements and quality standards should be balanced with local flexibility in service design, delivery, care package planning and local expenditure.

vi. The financial services sector should be encouraged to develop and offer products that contribute to an affordable, equitable, effective and flexible system which responds adequately to individual circumstances and which complement other contributions e.g. taxation, benefit entitlements, pooled risk and mixed income models.

vii. Simplifying and streamlining Adult Social Care law is to be welcomed however the implications of some of the detailed proposals, especially with regard any new responsibilities and associated costs, need to be fully understood and adequately resourced.

4.3. In each of the six priority areas listed, the Government asks 'what does good look like' and how improvements could be made. We have a number of good practice examples on areas we have prioritised that we can include and use to animate our responses to the key questions posed for example the Lean prototype (quality and workforce development); Putting People First achievements (personalisation); the Integrated Plan for Health, Social Care and Wellbeing (integration); and Support with Confidence (market development).

5. Conclusion and Reasons for Recommendation

5.1. This is a very significant consultation with far reaching implications on future social care policy, provision, practice and funding nationally and within East Sussex. It is important that ESCC's response is robust, informed, evidence based and supported by elected members.

5.2. Following consideration by the Scrutiny Committee, officers will be consulted on the detailed questions, evidence will be gathered and a formal submission drafted. Service user and provider forums will be advised of the consultation and encouraged to participate. Given the timetable for the response, the final submission will be considered and signed of by the Lead Member for Adult Social Care on behalf of Cabinet.

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Caring for our future

Shared ambitions
for care and support

On 15 September, the Government launched *Caring for our future: shared ambitions for care and support* – an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.

Caring for our future is an opportunity to bring together the recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government's *Vision for Adult Social Care*, and to discuss with stakeholders what the priorities for reform should be.

We now have an opportunity to get reform right. However, the Government recognises that we cannot make all the improvements to the care and support system at once. In this challenging economic environment, we need to weigh up what the priorities for reform are and determine a realistic way forward. The discussions we will have over the next three months will help us to shape those priorities.

This leaflet explains what the engagement is about, and how people can get involved.

What is care and support?

We care deeply about how we look after people who need help to live their lives, including older people and people whose circumstances make them more vulnerable.

We want everyone to have the help they need to live independent, active and healthy lives and to be part of the community. This could include help getting out of bed, cooking meals or getting out

of the house – the day-to-day activities many of us take for granted but that some people find more difficult. It might include emotional support at times of difficulty or stress. This help is what we call care and support.

Care and support is something that affects us all – we all know someone, a family member or friend, who needs additional care or support to lead full and active lives. It might be because they are getting older, have developed an illness or disability, or have lived with a disability from birth. In fact, most of us will need care and support at some point in our lives.

Care and support is provided by a wide range of people and organisations. People might have friends or family members that help them, they might get support from a personal assistant, or they may choose to live in a care home.

Today, some people can get help from the state to pay for their care and support costs. Disability benefits provide a basic level of support to everyone who has a care and support need, regardless of their income or wealth. The state provides additional support through the social care system for people on low incomes who cannot afford to pay for themselves if their local council decides that they need help.

Why do we need to change the care and support system?

We know that care and support in this country needs to change. People tell us that the current system is unfair, confusing and unpopular, and it lets down the people who need it most, often when they are most vulnerable or stressed.

There are many reasons why things have to change.

Society is changing, and we need to ensure the system is sustainable for the long term.

Within 20 years, the number of over 85s will double, and the number of people living with life-long disabilities is likely to grow too. At the same time, though, there will be relatively fewer people working and paying taxes to help pay for the support the Government provides. As a society, we should celebrate the fact that people are living longer. However, it means that if we don't spend more on care and support, fewer people will have financial help from the Government. More people, and their families, will struggle on their own to meet the costs of care.

People want greater choice and control over their care and support.

We know everyone's circumstances and ambitions are different. But, too often, people have had to make do with one-size-fits-all care and support services. We need to put power into people's hands by giving them a budget to pay for their care, better information and advice, and ensuring there is a wide range of organisations providing care from which to choose.

