A Vision for Adult Social Care: Capable Communities and Active Citizens

Overview

The Vision for adult social care is built on the following seven principles.

- **Prevention**: communities are empowered to help people retain and regain independence;
- **Personalisation**: individuals control their care through good quality information, and personal budgets, preferably as direct payments;
- **Partnership**: care and support is delivered as a partnership between individuals, the voluntary and independent sectors, the NHS and local authorities – across all services;
- **Plurality**: a broad market of high quality providers meets people’s diverse needs;
- **Protection**: sensible safeguards against the risk of abuse or neglect are in place, but risk is no longer an excuse to limit freedom;
- **Productivity**: greater local accountability and published information drives up standards;
- **People**: a skilled and compassionate workforce from all disciplines works alongside users and carers to lead change.

The report explores what is required to implement the principles and sets out actions for councils and the government.

The Vision is accompanied by other publications, most notably the consultation on *Transparency in Outcomes: A framework for adult social care outcomes*, plus the social care consortium’s partnership agreement *Think Local, Act Personal* and best practice guides to building stronger communities, market and provider development, co-production, and safeguarding and personalisation. We will be covering the issues raised in subsequent briefings.

The Vision is the first in a series of government reforms and includes a useful timeline of forthcoming documents:

- Public Health White Paper – end 2010
- Law Commission report on Adult Social Care Legislation – spring 2011
- Commission on the Funding of Care and Support report – summer 2011
- Care and Support White Paper – end 2011
- Social Care Reform Bill – spring 2010.

Much of the Vision for adult social care is recognisable from *Putting People First* and the further development of choice, control and personalisation is a highly welcome policy. The main shifts in emphasis are a greater focus on councils stimulating informal community support, and a more diverse range of service providers. Overall, it presents a well articulated argument that supports the role of adult social care and places it central to local authorities’ new responsibilities for health improvement. Inevitably, there are concerns about implementation, and these are discussed in the comments section of this briefing.

Briefing in full

Vision for Prevention

The Vision supports the value of prevention, stating that it is always better to prevent or...
postpone dependency rather than dealing with its consequences.

Two main types of approach are required for effective prevention, and councils have a lead role in both:

1. community action in which neighbourhoods look out for those who need support
2. services such as good information, new technology, reablement, and early identification of carers.

The Vision describes a Big Society approach to social care, in which care is transformed not by looking to the state, but to active citizens and strong communities. The role of local authorities, with partners such as community groups, is to establish the conditions in which ‘the big society can flourish’. This is described in a number of ways – as a ‘catalyst' for social action, ‘unleashing the creativity and enthusiasm of local communities’, ‘inspiring neighbourhoods’, and ‘unlocking the potential of local support networks’. Local authorities will particularly need to stimulate community activity in areas where social networks are poorly developed because of deprivation or rural geography. As part of the Government’s Big Society programme, 5,000 new community organisers are being trained across the country and a new Community First grant programme will help build social capital. A £3 million Health and Social Care Volunteering Fund for projects to operate across at least four localities promoting interventions such as personal budgets and healthy eating was announced with the Vision.

The Vision provides a number of examples which have all been developed through community action:

- 250 time banks operating locally across the UK
- one of the four ‘Vanguard Communities’ for Big Society is testing a web-based complementary currency approach for care and support
- a model of ‘Circles’ of Neighbourhood Helpers providing flexible support with practical tasks and social opportunities with older people.

Councils should work with community organisations and others to develop community capacity and promote active citizenship. With the NHS, housing, and others they should commission a full range of early intervention services. The Government will outline councils’ new health improvement powers in the forthcoming Public Health White Paper.

**Vision for Personalisation**

The Vision indicates that individuals rather than institutions should take control over their care. A wide range of research has shown the benefits of personal budgets and direct payments to individuals. Personalisation is already underway, and social care is the most advanced public service in making direct payments, but there is much scope for further progress. Personal budgets by themselves do not amount to personalised care – further cultural and system reform is required. A number of outcome-based tools have been produced to help councils establish and review the outcomes and costs of personal budgets. Individuals pooling budgets can maximise outcomes e.g. employing an organiser for joint leisure activities.

