

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

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We will engage widely as we develop plans for achieving our vision. If you have any views about the vision, please e-mail socialcarevision@dh.gsi.gov.uk or write to: Social Care Vision, Department of Health, Room 116, Wellington House, 133–155 Waterloo Road, London SE1 8UG. We are fully committed to developing and publishing an impact assessment and an equalities impact assessment to accompany the White Paper on the future system of social care, which this vision will inform.

Foreword

Social Care is an essential human need, something most of us will need at some point in our lives, whether for ourselves or those close to us. How well we look after each other says a great deal about the strength and character of our society.

The Coalition Government recognises this and the Spending Review settlement gives local authorities the resources they need to maintain vital services and meet growing demands. Funding is, however, only one part of the answer. People's expectations are changing, and neither those who provide the services nor those who receive them expect to trade autonomy for dependency.

This challenge is reflected across the policy spectrum. The answer is to strengthen communities, while changing the role and our relationship with the state. It is a new vision for government which does not simply look to the state for answers to the issues we face, but outwards to communities. This is why we talk about building the 'Big Society'. This approach underpins our vision for social care – a vision grounded in the Coalition Government's values.

The first value is Freedom. We want to see a real shift of power from the state to people and communities. We want people to have the freedom to choose the services that are right for them from a vibrant plural market. That is why this vision challenges councils to provide personal budgets, preferably as direct payments, to everyone eligible within the next two years.¹ We also want professionals to have freedom from local authority procedures and be able to work more closely with people who use services.

The second is Fairness, through a lasting settlement to the question "how do we pay for care?" and a clear, comprehensive and modern legal framework for social care. The recommendations of both the Law and Funding Commissions will be brought together with this vision in a White Paper next year, with legislation to follow. We also want to see those who are already carers provided with the support they need. That is why we want to see more carers receiving direct payments for breaks from care over the next few years.

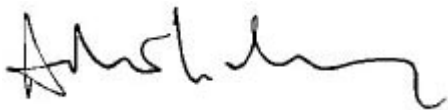
The third is Responsibility. Social care is not solely the responsibility of the state. Communities and wider civil society must be set free to run innovative local schemes and build local networks of support. There are already some hugely successful examples of how this approach can help reduce people's dependency on care services, such as the Southwark Circle initiative in London, Timebank schemes and complementary currency schemes that

¹ See Spending Review 2010, including the commitment to Personal Budgets, (HM Treasury) Para 1.84, page 33

allow people living far from their relatives to partner with local people in the same position to provide reciprocal care.

Frederick Seebohm, in his landmark 1968 report, said that social care should enable ‘the greatest possible number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community’.² We need a return to these foundations. Care must again be about reinforcing personal and community resilience, reciprocity and responsibility, to prevent and postpone dependency and promote greater independence and choice.

This vision cannot be achieved by Government alone. We need a social movement to form around these values, with different organisations and communities coming together to develop new ways of caring for people. All of us want a culture of dignity, respect and compassion deeply rooted in our communities. By working together towards this vision, we can make it happen.



Rt Hon Andrew Lansley CBE MP

Secretary of State for Health



Paul Burstow MP

Minister of State for Care Services

² Report of the Committee on Local Authority and Allied Personal Social Services The Seebohm Report HMSO(1968)

1. Introduction

The Coalition Programme³ committed the Government to reforming the system of social care in England to provide much more control to individuals and their carers. This vision focuses on the Government commitments to:

- **break down barriers between health and social care funding to incentivise preventative action;**
- **extend the greater rollout of personal budgets to give people and their carers more control and purchasing power; and**
- **use direct payments to carers and better community-based provision to improve access to respite care.**

1.1 This vision sets a new agenda for adult social care in England. We want to make services more personalised, more preventative and more focused on delivering the best outcomes for those who use them.

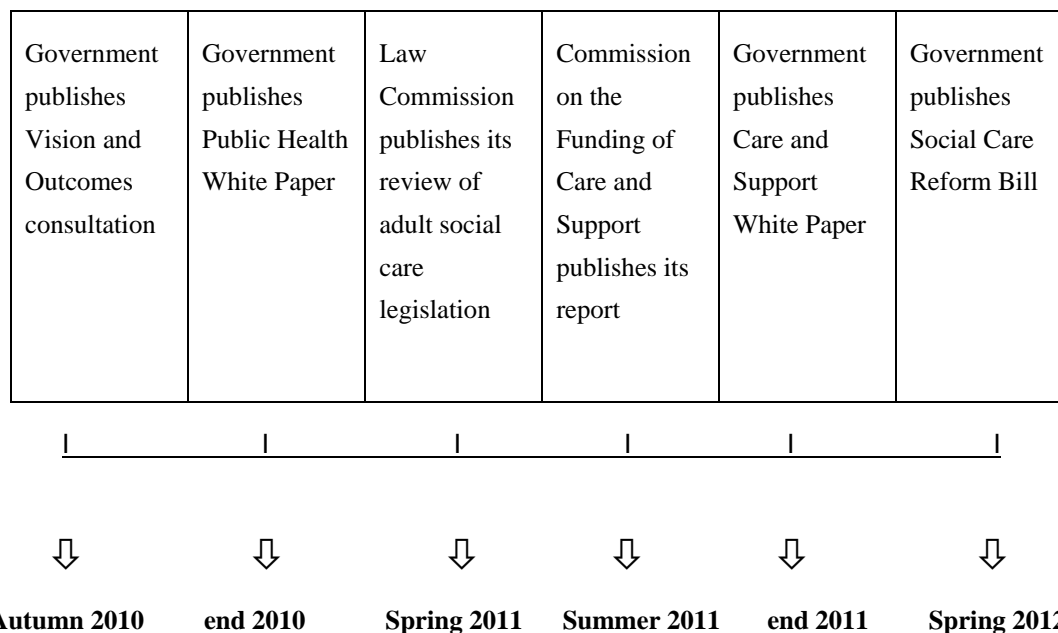
1.2 The Government is committed to devolving power from central government to communities and individuals, and social care is no exception. Front-line workers and carers are fundamental to the delivery of personalisation – we want to give them the freedom and responsibility to improve care services and support people in new ways.