People's expectations are rising. As a country we expect better standards of care, and more control over our own lives. People need to be protected

from poor care, to have the support to choose the care that best meets their needs and to be able to speak out if there are problems. And to deliver better care we need to make sure the care workforce has the right skills.

Care is expensive, and people often face very high care costs without being able to protect themselves. None of us know if we will need care in the future or how much it might cost. The state already provides some support through the social care system, which is targeted at people on low incomes. Academics have said that today's 65 year olds will, over the rest of their lifetimes, face an average cost of £32,000 – but one in five will need care costing less than £1,000, and one in five will need care costing more than £50,000. The current system for getting state support is confusing, making it difficult for people to plan financially for their future needs. And unlike other areas of life – your home, your car, your mobile phone – there is little opportunity for people to protect themselves from high costs if the worst happens. People have to use up their savings and, if they need to move into a care home, they do not get any financial support towards the cost of their care until they have also used all their housing wealth down to the last £23,250.

What has the Government done already?

We have already shown our commitment to change by taking major steps forward towards an improved care and support system.

Last November the Government published its *Vision for Adult Social Care*. The vision set out the principles for a modern system of care and support. It said we want to see a care and support where care is personalised, people have choice

in how their needs and ambitions are met, and carers are supported. Active, strong communities should help people maintain their independence. We want high quality care to be delivered by a diverse range of providers and a skilled workforce that can provide care and support with compassion and imagination. People must be confident that they are protected against poor standards and abuse.

We have set out our priorities for helping carers in the next steps for the *Carers' Strategy*. We have announced extra funding for care and support, to help to protect the care and support system from the difficult spending decisions that the Government has needed to take to bring the country's finances under control and to reduce the deficit.

We also asked the Commission on the Funding of Care and Support to look at options for reforming how people should pay for care and support.

What is the engagement process about?

Over the next three months, we will be seeking the views of people who use care and support services, carers, local councils, care providers, and the voluntary sector about how we improve the care and support system, and what the priorities for change are.

In recent months, two independent Commissions have sent reports to Government on two different aspects of care and support. In May, the Law Commission published recommendations for simplifying social care law, and in July the Commission on Funding of Care and Support published recommendations for reforming the way that people pay for care and support.

These recommendations will form the basis for our discussions.

Law Commission: The Law Commission report said that adult social care law is outdated and confusing, making it difficult for people who need care and support, their carers and local authorities to know what they are entitled to. It recommended bringing together all the different elements of social care law into a single, modern, adult social care statute.

Commission on Funding of Care and Support: The Commission on the Funding of Care and Support recommended that the amount that people have to spend on care over their lifetimes should be capped, although people in care homes should continue to pay a contribution towards their living costs. The Commission also recommended that the current system of means-tested support should be extended, so that more people can get additional help in paying for care.

We have also received a report from the Palliative Care Funding Review, which sets out how we could create a fair and transparent funding system that ensures integrated, responsive, high quality health and care services for those at the end of life.

All these reports contain some important and valuable proposals to help us decide our approach to changing the care and support system. The Government has a broad agenda for reform of care and support. These reports were never intended to look at all our priorities. For the White Paper on social care reform and the progress report on funding reform that we will publish next spring, we have an opportunity to get reform right so we want to have a wider discussion about every aspect of the system to help us decide what to do.

We have already said that we want to see a care and support system where care is personalised, where people have choice in how their needs and ambitions are met and where carers are supported. We want high quality care to be delivered by a diverse range of providers and a skilled workforce that can provide care and support with compassion and imagination. People must be confident that they are protected against poor standards and abuse.

Making changes to the care and support system is not simple. The challenges of an ageing society are being faced by most developed countries. There are no easy answers, and we can't make all the changes at once. We know that, as a country, we will need to spend more on care and support as our society ages. In this challenging economic environment, we need to weigh up what the priorities for reform are and produce a realistic roadmap for change.