Five groups of people may need additional person-centred support to enable them to manage a direct payment: older people; people with learning disabilities, autism and complex needs; people with mental health problems (poor take-up of direct payments so far); people who lack mental capacity to make some decisions; and people in residential care who ‘should have the same entitlement as everyone else to exercise choice and control over their care and how they live’.

By April 2013, councils should provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment. They should also accelerate reform of their systems such as assessment, care management and finance to give a stronger emphasis to choice and outcomes in all settings. Councils must also ensure that good quality, accessible information, advice and advocacy are available for all.
The Government intends to embed personalisation in the new legal framework that will follow the Law Commission’s report; examples of possible developments include improved portability of assessment (so people can more easily move between council areas) and an entitlement to personal budgets or direct payments. It will also look to making it possible to combine health and care personal budgets.

Vision for plurality

More use of personal budgets, alongside people funding their own care, will require a wider range of person-centred services. Social care provision is already diverse, but more needs to be done to promote a plural market in which ‘innovation flourishes’ delivered by organisations such as social enterprises and mutuals that are responsive to local communities. The range should include niche, specialist and mainstream providers alongside universal providers, such as transport, education and employment which do not operate exclusively in social care.

Councils should move beyond block contracts and critically examine their procurement arrangements to make sure they are fair to small social enterprises, user-led organisations and voluntary organisations which may struggle with tendering but offer individualised solutions. Better understanding of the market is needed, particularly how to incentivise innovation and best value.

The Department of Health will work with the Department for Business, Innovation and Skills (BIS) to remove barriers and introduce measures that promote a ‘dynamic and varied’ market. For example, ‘social impact bonds’ in which philanthropic and private investment supports voluntary sector activity, with successful outcomes rewarded on a payment by results basis. It will also work with the Department of Communities and Local Government to consider the proposed role for Monitor in overseeing the social care market to ensure there is no duplication.

Vision for partnership

The Vision states that partnerships are essential to effective social care. It gives examples of whole-system approaches such as the role of social care in reducing hospital admissions, and people with learning disabilities using pooling personal budgets with other funding to gain employment. The Joint Strategic Needs Assessment is the foundation for priority setting, and will be underpinned by new statutory duties for local councils and GP consortia to work together. Other important approaches include joint commissioning, pooled budgets, place-based budgets, and sharing back office functions across councils and NHS commissioners.

Local councils should ‘exploit the opportunities of the White Paper’ and take a lead role in working with partners on integration, shared priorities and outcomes, commissioning strategies and pooled or aligned funding. The Government will identify and remove barriers to collaboration and to aligning funding streams across health and social care. It will share learning from trailblazer councils developing health and wellbeing boards.

Vision for providing protection

The vision indicates that ‘a modern social care system needs to balance freedom and choice with risk and protection’. Safeguarding is central to personalisation with some people needing more support than others. However, risk management does not mean trying to eliminate risk, and people might make decisions service providers disagree with. Communities have a role in detecting and reporting abuse and neglect, e.g. Neighbourhood Watch.

Local councils should ensure everyone involved in local safeguarding is clear about their roles and responsibilities; they should establish the right to autonomy and a proportionate approach to managing risk, and champion safeguarding within local communities. The Government will work with the Law Commission on strengthening the law on safeguarding to ensure the right measures are in place.

Vision for productivity, quality and innovation

The document describes the spending review settlement for adult social care as a solid basis for
reform. It points to additional funding as a measure of the government’s commitment to adult social care – £2 billion by 2014/15; £1 billion in local grant funding in addition to existing social care grants which have increased in line with inflation; £1 billion through the NHS for activity to benefit social care and health, including £300 million for NHS reablement services. An extra £400 million to the NHS for carers’ respite was also announced with the Vision.

However the overall context is reduction to overall local government funding, so councils must ‘redouble their efforts’ to make best use of resources. The Vision describes a framework for delivering efficiencies without reducing services by adopting interventions which have been shown to demonstrate quality and cost effectiveness. These include:

- reablement – the vision describes new NHS responsibilities for 30 days post discharge support from 2012; the NHS and local authorities need to agree what services are needed
- Integrated crisis or rapid response services
- integrated telecare and telehealth
- alternatives to residential care such as supported housing
- shared back offices
- outsourcing, where councils provide a significant amount of residential and day care
- reducing high costs in assessment and care management – the government will investigate whether the law could allow some assessments could be undertaken by people themselves, or user-led organisations.