1.3 The Spending Review provided social care with a stable financial base over the next four years. It provides additional funding of £2bn by 2014/15: £1 billion through the NHS and £1 billion in grant funding to local government.

1.4 This settlement gives councils a platform for reform and improvement – including redesign of services and significant gains in productivity. The vision is the first step towards the White Paper that we intend to publish next year, setting out a long-term solution to the funding and delivery of care and support.

³ The public's comments on *The Coalition: Our Programme for Government* are at: <http://programmeforgovernment.hmg.gov.uk/social-care-and-disability/index.html>. The Government's response is at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118129

Timeline⁴



1.5 Reform cannot and will not be top-down. We want decision-making devolved as closely to the individual as possible, and we need the care services sector, working with partners, to take a lead role in promoting and delivering transformation. The Partnership Agreement *Think Local, Act Personal*⁵, developed together with partners in the adult social care sector, set out concrete steps to transform social care. Best practice documents describe how we can make care more personalised for service users and carers.⁶ If power and control is devolved to communities, then people – including the most vulnerable – can lead more independent and fulfilled lives. This is the challenge at the heart of the vision.

⁴ The Department of Health Business Plan 2010-15 and Transparency Plan can be found at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/index.html>

⁵ <http://www.puttingpeoplefirst.org.uk/ThinkLocalActPersonal/>

⁶ You can find the best practice papers at: www.dh.gov.uk/socialcare. The documents are: Practical approaches to improving the lives of disabled and older people by building stronger communities; Practical approaches to market and provider development; Practical approaches to co-production; Practical approaches to safeguarding and personalisation and; Personal Budgets – Checking the Results

2. The principles

Our vision for a modern system of social care is built on seven principles:

Prevention: empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.

Personalisation: individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

Partnership: care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.

Plurality: the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.

Protection: there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

Productivity: greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.

People: we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

3. Our vision for prevention

Empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.

- 3.1 Our vision is based on the principle that those actively involved in care are the best people to decide how these services should change. We want people who receive care and those who provide it to work with councils, user-led organisations and voluntary bodies to deliver outcomes that are right for them. We can transform care, not by looking upwards to the state, but outwards to open communities – by empowering individuals and unlocking the power and creativity of neighbourhoods to deliver the Big Society.
- 3.2 Prevention is the first step. All of us want to maintain independence and good health throughout our lives. We also know that a considerable proportion of care needs can be avoided or significantly reduced if we intervene earlier. It is always far better to prevent or postpone dependency than deal with the consequences.
- 3.3 We also know that prevention is best achieved through community action, working alongside statutory services. We need to inspire neighbourhoods to come together to look out for those who need support. In other words, we need a Big Society approach to social care – one that gives people the power to support each other and meet the challenges they face. This not only leads to better and more creative solutions, it also makes our communities stronger and people less isolated and vulnerable.
- 3.4 Councils can play a vital role in leading change and stimulating action within their communities. Their broader role in promoting health and well-being will be enhanced by the new public health functions outlined in the White Paper *Liberating the NHS*,⁷ and by joint working with GP consortia on planning and commissioning services.

⁷ Responses to the views raised in the White Paper and the associated papers will be published prior to the introduction of the Bill and its Parliamentary passage.

Active citizens and strong communities – the Big Society

- 3.3 A Big Society approach to social care means unleashing the creativity and enthusiasm of local communities to maintain independence and prevent dependency.⁸ Local councils should work to enable people, their carers, families and communities to support and maintain full and independent lives, This means unlocking the potential of local support networks to reduce isolation and vulnerability.⁹ Social care has a long history of building community capacity. A renewed emphasis on this goes well beyond the social care sector and must focus on what people can do for each other.
- 3.4 Examples from all over the world show the value of reciprocity. A scheme in Japan, for example, allows people who live too far from their elderly relatives to care for them to partner with other families in the same situation and 'adopt' each other's responsibilities, meaning less need for so much state intervention. There are good examples closer to home too. Innovations such as Timebanking schemes and 'complementary currency' systems, outlined below, allow people to exchange different kinds of support.

Building community capacity

Over 250 time banks have been set up locally in the UK. People from all backgrounds and abilities come together to help others and help themselves at the same time. To quote a time bank member, “you give what you want and get back whatever you need”. Local people 'deposit' their time by sharing their skills, one hour of giving earns them one time credit. They can then spend their time credits on any of the skills and support on offer from other local people. Resilient social networks are formed that people can rely on and trust.¹⁰

The Royal Borough of Windsor and Maidenhead, one of the four 'Vanguard Communities' for Big Society, will test a web-based complementary currency approach for care and support, to assess the potential benefits both in reduced demand for formal care and in people's quality of life.¹¹

Connected Care is Turning Point's model of community-led commissioning, one that integrates health, housing and social care. Through a rigorous process of community

⁸ *Shared Support at Home and in the Community* (Elders Voice, 2010) shows how targeted social support for an individual can lead to community support for a larger group of people.

