

Independence, Well-being and Choice - The Adult Social Care Green Paper

East Sussex County Council Formal Submission

Overall Comment:

The Green Paper outlines a vision which is welcomed in its aspirations for better and broader services for vulnerable adults, underpinned by a shift in emphasis away from a 'deficit' model and towards independence, empowerment, participation and choice. The Green Paper also outlines many concepts which are being actively progressed in East Sussex, including the appointment of a Director of Adult Social Care, partnership working and strategic commissioning with health and other partners, increased use of Direct Payments, the development of Telecare, Extra Care Housing and the Single Assessment Process, recognition of and support to carers and close collaboration with the Voluntary and Independent sectors. In addition, Cabinet Policy Steers agreed for 2006/7 show clear alignment with Green Paper:

- Improve how people access advice, help and support, jointly with Health and Housing
- Develop the assessment and management of people's care that focuses on their individual need, circumstances and personal preferences, jointly with Health and Housing
- Improve how we plan and commission services, jointly with all our partners
- Support more older people and vulnerable adults in their own homes and in the local community
- Increase access to intermediate care and rehabilitation services that promote independence
- Improve opportunities for vulnerable people to engage positively with their communities and further encourage participation in local services and activities.
- Involve users and carers in the planning and delivery of services
- Develop disability and mental health services which focus on community support, ensuring effective transition from children's service
- Continue to improve joint working with Health, Housing, Independent and Voluntary sectors

The Green Paper offers areas of profound challenge to East Sussex in the extent to which it is possible to successfully and quickly deliver a widespread increase in the provision of preventative services, lead significant resource re-investment by an array of partner organisations, introduce individual budgets or achieve the full implementation of initiatives which are currently operating on a limited scale. There is a wider challenge too in making real the aspiration towards choice and independence, which was first voiced in the 1989 White Paper "Caring for People". The fact that nationally we are still aiming for the same objective sixteen years later indicates the difficulty in moving from aspiration to reality, even after years of concerted effort.

There must be deep scepticism expressed on the Paper's insistence that these changes would be cost neutral, especially when faced with East Sussex's relatively low baseline of provision and poor government settlements. Although the County Council has increased, for example, spending on older peoples services by 35% less than 1% of this has been provided by Government. It should also be noted that a 7.1% Government increase to the NHS contrasts to only a 2.7% rise for social care over the next 3 years.

The overall strategy, despite these concerns is supported. In particular, the shift in the balance of care from acute provision to preventative, community-based support which maximises the wider resources available through all partners, including the Voluntary and Community Sector, families and communities. International and increasing numbers of national successes in improving community support to those with long term conditions are starting to provide evidence that this kind of shift may be effective in addressing a seemingly inexorable increase in demand for acute and institutional care. East Sussex has already embarked on this

course and will continue to provide strong leadership for this transformation , but in championing this change will also need to voice the reality of under-funding to the social care sector.

Detailed Comment:

Chapter One – Our Vision for Adult Social Care

COMMENT:

There is a fundamental resource constraint with respect to shifting to a preventative role whilst also providing support to those with the highest needs. Although the Green Paper indicates that this shift towards prevention is a long term objective, the lack of recognition that this will require significant resources for pump-priming, double-running and other change management investment is of concern.

Chapter 2 – Why do we need a new vision?

COMMENT:

The Green Paper recognises that demographic and cultural change means greater demands for social care and subsequently a need to move the current focus of social care needs from acute to preventative services, designed around the needs of individuals.

The demographics clearly underline the fact that reducing the future demand for social care services will need pump-priming, in addition to funding current needs and those who will enter the social care system in the near future before preventative interventions take effect. The County Council is already affected by having a significantly higher than average population of older people (currently with 27% of pensionable age - almost double the national average and projected to be close to 40% by 2027) and by being a rural county. The evidence presented in the Green Paper does not support the argument that the shift to preventative work will be cost neutral. Medical advances may lead to a reduction in the proportion of people needing residential or nursing home care, but indications are that this will not sufficiently address the impact of this significant demographic shift. In addition, predicted shortfalls in occupational pensions are likely to lead to lower incomes for older people. This group of pensioners are more likely to fall within the Adult Social Care safety net.