So, over the next three months, we will be engaging with a range of people and organisations involved with care and support. We will be talking about the future of a service that, while it is invisible to most people, can make a profound difference to the day-to-day lives of millions of people in this country.

How will the engagement exercise work?

We want to discuss what people's priorities for change are, and this will feed directly into our White Paper, and the progress report on funding reform, in the spring.

We have identified six areas where we believe there is the biggest potential to make improvements to the care and support system.

These are:

Quality: how could we improve the quality of care and how could we develop the future workforce to do this?

Personalisation: how could we give people more choice and control over the care and support they use, and help them to make informed decisions?

Shaping local care services: how could we ensure there is a wide range of organisations that provide innovative and responsive care services and that respond to people's needs and choices?

Prevention: how could we support more effective prevention and early intervention to keep people independent and in good health for as long as possible?

Integration (in partnership with the NHS Future Forum): how could we build better connections locally between the NHS and other care services?

The role of the financial services: what role could the financial services sector play in supporting care users, carers and their families?

Making changes to the funding system for care and support, as discussed in the Commission on Funding of Care and Support's report, would impact on all aspects of the care and support system. So we also want to consider the implications of the Commission's recommendations as part of these discussions.

We have asked a key leader from the care and support community to help the Government to lead the discussions for each of these six areas. We want to work collaboratively, drawing upon the networks of expertise and experience that have developed over many years. So, together, we will be attending events, holding meetings, listening to the views of user organisations, carers' representatives, care providers, and local councils

on what the priorities for improving care and support should be.

As part of *Caring for our future*, we also want to hear people's views on the recommendations made by the Commission on Funding of Care and Support and how we should assess these proposals, including in relation to other potential priorities for improvement. The Commission's recommendations present a range of options, including on the level of a cap and the contribution that people make to living costs in residential care, which could help us to manage the system and its costs. We want to hear people's views on these different options, and the trade-offs involved. Later in the autumn, as part of the engagement, we will ask the six discussion leaders to bring together the views they have gathered on support for the Commission's proposals, and the wider priorities for change.

As we said in our response to the Commission on Funding of Care and Support, we face difficult economic times. Given this, the Government will have to weigh up different funding priorities and calls on its constrained resources carefully before deciding how to act.

These discussions over the next three months will help us decide how to move forward over the months and years ahead to improve the care and support system.

How you can tell us what you think

- Organisations involved in care and support can take part in events and meetings attended by the discussion leaders.
- Send your views to your local or national representative group and ask them to take part in the engagement.

- Complete the feedback form (available at www.caringforourfuture.dh.gov.uk) and return it by email to caringforourfuture@dh.gsi.gov.uk or by post to: Caring for our future, Area 117, Wellington House, 133–155 Waterloo Road, London, SE1 8UG.
- Post your comments directly onto the *Caring for our future* website, or email or post them to the addresses above.

What happens next?

The engagement will run until early December, but we are asking for written comments as early as possible in order to inform discussions. The deadline for written comments is 2 December.

At the end of the engagement, the discussion leaders will bring together views about the priorities for change. This will help the Government decide what to do.

The Government will publish a White Paper in spring 2012, alongside a progress report on funding reform. The White Paper will set out our approach to reform, to start the process of transforming our care and support system.



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Appendix 2: Engagement exercise questions

1. **Quality:** How could we improve the quality of care and support the care workforce to do this?

A series of questions are asked including definitions of and approaches to quality; the role of service users in determining outcomes and designing services; equipping the workforce, volunteers and carers to respond to the challenges of improving quality and growth in demand; social care leadership; mechanisms for users, carers and staff to raise concerns about the quality of care and ensuring these concerns are addressed appropriately.

2. **Personalisation:** How could we give people more choice and control over the care and support they use, and help them to make informed choices?

A series of questions are asked including changing attitudes, culture and behaviours amongst the social care workforce to increase personal budgets and direct payments; information to help people become informed users and consumers of care; applying the principles of personalisation to people in residential care; what are the barriers to a more personalised approach?