⁹ *Village Agents: An Evaluation* (University of Birmingham, 2008). Village Agents, a Department for Work and Pensions scheme in Gloucestershire, combats social isolation among people over 50 by providing information about services.

¹⁰ To learn more, visit www.timebanking.org

¹¹ See: www.rbwm.gov.uk/web/consultation_big_society_white_paper.htm

engagement and co-production they narrow the gap between commissioners priorities and the needs of the community. It is a model of commissioning that puts the voice and needs of the community to the fore when designing and delivering services enabling them to build vital social capital and community resilience to ensure better results for whole communities. In Hartlepool the Connected Care initiative has addressed barriers facing local residents. A team of local 'navigators' work with local people to support them to achieve their quality of life outcomes and a community interest company (CIC) commissions a range of support services in the local community. The navigators are a low cost model and evaluations of the service have demonstrated the cost benefits of the service and the positive impact in reducing demand on existing statutory services.¹²

Southwark Circle is the flagship in a network of 'Circles' that extends to Hammersmith & Fulham in West London and to Suffolk County (as of November 2010). The concept and business model has been co-designed and developed over three years with over 1,000 older people and their families, in conjunction with Participle. At the individual level, a Circle delivers flexible support with life's practical tasks (from DIY to gardening to technology), an opportunity to learn, build social networks, and maintain relationships around shared interests and hobbies. Crucially, it does this by allowing those that seek support in some areas of life to provide help to other members in other areas of life. The outcome is a more connected, supported person, who is part of a service that evolves with them as they age. The social impact is an improved sense of well being and new relationships and acquaintances that lead to improved quality of life. The service is delivered by a distributed network of people called Neighbourhood Helpers. These are people of all ages who share their talents and skills; many are also members and some are paid the London Living wage for their time. Each Circle is designed to be self-sustaining within a three-year launch period, and is supported by the Local Authority as it grows towards this milestone.¹³

The Asian Welfare and Cultural Association (AWCA), is a community-led organisation working to improve the quality of life for older Asian men and women in the Eastleigh area of Hampshire. They approached the Council to ask about the local support available. From this, Asian elders established a meeting space to socialise and take part in activities. Local community members had the will to form a community group, and the council helped the AWCA to get started.

¹² www.puttingpeoplefirst.org.uk/BCC/topics/Latest/resourceOverview/?cid=6775

¹³ For more information visit: www.southwarkcircle.org.uk

- 3.5 Local government can be a catalyst for social action. In some areas, people will need the support of councils to stimulate a community response. This may mean encouraging and supporting employment, local mentoring and volunteering activity at an individual level. 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 local community capacity, particularly in areas with less social capital. A range of learning and development opportunities funded through Informal Adult and Community Learning are helping to train volunteer Community Learning Champions to engage local people in learning for personal, family and community development.¹⁴
- 3.6 User-led organisations, supported by local councils, can help people come together to reduce social isolation, particularly in rural areas.¹⁵ Happier, more socially connected individuals have more pride in their neighbourhoods, which can enhance quality of life, health and well-being.¹⁶

Preventative services to maintain and restore independence

- 3.7 When people develop care and support needs, our first priority should be to restore an individual's independence and autonomy. With the solid basis provided in the Spending Review for social care, there is no reason for councils to restrict support to those with the most intensive needs. This not only serves local people poorly, it is a false economy.
- 3.8 Carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of support become necessary. But carers need to be properly identified and supported. Councils should recognise the value of offering a range of personalised support for carers to help prevent the escalation of needs that fall on statutory services. They should also be mindful, when assessing adults, of young carers to make sure they are not being asked to provide inappropriate levels of care.¹⁷ The forthcoming carers' strategy will set out how we can support carers in their vital role, and ensure they have a life of their own.

¹⁴ Research shows the importance of mental, physical and social activity in delivering mental and physical health benefits for older people (Mental Capital and Wellbeing, Government Office for Science, 2008). Informal Adult and Community Learning offers a wide menu of activities that help meet needs and benefit people in residential home and home care.

¹⁵ *Village Agents: An Evaluation* (University of Birmingham, 2008). Village Agents, a Department for Work and Pensions scheme in Gloucestershire, combats social isolation among people over 50 by providing information about services.

¹⁶ Martin Knapp's study on making an economic case for community development looks at models of interventions, with calculations of the costs and returns of a community initiative. Knapp, M et al. *Social capital economics*. Full study to be published shortly at www.puttingpeoplefirst.org.uk/BCC

¹⁷ To learn more see: *Working Together to Support Young Carers - A Model Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Services* ADASS and ADCS, 2009

- 3.9 New technology opens up new horizons for care. From community alarms to sophisticated communication systems, telecare can help people stay in their own homes and live independently for longer. Chapter 7 discusses its potential to save resources as well as promote independence.
- 3.10 Re-ablement covers a range of short-term interventions which help people recover their skills and confidence after an episode of poor health, admission to hospital, or bereavement. We know that re-ablement can help people to continue to live independently in their own homes without the need for an ongoing social care package. The Government is supporting an expansion of re-ablement across the NHS and social care, with £70m in new resources in 2010/11 and up to £300m a year earmarked for re-ablement in the next Spending Review period. The cost-effectiveness of re-ablement schemes is explored further in Chapter 7.
- 3.11 Many people need social care because of the effects of long-term conditions. Good partnership working between health and social care is vital for helping them to manage their condition and live independently. The long-term conditions chronic care model within the Department of Health's Quality, Innovation, Productivity and Prevention (QIPP) programme is exploring how different services can work together to promote self-care, preventative care and early intervention, minimising the need for hospital and residential care.^{18, 19}
- 3.12 Securing good outcomes for disabled people may also mean bringing employment and housing services together to improve their well-being and meet emerging needs. 'Supporting People' provides housing related support to help individuals to live independently in their own home and avoid more costly interventions. These preventative services improve outcomes for individuals and return savings to other areas, such as housing, health, social care and the criminal justice system.²⁰

¹⁸ The long-term conditions QIPP workstream aims to support local health economies to learn the large-scale change techniques needed to accelerate the delivery of this evidenced-based model of long-term conditions care management.