Chapter 3 – Setting clear outcomes

COMMENT:

We welcome the setting of broad outcomes for social care on which to build services and against which the experience of individuals can be measured. It has however to be recognised that the above can only be met by:

- Public sector agencies (Job Centre Plus, PCTs, NHS Acute Trusts, community and Voluntary sector) working together around the individual i.e. sharing the assessment process and agreeing joint client-centred goals. Whilst this is appropriate and necessary, joint assessment and associated information flowing freely between agencies needs to be in place before we can evaluate our performance against the above goals. The Single Assessment Process (SAP) has led to significant progress on the foundations for this shared process but at the current rate of investment is still perhaps five years away from full, electronically-supported implementation across multiple agencies.
- The introduction of an externally audited joint performance management regime that ties agencies together to deliver change. This is not currently in place.
- The effective inclusion of social care needs and issues within the DH's massive National Programme for IT (now known as Connecting for Health) to ensure effective data-exchange between both sets of organisations.

In developing new targets, it will be appropriate and necessary to compare them in particular with NHS targets, some of which are in conflict with the drive to promote independence. The maximum "4-hour wait" in Accident and Emergency, for example, has at times created a perverse incentive to admit patients too quickly and sometimes unnecessarily, to the ultimate cost of their ability to live at home independently.

Chapter 4 - Putting people in control: improving assessment, Direct Payments and individual budgets

COMMENT:

Risk management - The proposition that individuals want to take more control of their lives and associated risks may be justified. The risk however will need to be managed, including quantifying and assessing significance, frequency and impact in addition to how these may change as an individual's needs change. Where an inadequate evidence base is used it could lead to an increase in the number of emergencies or crises. It must be stated that people are already living with considerable risk in the community and could be contributing to increasing emergency admissions as the risks are not being managed because people are not known to Adult Social Care or health. If individuals are to be enabled to take informed decisions about managing their own risk, then this approach will also need to be supported by changes in how Health professionals take decisions. In addition, there are many instances where the family of an individual is not willing for the person they care for to take any risks and with the reality of an increasingly litigious cultural backdrop, which is in effect reinforced by the further emphasis on choice and personal empowerment, the need for a "mechanism to protect" assessors will be important. Beyond the needs of assessing staff, increased organisational exposure to litigation and costly legal defences may also need consideration.

Streamlined assessment - The Green Paper proposes that Department for Work and Pensions (DWP) and local authorities share information in connection with Attendance Allowance/Disabled Living Allowance and from overview assessments between health and social care. Joint working and visiting between Adult Social Care and DWP financial assessors is now established but joint health and social care assessments using SAP are still paper based and not integrated with the notoriously complex DWP assessment processes for benefits. An IT solution is required to make joint assessments a practical reality and significant changes to the DWP's current assessment requirements will be necessary.

Self-Assessment - Self assessment could be a useful tool provided that users and carers are supported in the process and that risks are managed. Self-assessments will require a mechanism to check and validate the assessments and robust protocols of linking the assessment to the rapid delivery of services and equipment. This will restrict 'pure' self-assessment to very low levels of need. With respect to equipment this will need to be incorporated into the ICES contract. With the early adoption of SAP and a willingness to adapt processes, physical disability services have largely adopted this approach by leading service users through a streamlined assessment over the phone. This virtual self assessment enables simple equipment to be commissioned almost immediately and has resulted in a dramatic reduction in the waiting time for an Occupational Therapy assessment and expedited the supply of equipment. This innovation almost certainly represents the 'quick win' to be had in this area, but wider implementation of the approach can be explored and SAP is a key instrument in supporting this work. A £1.6m bid for Partnerships for Older People Projects Grant includes an outreach service, likely to be provided by the voluntary sector, supporting targeted older people through SAP and with the ability to similarly commission simple services and equipment from a pre-agreed 'menu'.