3. **Integration:** How could we better build connections locally with the NHS and other care services?

A series of questions are asked including what good looks like; where should services better integrated both within the NHS, and between the NHS and local government services, in particular social care; how can integrated services achieve better health, better care and better value for money; what barriers to integration should be removed and how can better integration be incentivised; and who needs to do what to progress integration?

4. **Prevention:** How could we support more effective prevention and early intervention to keep people independent and in good health for as long as possible?

A series of questions are asked including how a wide range of providers be encouraged and incentivised to work together and invest in prevention and early intervention; how could prevention and early intervention become mainstream practice; how could we create mechanisms that pay by results/outcomes; and how could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing?

5. **Shaping local care services:** How could we ensure there is a wide range of organisations that provide innovative and responsive care services and that respond to people's needs and choices?

A series of questions are asked including how to define the social care market; how could we make the market work more effectively including promoting growth and better information for commissioners; does there need to be further oversight of the care market, including measures to address provider failure; and what could be the impacts of wider reforms on the market including the roll out of personal budgets and direct payments?

6. **The role of the financial services:** What role could the financial services sector play in supporting care users, carers and their families?

A series of questions are asked including what are the main barriers to the development of relevant financial products; to what extent would the reforms recommended by the Commission on Funding of Care and Support overcome these barriers; what else could Government do to make it easier for people to plan financially for social care costs; would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so how? What wider roles could the financial services industry play in, e.g. encouraging prevention and early intervention or helping people to purchase care, or purchasing it on their behalf.

7. **Any other comments on social care reform, including the recommendations of the Commission on Funding of Care and Support?**

Adult Social Care responded to the Commission. A summary of key points is at Appendix 4.

Appendix 3: Quick Policy Briefing - Report of the Commission on Funding of Care and Support

1. Introduction

1.1. The Commission on Funding of Care and Support was set up by Government as an independent body to make recommendations on how to achieve an affordable and sustainable funding system for care and support, for all adults in England, both in the home and other settings. It also looked at funding in the context of broader support for older people and other users of care services. In December 2010, the Commission launched a call for evidence, which ESCC Adult Social Care responded to. The Commission presented its findings to Government on 4 July 2011.

2. Key conclusions and recommendations

2.1. The current system is confusing, unfair and unsustainable. People are unable to plan ahead to meet their care needs. Assessment processes are complex and opaque. Eligibility varies depending on where you live and there is no portability between local authorities. Information and advice is poor. Services often fail to join up. People are unable to protect themselves against high care costs. Current availability and choice of relevant financial products is very limited. Most people are realistic about the need to make a contribution to the costs of care in later life, but they want a fairer way of sharing costs and responsibility between the state and individuals. There is consensus on the need for reform.

2.2. The Commission believes that a reformed funding system should offer protection to everyone against the risk of high care costs and be clearer, helping people to plan, prepare and encourage saving. It should support everyone in making their personal contribution by opening up a viable space for financial products, supporting carers and providing targeted state support; and be better aligned with other elements of the care and support system to form a more streamlined and integrated system in which delivery is shaped around individuals, not services. Their recommendations are:

- i. Capping the lifetime individual contribution to adult social care costs at £35,000 as a way of pooling the risk between the state and individuals
- ii. Continue means-tested support, and increase the asset threshold beyond which no means tested help is given from £23,250 to £100,000.
- iii. Everyone would be entitled to universal disability benefits to help them pay for care and meet other disability-related costs.
- iv. Government should consider how to simply benefits and social care funding through better alignment or integration of funding streams, and encourage greater integration of assessment, funding and services especially for Continuing Healthcare and End of Life Care.
- v. In reforming the funding of social care, Government should review the scope for improving the integration of adult social care with other services in the wider care and support system. In particular, improved integration of health and social care in order to deliver better outcomes for individuals and value for money from the state.
- vi. People in residential care should contribute a standard amount to cover general living costs just as they would be expected to meet the costs of living in their home.
- vii. National eligibility criteria for service entitlement (initially set at 'substantial') to improve consistency and fairness across England; portable assessments for the cared for and carers; and a more objective eligibility and assessment framework.
- viii. An awareness campaign to encourage people to plan ahead, and a major new information and advice strategy, in partnership with charities, local government and the financial services sector, to help when care needs arise. As proposed by the Law Commission, a statutory duty should be placed on local authorities to provide information, advice and assistance services in their area and to stimulate and shape the market for services.
- ix. Carers should be supported by assessments which take place alongside the assessment of the person being cared for and which aim to ensure that the impact on the carer is manageable and sustainable.
- x. The role of housing provision such as extra care housing, aids and adaptations was noted.
- xi. Reforms could stimulate supply and demand for financial products linked to pensions, insurance or housing assets offering protection for people against their care costs, and Government should set up a cross-sector working group to support market development.

3. The Government's response

3.1. Government welcomed the Commission's report; highlighted that costs (potentially an additional £1.7bn a year rising to £3.6bn by 2025) needed to be weighed against other priorities for reform; and launched an engagement exercise to identify priorities for reform leading to a White Paper on social care in Spring 2012.

Appendix 4: Future Funding of Care and Support – ESCC response to the Call for Evidence

Summary of key points:

1. The current system is in urgent need of reform.
2. Assessment criteria and proposals make a helpful connection between funding reform and service improvements already being pursued such as personalisation and preventative work.
3. Significant variation across the country in demographics and social care markets, and the disproportionate pressure this places on local health and social care budgets and services, should be taken into account in any final proposals. This is particularly acute in East Sussex which has amongst the highest numbers of older people in our resident population in the country with a projected growth in demand for services of 5% year on year.
4. We agree with the Commission's description of the strengths of the current system but there are some significant developments that are putting current strengths at risk including budgetary constraints leading to tighter eligibility criteria; inconsistencies across the Country; a system that rewards and incentivises parts of the health and social care system not the system as a whole; and avoiding the risk of over-reliance on families and carers to plug gaps.
5. The four priorities for reform reflect our priorities, are evidence-based, and build on existing views such as the Kings Fund's four key tests for a system that is 'fair and affordable, understandable, effective, and enduring'. However:
 - a. We would advocate a variety and combination of costed options including insurance, taxation, private funding, benefit entitlements, pooled risk and mixed income models to be put forward. Part of the challenge will be to balance the expectations of the public on their perceived right to an all inclusive free service and the state expectation of the big society.
 - b. Detailed costed proposals are needed and the impacts assessed to ensure the most affordable, equitable, effective and flexible system is developed which, as mentioned before, can respond adequately to individual circumstances and local variation, need and pressures.
 - c. We would like clarity on what local authorities will be responsible for, and that appropriate criteria and additional funding will be available to meet and manage those responsibilities, given increasing demand and the totality of pressures facing local government budgets.
 - d. We would oppose any national system that limits funding, care and support to those whose needs are already critical as this could undermine and endanger our ability to invest in early intervention and prevention that could reduce demand further down the line.
 - e. We would want to see a strong regulatory framework for insurance to ensure that people (and local authorities) are not taken advantage of financially and adequate provision to fund information, advice and engagement that may be required locally.
 - f. There is scope for greater efficiency via amalgamation of processes and improved data sharing.
 - g. Further resources are required on top of increases required by demand pressures, given the historical and current under-funding of social care for adults and high levels of unmet need set against rising costs and tighter public finances
6. We strongly support the Commission's statement to 'think through the practical details of any proposal' and in particular we would highlight the need for:
 - a. National consistency (assessments and entitlements) balanced with local flexibility (service design, delivery, personal care package planning and local expenditure). National policy on financial contributions for services (those chargeable) which is designed to be clear and unambiguous and provides Local Authorities with set regulations on the application. Current ambiguity and local discretion have lead to variation in charges and inconsistencies in policy application. We feel these would cease the "post code lottery" and ensure a transparent provision to those in need.
 - b. A well resourced and sustainable base from which to build and sustain long-term funding and provision of care; flexibility and future proofing to cope adequately with increasing pressures i.e. rising demand and rising expectations on quality, choice and control and clarity on how significant risks e.g. shortfalls would be met.
 - c. A whole systems approach that includes health, social care, benefits and other related reforms and funding settlements.
 - d. Clarity on levels and scope of local authority contributions with associated impacts and costs to local authorities factored in e.g. business support systems, communications and engagement needed as a result of new system requirements.