¹⁹ Quality, Innovation, Productivity and Prevention (QIPP) works at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings to reinvest in services to deliver quality improvements.

²⁰ A toolkit that helps local authorities model the local financial benefits of supporting people services can be found here: www.communities.gov.uk/publications/housing/financialbenefitsguide

Council leadership for health and well-being

- 3.13 At its broadest level, prevention depends on promoting health and well-being at a grassroots level. The Coalition is committed to giving local authorities the power and influence they need to lead change within their communities. Following the NHS White Paper *Liberating the NHS*, local government will take on new health improvement responsibilities. Councils will also take the lead role in drawing up joint strategic needs assessments (JSNAs), which will shape the commissioning of health, social care and health improvement services. These developments offer councils a huge opportunity to shape local services to promote health and well-being and prevent dependency. Further details will be set out shortly in a White Paper on public health.

Nothing about me, without me

Bristol Older People's Partnership Board involves older people in equal measure at the highest levels of service planning and decision making. The Board is made up of heads of service drawn from departments across the whole local authority as well as senior decision makers in health, community safety, pensions service, voluntary sector etc. More importantly 50% of the places on the Board are reserved for older people and carers, drawn from representative bodies in the area, who have an equal say in all discussions and have co-authored an "Improving the Quality of Life Strategy for Older People".²¹

Making it happen

- 3.14 Councils should exploit the many opportunities to improve preventative services by:
- developing community capacity and promoting active citizenship, working with community organisations and others across all council services, establishing the conditions in which the Big Society can flourish; and
 - commissioning a full range of appropriate preventative and early intervention services such as re-ablement and telecare, working in partnership with the NHS, housing authorities and others.
- 3.15 The Government will:
- publish a White Paper on public health, outlining councils' enhanced leadership role in health improvement and the opportunities this offers.

²¹ More information about how older people are involved in developing services in Bristol is available at: www.bristol.gov.uk/ccm/content/Health-Social-Care/ppfb/quality-of-life-for-older-people-strategy.en

4. Our vision for personalisation

Individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

- 4.1 Our vision starts with securing the best outcomes for people. People, not service providers or systems, should hold the choice and control about their care. Personal budgets and direct payments²² are a powerful way to give people control. Care is a uniquely personal service. It supports people at their most vulnerable, and often covers the most intimate and private aspects of their lives. With choice and control, people's dignity and freedom is protected and their quality of life is enhanced. Our vision is to make sure everyone can get the personalised support they deserve.
- 4.2 While social care is more advanced than any other public service in making direct payments, we need faster progress to bring the benefits to all.²³ A personal budget alone does not in itself mean that services are automatically personalised. This requires a wholesale change - a change of attitude by councils and staff, reform of financial²⁴ and management and information systems, and reduction of inflexible block contracts. People should get personal choice and control over their services - from supported housing through to personal care.²⁵ Even those with the most complex needs can benefit from personalised services.²⁶

²² A personal budget can be taken by an individual as a direct (cash) payment; as an account held and managed by the council in line with the individual's wishes; or as an account placed with a third party (provider) and called off by the individual; or as a mixture of these approaches.

²³ The scope and legislation governing personal budgets varies across Europe, but many countries have more extensively personalised their social care system. For example, cash allowances for people over 65 have 100 per cent coverage in Austria (*Direct Payments and Older People* (The King's Fund, 2006), pp. 6–8).

²⁴ *Financial management of personal budgets* (Audit Commission, 2010) See:

www.audit-commission.gov.uk/nationalstudies/localgov/personalbudgets/Pages/default.aspx

²⁵ *Delivering Personalisation in Housing Support* (Department for Communities and Local Government, forthcoming).

²⁶ *Raising our Sights: Services for Adults with Profound Intellectual and Multiple Disabilities – A Report by Professor Jim Mansell* (Mansell J, 2010).

Bringing the benefits of personalisation to all

4.3 Where personalisation has taken root, it works and is popular with users and carers. A report from the Office of Fair Trading showed that direct payments made people happier with the service they receive.²⁷ Two reports on individual budgets said people, including carers, enjoyed the enhanced control over their care.^{28, 29} The time is now right to make personal budgets the norm for everyone who receives ongoing care and support – ideally as a direct cash payment, to give maximum flexibility and choice.