Direct Payments - East Sussex take-up has been reasonable, but in common with most authorities, has been more popular with physically disabled adults, as the model is oriented to the direct employment of Personal Assistants. Take-up amongst older people and those with more complex issues in regard to their capacity to manage the administration of Direct Payments has been more limited. This is largely due to the reasonable complexity of managing the payment and employment responsibilities (even with support), the need to benchmark the rate against Departmental homecare rates (which means the rate is too low to allow direct purchase

from an agency) and the cost of providing intensive support and establishing Trusts for those with limited capacity.

The current County Council Direct Payments support scheme has a waiting list and simply extending the scheme would not address the difficulties raised above without markedly increasing the unit costs of Direct Payments above that of commissioned services. A relaxing of the regulations to allow 'agents' to manage a service user's Direct Payments (rather than needing to establish Trusts) will ease some of these problems, and in this respect are welcome.

Individual budgets - Individual budgets are planned to be brought in by 2012 (but this may be brought forward). These can be used to purchase in-house services whereas Direct Payments, by law, cannot. Initial indications of the funding streams proposed to be brought together will require significant changes to current arrangements, but may usefully consolidate key resources affecting physically disabled adults in particular. Monitoring and effective control of individual budgets will need to be carried out by specialists to ensure that funds are being utilised effectively to meet users' requirements. Roll-out to wider client groups may be more challenging but the pilots should assist in refining the thinking and possible models. There is however the likelihood there will be additional costs in delivering this type of service through the need for greater levels of advocacy and support to users.

Managing the social care market - Personalised budgets offer the possibility of choice and control without some of the burdens of Direct Payments. This will, however depend on how the social care market is managed, which will be weakened by personalised budgets. In line with the Gershon review, the County Council is using best practice with respect to procurement to contract lead and back-up providers of care. These organisations are guaranteed a certain volume of work and therefore can recruit and retain staff to do this. Personalised budgets will progressively reduce the purchasing power and consequently the market influence of the local authority. The possible implication is that care providers will increase charges to offset the additional risks associated with 'spot purchases' and personalised budgets.

It will be extremely challenging to develop sufficiently sophisticated commissioning arrangements to maximise choice, quality and cost effectiveness, which will encompass commissioning across health, social care and housing.

Chapter 5 – The role of the wider community

COMMENT:

The continued recognition of the importance of carers is welcomed but it must be acknowledged that providing training for carers and extending the range of support offered to carers will create new sources of demand and will have resource implications.

The Green Paper refers to establishing 'mixed packages of care' i.e. social care packages plus 'universal services' (education, health, libraries, leisure facilities and transport). There needs to be a clear link between the needs identified by care navigators and the way in which universal services are delivered. This would require mainstreaming social care across the corporate agenda, for example, Transport and Environment placing the transport needs of older people at the centre of their strategic priorities. This approach is supported by the new Comprehensive Performance Assessment arrangements which emphasise shared priorities across departmental boundaries.

There is an assumption that a mixed package of social care and 'universal services' will deliver rapid improvements. This implies that assessments will need to cover health, housing, social, educational, leisure, employment and income; that the goals of the services identified will be improved housing, income, social capital and that the identification of needs will trigger all services to co-ordinate around the individual. This will require co-ordination of four Primary Care Trusts, five housing authorities, Registered Social Landlords, the

regional DWP, the regional learning & skills council and local colleges. The usability and efficacy of a single assessment tool or process which could adequately assess needs across so many domains is also questionable. It is important however to keep progressing improvements to integration of assessments and linkages between social care and other 'universal' services, both in planning and delivery.