Local councils should develop a local plan for reform to ensure they are making the best use of available resources drawing on work undertaken by ADASS and the LGA-led Place-Based Productivity Programme. The Government will support the delivery of efficiency savings by coordinating and disseminating support tools and best practice.

On quality, the Vision describes a move away from top-down performance management to sector-led improvement and local accountability. (See forthcoming LGiU briefing on the Transparency in Outcomes Framework consultation.)

**Vision for people**

The Vision celebrates the contribution of the social care workforce which does challenging but rewarding work. The personalisation agenda means changes for the workforce – different roles and employers – and measures are needed to ensure it develops in a skilled and responsive way, with the freedom and flexibility to lead change. The government will co-produce an occupational health strategy to help tackle high sickness absence in councils’ adult social care. It will implement the recommendations of the social work taskforce including the creation of a new college of social work.

In regulation, the document indicates that the General Social Care Council proved an expensive model, and failed to extend registration to other care workers. The transfer of responsibility to the renamed Health Professions Council has been previously announced. The Government is reviewing the overall approach to professional regulation in health and care and will make proposals later in the year.

Councils should take a leadership role in workforce commissioning, including integrated area workforce strategies linked to joint strategic needs assessments. The Government will support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy. It will publish a personal assistant strategy in 2011 and will extend the piloting of independent social work practices (currently in children’s services) to adult social care during 2011.

**Comment**

This document provides a clear and coherent picture of the future direction of adult social care. As a vision, it is one that most major stakeholder groups will, overall, feel comfortable with, and may even find inspiring.
One of the most helpful features is how the Vision links measures to prevent dependence with health improvement, stressing the connections between social care and public health – a crucial relationship that is not always understood, let alone exploited.

Interestingly, the Vision goes back to the roots of social work, referencing the 1968 Seebohm report which called for ‘the greatest possible number of individuals to act reciprocally, giving and receiving services for the wellbeing of the whole community’. The Vision calls for a return to these foundations. While many have struggled to understand what is meant by the Big Society, those involved in social care for some years may have found its concepts more familiar. Seebohm set out a potential that was never realised, and the opportunity to develop this approach now is very positive.

Of course, how this new direction is to be achieved is still sketchy. There is learning from initiatives like Sure Start and emerging information such as the practical guide to *Building Stronger Communities* issued with the Vision, and the Cabinet Office’s *Building a Stronger Civil Society* but more will be required. The idea of ‘Social workers and others playing a key role in community development, supporting individuals and community groups to provide more care and support locally’ is far from current practice.

While not all organisations will be signed up the idea of a greater range of non-council providers, it is positive that the Vision emphasises the role of small and user-led organisations, rather than the large private companies so often associated with the NHS.

Another positive feature is a greater emphasis on personal autonomy and the potential for individuals to take risks and exercise responsibility. Perhaps the Vision could have gone further in exploring individuals’ responsibilities for their own care, health and wellbeing.

Questions remain: The DH indicates it will examine the role of Monitor in shaping the social care market; this is indeed a priority, it is difficult to see what an organisation which has been exclusively focused on the development of NHS foundation trusts can contribute to local social care provision. Also, what exactly are the rights of people in residential care for right and control – does this involve direct payments?

Of course, the Vision will be implemented at a particularly challenging time.

An unavoidable challenge is the financial situation. The Government’s additional funding to adult social care is welcome and must be acknowledged. However there remains an ongoing conflict with local authority organisations on whether front-line service cuts, such as raising eligibility criteria and reducing Supporting People, are needed.

An avoidable challenge is the Government's speed of implementing GP commissioning at a time of financial crisis, and the resultant organisational disruption and loss of co-terminosity with local authorities. This criticism is regularly made, but perhaps now is the time to move beyond it, and for local authorities to take the opportunities offered by the Health White Paper and be highly proactive. GPs around the country are now choosing their consortia configurations and the number of organisations with which local authorities have to deal with will mushroom. Consortia should be left in no doubt that they need to face outwards to local authorities and communities as well as inwards to the NHS; local authorities should also press for council-wide health and care arrangements to benefit local citizens.
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