4.4 In order to bring the benefits of personalisation to all there are five groups of people who may need more support or appropriate help to manage a direct payment:

- older people should be supported with information on quality of providers readily available and the ‘hassle costs’ of choice reduced as far as possible.^{30, 31} For example, by ensuring they receive appropriate support and assurance through the process. Strengthening the voice, choice and control of older people with high support needs takes time and effort to achieve. A range of person-centred approaches exists to help plan and deliver better outcomes for people who need support, which can have benefits for older people, staff and families, and also contribute to ending age discrimination as outlined in the Equality Act 2010;³²
- people with learning disabilities, autism, disabled people and those with complex needs require person-centred planning to maximise choice and control, and appropriate help in cases where a direct payment is not chosen;
- despite evidence that use of personal budgets resulted in a significantly higher quality of life for people with mental health conditions,³³ take-up has so far been low;
- people in residential care should have the same entitlement as anyone else to exercise choice and control over their care and how they live; and

²⁷ *Choice and Competition in Public Services: A Guide for Policy Makers* (Office of Fair Trading/Frontier Economics, 2010).

²⁸ *The National Evaluation of the Individual Budgets Pilot Programme* (Social Policy Research Unit, University of York, 2008).

²⁹ *Individual Budgets: Impacts and Outcomes for Carers* (Social Policy Research Unit, University of York, 2009).

³⁰ See ref. 27

³¹ See *Delivering Personal Budgets for Adult Social Care: Reflections from Essex* (Office for Public Management, 2010); see also ref. 14 above

³² NDTi (National Development Team for Inclusion) Insights 3 Examples can be found at:

www.independentlivingresource.org.uk

³³ See ref. 14

- people who lack the mental capacity to make some decisions should also be offered the same opportunities for choice and control as anyone else. The core principle of the Mental Capacity Act – that best interests and participation in decisions should be enabled wherever possible – must guide the approach. Councils should work with the person and those close to them to find out their preferences and manage risk sensibly. This may involve placing control of a personal budget in the hands of another suitable person.³⁴

The power of personal budgets

Charlie is a young man living in the countryside with a diagnosis of Paranoid Schizophrenia. After treatment for his mental health needs in hospital he returned to stay with his family but spent most of his time indoors. He felt unable to live in his own house, and had regular contact with mental health services. A Personal Budget enabled him to live at home with the support of personal assistants he and his family employed. Now he helps out on a local farm, his mental health has improved and he is living more independently.³⁵

Lynne was diagnosed with epilepsy after receiving a head injury and the impact of seizures on her everyday life was huge. Everyday tasks suddenly became hazardous to her. At her local Epilepsy Action branch she learned how Seizure Alert Dogs can warn epilepsy sufferers of imminent seizures. Lynne now uses her direct payment to fund the upkeep of her dog, Dougal.³⁶

David started his own business selling local produce at a market. His personal budget buys him support from a social enterprise that helps people with learning disabilities to establish their own micro-enterprises or small businesses.

- 4.5 Pooling budgets is one way of maximising outcomes, using direct payments to employ an organiser to help a group of people to arrange leisure activities together.³⁷ Personalisation can also be achieved by harnessing the untapped potential of communities. For example, volunteer visiting schemes can reduce the social isolation of older people, who are disproportionately represented in the rural population. Whether they receive a direct payment or fund their own care and support, people should have access to a service that meets their needs.

³⁴ See: www.publicguardian.gov.uk/mca/code-of-practice.htm for more information.

³⁵ Lincolnshire Partnership NHS FT

³⁶ See the case study at: www.support-dogs.org.uk/lynn%20ratcliffe.htm

³⁷ See, for example: www.ruils.co.uk/Options/1/8

- 4.6 Rolling out personal budgets is not, however, an end in itself – our focus is not on the process but on the outcomes of greater choice, control and independence, and ultimately better quality of life. Outcome-based tools, including the ASCOT toolkit³⁸ and POET,³⁹ alongside the development of outcome-based assessment and review processes,⁴⁰ support a better understanding of whether people’s expected outcomes are being met and the information used to commission differently. Chapter 7 sets out our broader proposals to put outcomes at the heart of social care.
- 4.7 The system should support rather than hinder people’s goals. People who want to pursue educational or employment opportunities, for example, should be able to move from one part of the country to another without having to go through unnecessary multiple assessments and uncertainty. We want to see greater portability of assessments, and will consider how to pursue this in the light of the work of the Law Commission and the Commission on the Funding of Care and Support.

Information, advice, advocacy and support

- 4.8 To have real autonomy and choice people need information and advice. Lack of good, accessible information to help support their choices is a real concern for people. Councils’ role here is to ensure that everyone – whether using a personal budget or their own funds – can get the information and advice they need. This could include:
- good quality, up-to-date and accessible information direct from the council, especially on websites;
 - working with local voluntary and/or community organisations and experts in user-led organisations, including carer-led organisations, to provide support, advocacy and brokerage services;
 - advocacy, which helps people express views and receive the services they want as a result. This can range from a person helping a disabled person speak up for themselves to a paid advocate employed by the Independent Mental Capacity Advocacy Service; and
 - recognising that provision of information and advice is a universal service, and that people funding their own care have a particular need for information and guidance to help plan how their care needs are met.

³⁸ The Adult Social Care Outcomes Toolkit (ASCOT) is available at: www.pssru.ac.uk/ascot. ASCOT and the outcomes data it generates can be used to inform cost-effectiveness, examine the relative costs of outcome improvements across service types and aid outcomes-based commissioning.

³⁹ The Personal Budget Outcomes Evaluation Tool (POET) is in use at a number of councils, with support from In Control and Lancaster University.