Chapter 6 – Funding and fair access to care

COMMENT:

The government continuously reiterates the need for evidenced based decisions. There is no robust evidence that the shift from acute services to a focus on prevention will be cost neutral to implement. Firstly there will need to be **double running** of funding in the short to medium term, i.e. we will still need to provide preventative and intensive domiciliary, residential and nursing care. We do not envisage that efficiency savings and savings arising out of new ways of providing services will in themselves be sufficient to meet the growing demand for services in the medium to long term future, especially when facing a 363% increase in the numbers over 85 year olds in the next five decades. In addition, preventative work, if not accompanied by dramatic improvements in the health of older people, will not result in sufficiently reduced future demand for intensive home, residential and nursing care. A complementary investment in upstream services by the NHS will also be required. The substantial imbalance between increases in funding from central government to the NHS & Social Care (7.1% & 2.7% respectively in real terms over the next three years) does not support the required increase in social care provision and this imbalance has played out with particular severity in East Sussex. Consecutive poor settlements have resulted in the need to make a 35% cash increase into services with all but 1% of this being funded by local council taxpayers, many of which are elderly and on fixed incomes.

There is a need for major investment in IT to support the workforce and the new models of working, which will have resource implications. Of prime importance is an interim IT solution for SAP.

Other potential resource implications include the cost of introducing individual budgets, the re-engineering and training required to implement the proposed roles of person-centred planners, care managers, care navigators and care brokers.

On a wider level, there remains an inherent conflict in NHS services being free at the point of delivery when social care is means tested. This tension will continue to create ongoing operational difficulties and huge distress to service users as we seek to provide more seamless delivery with health partners.

The Department of Health invites specific comment on the implications for Fair Access to Care (FAC) eligibility criteria if more preventative services were provided. At the moment, most local authorities have made clear decisions to only meet those needs which fall into the top bandings. If it was decided that more preventative services were to be funded, the FACs matrix could continue to be used as it largely acts to make the risk assessment process more explicit and consistent. Local authorities could continue using FAC's but choose also to meet needs which fall into the lower bandings. To withdraw FAC's runs the risk of lessening the transparency of decision making, ultimately to the detriment of users. More complex though, is the government-regulated funding interface between health and social care which means that some services are chargeable to users and others not. This can result in anomalies such as a service user receiving Direct Payments who moves to fully NHS-funded provision thereby becoming ineligible for Direct Payments.

The Paper however re-states government commitment to the New Burdens Doctrine which outlines governmental commitment to reimbursing local authorities fully for any extra costs they face as a result of any new obligations.

Chapter 7 – The strategic and leadership role of local government

COMMENT:

Local government's existing power to promote the social, economic and environmental well-being of local communities is central to the prevention and independence agenda. The Green Paper proposes that the Director of Adult Social Services (DASS) has a key role in delivering the wider vision for social care including the new role in undertaking regular strategic needs assessments which looks 10-15 years ahead. The accompanying guidance on the role of the DASS further emphasises the community leadership role of the DASS with the language of the guidance strengthening in regard to increasing accountability for successful partnership working across a wider range of activities.

The ability to influence local partner organisations, in particular to achieving "whole system" shifts in service delivery for more person-centered, prevention models of care, will be dependent on the ability of local authorities to galvanise action and influence investment decisions at a strategic level. A lack of alignment in key performance targets between organisations does not always support collaboration. The historic and current tensions in East Sussex create particular challenges. We have, for example struggled in our joint planning with local NHS Trusts when their prioritised need to achieve immediate financial balance and meet elective surgery and maximum waiting targets cannot be reconciled with our prioritised need for joint investment in 'upstream' preventative services.

Chapter 8 – Shifting the focus of services: strategic commissioning

COMMENT:

Local Authorities have good experience in commissioning and procurement, particularly across a broad range of providers, and as such are well placed to take a leadership role in facilitating better aligned strategic commissioning across the 'whole system'. The new CPA arrangements, LPSA2 and Local Area Agreements further promote this role and act to broaden the scope of activity.