Appendix 5: Quick Policy Briefing - Law Commission Report on Adult Social Care law

1) Introduction

- a) The legal framework for adult social care dates back to 1948, and consists of a patchwork of legislation which makes interpretation and application of the law complex and time consuming.
- b) The Commission's review was announced in 2008, with a scoping report in November 2008 and consultation paper in February 2010. In this final report, published in May 2011, a single, modern statute and code of practice is recommended. Under proposed reforms older people, disabled people, those with mental health problems and carers would be clear about their legal rights to care and support services. Local councils would have clear and concise rules to govern when they must provide services. Government will consider conclusions, alongside those on long term care funding (which supported the Commission's recommendations), with a view to introducing legislation in 2012.

2) Key recommendations

- a) There are 76 recommendations relating to statutory principles; assessments; eligibility; carer's assessments and eligibility; provision of services; adult protection; ordinary residence and portability; overlap issues, including health and social care, adult and children's social care legislation, transition from children's to adults' services, young carers, parent carers, Section 117 of the Mental Health Act 1983, NHS continuing healthcare, hospital discharge, and duties to cooperate; and other issues including advocacy, disability registers, re-ablement services, strategic planning and wellbeing powers. Key recommendations include:
- b) A set of statutory principles setting out the purpose of adult social care (ASC) as being to promote or contribute to the wellbeing of the individual, and that an individual's wellbeing is put at the heart of decision making. The statute would not provide a precise definition of well being, but would set out a checklist of factors that must be considered before a decision is made.
- c) The overall structure of the law would be simpler with a single statute for England and Wales, setting out core duties and powers of local social services authorities; with different roles allocated to legislation, regulations and guidance. Guidance in particular would be simplified. Other key points include:
 - i) Building a single, streamlined national assessment and eligibility framework which would (unlike current guidance) 'stipulate basic minimum entitlements to services'
 - ii) Local authorities will be able to delegate aspects of the assessment process to other organisations – but the local authority must 'retain overall control of the process'
 - iii) Local Authorities should be required to do more to enable people with care needs to move from one local authority to another
 - iv) Placing a duty on councils to assess carers without them having to request an assessment; and to produce a care and support plan for all eligible users and carers
 - v) Giving carers new legal rights to services
 - vi) Placing duties on councils and the NHS to work together
 - vii) Protecting service users from abuse and neglect with a new legal framework, and
 - viii) For the first time, giving adult safeguarding boards a statutory footing.

3) Potential implications for ESCC and its partners

- a) A simpler legal framework would be welcomed. Changes to the way the law is set out could be as important as changes to the content of the law. They could help service users and their families to make use of the law, and greater clarity would make it easier to settle disputes at an early stage.
- b) Proposals also offer greater opportunity for better sharing of information between, and further integration of, health and social care e.g. by carrying out health and care assessments simultaneously or joint health and social care assessments to be carried out by the same assessor.
- c) A number of local authority duties are included. Some already exist, some have been updated and some are new. It may be helpful to review all duties against existing ones to identify new duties we may become responsible for and those we already carry out as 'good practice' such as provision of information, advice and assistance. This will also help identify where any new processes, practices or policies may be required. Any new processes would need to be lean, in keeping with work in hand to streamline processes to deliver better value for our clients with constrained resources. NB. The Commission indicated that their proposals would be resource-neutral.