⁴⁰ *Outcome-focused Reviews: A Practical Guide* (Department of Health, 2009), a practical tool that discusses the use of outcome-focused reviews, is available at: www.puttingpeoplefirst.org.uk/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625

Information for choice

Harrow Council and shop4support have entered into a partnership to create an online marketplace, shop4support.com, that brings together the services and support available in the local area. People can shop around, choose the services that suit them best and decide how to make the best use of their personal budget. People can also suggest new types of services they would like, helping the council to stimulate new provision to meet people's needs.⁴¹

Making it happen

4.9 Personalisation in social care is under way, but there is plenty of scope for progress. An Association of Directors of Adult Social Services (ADASS) survey in April 2010 said that 42 out of 152 councils (30 per cent) had made good progress towards personalisation.⁴² Councils should:

- provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment, by April 2013;
- accelerate reforms to their assessment, care management, financial and information systems to support a personalised system that places a stronger emphasis on outcomes and gives all users choice over their services, whatever the setting;^{43, 44} and
- focus on improving the range, quality and accessibility of information, advice and advocacy available for all in their communities – regardless of how their care is paid for – to support their social care choices.

4.10 The Government will:

- put personalisation at the heart of the framework for quality and outcomes being developed and examine the outcomes and benefits for people;
- consider how to embed personalisation in the new legal framework following the Law Commission's report – for instance, in strengthened guidance, new statutory principles to underpin the law, and through an entitlement, or right, for support to be offered as a personal budget or direct payment;
- develop proposals, subject to the Law Commission and Funding Commission reports, to ensure portability of assessments; and

⁴¹ See: www.shop4support.com/s4s/ui/content/

⁴² *Putting People First: 2nd year progress* (ADASS, 2010); available from www.puttingpeoplefirst.org.uk/Topics/Browse/General/?parent=2734&child=7671

⁴³ Right to Control Trailblazers, which build on the principles of personal budgets and personalisation and will give disabled people more choice and control over the services they use (personal budget pilots for disabled people in 7 areas) will be able to delegate their non-complex assessment reviews from social workers to user-led organisations (ULOs) and third parties via a Deregulation and Contracting Out (DACO) Order.

⁴⁴ A total of 12 councils are currently leading local partnerships in the development and evaluation of information sharing across organisational boundaries. More information is available at: www.dhcarenetworks.org.uk/CAF

- use the pilots currently under way to inform the rollout of personal health budgets and make it possible to combine personal health budgets with personal budgets in social care in the future.⁴⁵

⁴⁵ A personal health budget pilot programme is currently underway involving half the PCTs in the country and around 3000 people. The independent evaluation, to be published in 2012 will inform the wider rollout of personal health budgets.

5. Our vision for plurality and partnership

The variety of people’s needs is matched by diverse service provision, with a broad market of high quality service providers.

Care and support is delivered in partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.

A plural market

- 5.1 Our vision looks out to strong communities, not up to the state – to a big and open society. It shifts the power from the state to the citizen, from Whitehall to the town hall and from provider to citizen. This vision can be realised if people and providers work together for the benefit of people who need care. The increased use of personal budgets preferably as a direct payment, alongside people funding their own care, will be a catalyst for change. People will demand the services they want to meet their needs, creating truly person-centred services. These will be delivered by organisations, including social enterprises and mutuals, that can respond to the demands of their communities. This can include niche and specialist providers. It can also include more mainstream and universal service providers – for instance, those offering transport or leisure options, or employment and education support – which are able to cater for people’s needs without operating exclusively in the social care sector.
- 5.2 Social care already involves a diverse range of providers, including the voluntary and private sectors. But more can be done to make a reality of our vision of a thriving social market in which innovation flourishes. Councils have a role in stimulating, managing and shaping this market, supporting communities, voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs. Local government has already made great strides towards developing local services with their local communities and voluntary organisations.⁴⁶ To build on this they will need robust evidence about what local markets offer and how they operate.
- 5.3 A first step in market shaping is for councils, with their NHS partners, to move away from traditional block contracts; increase personal budgets, including direct payments; and support the growth of a market in services that people want. The starting point should be a shared view of the outcomes to be achieved.

⁴⁶ See: www.scie.org.uk/publications/ataglance/ataglance15.asp

Addressing barriers

- 5.4 There should be a fair playing field for providers, particularly for small providers who often struggle to engage with formal tendering processes but can offer very individualised solutions. Commissioners of services should work with suppliers in the independent and voluntary sectors to better understand market capacity and capability, and decide how innovation and best value can be incentivised effectively.

Working together

Lancashire County Council (LCC) were an early adopter of the *Working together for change* approach to engaging people in commissioning and service development. LCC has used the approach in a variety of ways, including for specific client groups and across pathways such as stroke services, older people's day services and dementia services in the county. The approach has been used with providers to support them to improve the quality and responsiveness of their services and the degree of choice and control people experience. So far this has included extra care housing, domiciliary care and community support.⁴⁷

- 5.5 The Government will consider whether there are barriers, in particular to social enterprises, that prevent a dynamic and varied market. The Department of Health will work with the Department for Business, Innovation and Skills (BIS) to look both at barriers that may exist, and at initiatives that could support new approaches. One example is social impact bonds, where philanthropic and private investment can support voluntary sector activity and successful outcomes are rewarded on a payment by results basis.^{48, 49, 50} The Department of Health, working with the Department for Communities and Local Government, will also consider the proposed role for Monitor in overseeing the market in social care, and ensure that such a role does not duplicate existing functions.