The proposed local commissioning framework is extremely broad covering housing, social services, health, universal services, and is similar to the brief envisaged for the local strategic partnerships (LSPs). Whilst desirable, the development of a local commissioning framework can only be achieved if the building blocks for such a joint health and social care commissioning strategy are actually in place. Such a joint strategic commissioning strategy is planned for development this year, but the potential for difficulties and therefore delays in securing agreement for modernisation and aligned investment cannot be ruled out.

Issues around sharing data between health and social care continue to be a key problem, hindering the development of evidence-based commissioning.

Contrary to the Local Government Association view that there is no value in a stronger duty for local councils and NHS commissioners to co-operate in commissioning services, the East Sussex experience would suggest that a 'duty' to cooperate would be helpful.

Chapter 9 – Service improvement and delivery

COMMENT:

We support the recommendations made in regard to innovative models of care, which reinforce the work already underway in East Sussex to:

- Develop extra care housing in partnership with housing authorities;
- Support the Surrey/Sussex Transforming Chronic Care Programme (TCCP);
- Support the implementation of assistive technology projects and the development of bids;
- Develop supported accommodation and adult placements;
- Develop cross-cutting commissioning strategies across health, housing and social care.

Chapter 10 – Regulation and performance assessment

COMMENT:

There is a need to move to a more proportionate performance management system based on outcomes for services users and their carers rather than activity. A reduction in the number of performance indicators and associated audit activity is welcome and effective monitoring of outcomes will not be possible without:

- Full introduction of the electronic social care record;
- Shared information systems between health and social care

The proposed 'Joint Area Review' approach to inspection for services for adults would be beneficial and would assist local health, housing and social care economies in reducing the costs associated with inspection.

Aligning the performance measures to the outcomes that individuals want from services would be extremely difficult. The County Council should ensure input into the development of 'well-being' targets to underpin the performance assessment to make certain that they are practical.

In addition, joint performance indicators between health and local authorities based around prevention and partnership work will only be achievable if the County Council can share data and information through the use of a shared unique identifier such as the NHS Number.

It must be recognised that LSPs are fundamentally consensus bodies. Nationally, they tend to work less effectively in two-tier authorities and they have in themselves no executive powers. For these reasons they may not, as they currently function be suitable as the exclusive vehicles for driving forward change.

Chapter 11 – Building capacity: the workforce

COMMENT:

We agree with the Local Government Association that the implications of the Green Paper for the workforce are widespread. Newly defined roles such as care navigators, care brokers, care managers and person-centred planning facilitators are all part of the role that social workers already play. If these roles are to be made distinct, it will be critical to ensure that risks are managed properly and this will require both a workload management approach and proper training for staff at all levels. It will also require significant work in developing a coherent and inclusive pay and workforce strategy.

We welcome the idea of extending learning opportunities to volunteers, service users and carers but the resource implications of this will need to be discussed in more detail.

The Choosing Health White Paper commits the Department of Health to supporting healthier workplaces within NHS organisations and we would welcome a similar commitment for local government. Commissioning a service involves commissioning a workforce and the role of the DASS has an important responsibility for the quality of the workforce in the labour market for social care as a whole as indicated within the Best Practice Guidance on the role of the DASS.

Chapter 12 – Community capacity building: working with the Voluntary and community sector

COMMENT:

The Voluntary sector has a critical role in delivering the vision of Adult Social Care particularly with respect to the preventative agenda presented in the Green Paper. It is for this reason that a dedicated resource located in the local authority focusing on the strategic development of the sector from a specialist social care perspective is essential.

The recent East Sussex Whole System Audit Commission inspection noted that the voluntary infrastructure was under-resourced in East Sussex, so we are starting from a low baseline which will have further resource implications as the significance of the sector's contribution increases.