⁴⁷ Guidance for Working Together for Change is available at:

www.puttingpeoplefirst.org.uk/Topics/Browse/General/?parent=2734&child=5802

⁴⁸ 'Will social impact bonds solve society's most intractable problems?' (*The Guardian*, 6 October 2010),

www.guardian.co.uk/society/2010/oct/06/social-impact-bonds-intractable-societal-problems

⁴⁹ See also: *From Social Security to Social Productivity: A Vision for 2020 Public Services* (2020 Public Services Trust at the RSA, 2010), p. 45

⁵⁰ The Department of Health has been working in partnership with the Department for Business, Innovation and Skills (BIS). BIS market analysis for the Department of Health, 2010.

Partnership working

- 5.6 Partnership working means individuals, communities, statutory organisations, the voluntary, private and community sectors, all working together. It must also mean ensuring that a joined up approach is taken within councils, including for young disabled people, making the transition from children's to adults services, and identifying wider individual and family needs, in particular safeguarding children. The greatest benefit of partnership working is better outcomes for people. Alongside this, however, efficiencies can be achieved through a joined-up approach between social care, housing, employment and other sectors.⁵¹
- 5.7 Evidence suggests that joint strategies, including a focus on reducing hospital admissions, save resources in the NHS.⁵² Specifically, getting more people into employment has well-documented benefits including generating savings for the taxpayer.⁵³ The local government 'Getting A Life' and 'Jobs First' websites are already showing how people with learning disabilities can use their personal budgets, drawn together with other appropriate funding, to buy the support they need to get and keep a job or self-employment.⁵⁴ Similarly, it is likely that expenditure on adults with significant disabilities could be reduced if funding were used for supported employment rather than leisure-focused day services.
- 5.8 The flexible use of resources should be encouraged if it improves outcomes. Coherent and integrated services are essential, not optional. Indeed, the *Six Lives*⁵⁵ progress report is a reminder of how poorly co-ordinated services for people with learning disabilities can contribute to harm and unacceptable failings in quality.

The opportunity

- 5.9 The plans set out in the NHS White Paper, *Liberating the NHS*, provides the opportunity for a much greater degree of local co-ordination and integrated working to shift the balance of power towards local communities and individuals:
- JSNAs will form the foundation of priority setting, encouraging greater involvement of local voluntary and community organisations. JSNAs will help local people to hold providers and commissioners to account, agree local priorities and inform a range of commissioning strategies and plans. This will be underpinned through new statutory duties for local councils and GP consortia to work together to promote the health and well-being of their local population.

⁵¹ Right to control is working across six funding streams to deliver more choice and control for disabled people.

⁵² See: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111240

⁵³ *A Financial Cost: Benefit Analysis of Kent Supported Employment* (Kilsby M, Beyer S, Kent County Council, 2010).

⁵⁴ See: www.valuingpeoplenow.dh.gov.uk/content/demonstration-sites

⁵⁵ *Six Lives: Progress Report* (Department of Health, 2010), www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_120251

- joint commissioning, pooled budgets and place-based budgets allow the focus to shift away from funding streams and onto people's needs.
- simplifying the commissioning and contracting landscape by merging or sharing back office functions across councils and NHS commissioners can develop a more accessible, less costly process for suppliers.
- learning from the Trailblazer local councils developing Health and Wellbeing Boards.

Making it happen

5.10 Local councils should:

- exploit the opportunities of the NHS White Paper to play a lead role in their communities, ensuring local services are more coherent, responsive and integrated. Together with the NHS and other partners, councils should agree a shared view of local priorities and the outcomes to be achieved, and deliver commissioning strategies to meet the needs of their local populations – including the most vulnerable;
- work with the NHS and other partners to pool and align funding streams at the local level and alert the government if there are any barriers to this local flexibility
- work with private providers, charities, voluntary organisations, mutuals, social enterprises and user-led organisations, and move away from traditional block contracts; and
- critically examine their arrangements for contracting service providers to ensure that the rules are fair, proportionate and enable micro and small social enterprises, user-led organisations and voluntary organisations to compete to deliver personalised services.

5.11 The Government will:

- identify and remove barriers to collaboration and to pooling or alignment of budgets across health and social care and bring together funding streams for employment support;⁵⁶ and
- consider the barriers to market entry for micro and small social enterprises, user led organisations and charities, and the proposed role for Monitor to play in market shaping.

⁵⁶ Partnership arrangements for lead commissioning, joint management of provision for services and pooling of funds between NHS bodies and local government to support improvements in outcomes for local populations via section 75 of the NHS Act 2006

6. Our vision for providing protection

There are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

6.1 Abuse is a hidden and often ignored problem. It is fundamental in any civilised society that the most vulnerable people are protected from abuse and neglect. People should be protected when they are unable to protect themselves. This should not be at the cost of people's right to make decisions about how they live their lives.

Safeguarding is everybody's business

6.2 Providers and commissioners of services are responsible for their quality and safety. They should ensure their staff provide safe, high quality care. This includes rigorous pre-employment checks and monitoring of their work. Equally, all staff need to see safeguarding and providing a high quality service as central to their role.

6.3 The Care Quality Commission (CQC) sets the essential level of quality and safety that all organisations must follow. By focusing on core duties for safety and quality, CQC can identify where standards are at risk of failing and will retain the ability to inspect services where safeguarding concerns have been raised. Professional regulation of the social care sector, including regulation of social workers, is another important aspect of delivering quality services.

6.4 Government should provide direction and leadership, ensuring that the law is clear, proportionate and effective. There is a particular responsibility for national government in relation to those who lack mental capacity, and their welfare and safety must be a priority. However, the state's role is to strike a balance – allowing people to make decisions about risk without becoming intrusive or overbearing. People tell us they wish to be safe, but equally they do not want to be over-protected and denied their independence. People also tell us that they want more choice and control. A modern social care system needs to balance freedom and choice with risk and protection.

6.5 The risk of abuse can come from people close to the individual concerned, not just from paid staff or volunteers. We want to support and encourage local communities to be the eyes and ears of safeguarding, speaking up for people who may not be able to protect themselves. This could build on existing Neighbourhood Watch schemes or involve initiatives by local HealthWatch. People and communities have a part to play in preventing, recognising and reporting neglect and abuse. It is everyone's responsibility to be vigilant.

- 6.6 An effective safeguarding system requires everyone to be clear about their roles and responsibilities. It is essential that there is coherent local leadership, vision and strategic direction. Safeguarding Adults Boards exist in all parts of the country and some currently take on this function. Local government should act as the champion of safeguarding within communities. In developing our plans for legislation we will consider whether this function should be placed on a statutory basis.
- 6.7 The Law Commission has recently consulted on a number of proposals on safeguarding as part of a proposed new adult care statute⁵⁷. We will work with the Law Commission in preparation for strengthening the law in respect of safeguarding. Our aim is to have a system that is proportionate and gives people local flexibility, without leaving gaps in the legislative framework.

Safeguarding is central to personalisation.

- 6.8 Choice and control can only be meaningful if people can make informed choices, in an environment where they can make decisions freely and safely. Giving people control over their care and support does not mean they are abandoned. Safeguards against poor practice, harm and abuse need to be an integral part of managing care and support.
- 6.9 Personalised care is for everyone, but some people will need more support than others to make choices about how they live their lives. Everyone has the right to personalised care and as much choice and control as possible. As we pick up the pace on personalisation, we need to ensure that this includes the most vulnerable members of our society, including those who may lack capacity. With effective personalisation comes the need to manage risk for people to make decisions as safely as possible. Making risks clear and understood is crucial to empowering service users and carers, recognising people as ‘experts in their own lives’.
- 6.10 Risk management does not mean trying to eliminate risk. It means managing risks to maximise people’s choice and control over their services. True empowerment means that people might make decisions service providers disagree with. But as long as the outcomes are part of the care plan and all risks have been fully discussed and understood, this can lead to real choice and control and a better quality of life for the individual.

Making it happen

- 6.11 Local councils should:
- ensure that everyone involved in local safeguarding is clear about their roles and responsibilities;

⁵⁷ Consultation can be found at: www.lawcom.gov.uk/current_consultations.htm

- ensure that people who need care and support to maintain their independence have their right to personal autonomy respected, underpinned by a proportionate approach to the management of risk; and
- champion and support safeguarding within communities. Citizens and communities have a part to play in preventing, detecting and reporting abuse and neglect.

6.12 The Government will:

- work with the Law Commission in preparation for strengthening the law on safeguarding to ensure the right powers, duties and safeguards are in place.

7. Our vision for productivity, quality and innovation

Greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.

- 7.1 The Coalition Programme for Government made clear the over-riding importance of deficit reduction. The Spending Review recognised the pressures on the social care system in a challenging fiscal climate and allocated an additional £2bn by 2014/15 to support the delivery of social care. This includes £1bn through the NHS to be spent on measures that support social care but also benefit health. Of this £1bn, up to £300m a year is for re-ablement spending in the NHS, while the remainder will support other social care services. The other half of the £2bn is from additional local government grant funding, rising to £1bn by 2014/15. This funding will be allocated in addition to the Department's existing social care grants, which will rise in line with inflation. Grant funding for social care will therefore reach £2.4bn by 2014/15. In order to support local flexibility and to reduce administrative burdens, this funding will go to authorities through the local government formula grant.
- 7.2 This additional funding of £2bn comes in the context of a reduction to overall local government funding. It is vital that councils deliver lasting reforms and redesign their services to deliver efficiencies and transform how social care is delivered. Finding new and innovative ways to deliver social care, maintain quality and work in a more integrated way with the NHS is essential. We know that councils have an excellent track record in delivering efficiencies, and that the social care sector is on course to deliver 3% savings this year.
- 7.3 Councils must now redouble their efforts. Over the next four years, demographic changes will continue to put pressure on social care. Councils must examine how they use their resources and reform their services to ensure the very best quality outcomes for those who need social care. We have set out below a framework that councils should use when looking at delivering efficiencies and getting value for money from social care without reducing services.

Helping people to stay independent for as long as possible

- 7.4 Preventing people's needs from escalating will help to reduce the costs of intensive care packages. Employment is also an important part of helping people to stay independent for as long as possible. Effective rehabilitation and the management of long-term conditions are both central elements of the NHS's QIPP programme. Health and social care professionals should take a joint, evidence-based approach to identifying the needs of local populations and agreeing shared solutions.

- 7.5 Re-ablement services help people to regain their independence after a crisis, and can have a significant positive impact on people's quality of life. The recent study on the impacts of re-ablement, from the Personal Social Services Research Unit and the University of York, showed that those going through a re-ablement programme experienced a significant improvement in health-related quality of life compared to a comparison group⁵⁸. In addition, the report suggests that re-ablement is cost-effective for local authorities. For the 10 months after a re-ablement programme, people's care costs were around 60% lower than those who had not gone through a re-ablement programme - which significantly outweighed the initial costs of providing the re-ablement service to people.
- 7.6 To strengthen and mainstream re-ablement services, the Department of Health will amend the 'Payment by Results' tariff from April 2012 so that the NHS pays for re-ablement and other post-discharge services for 30 days after a patient leaves hospital. From next April, Trusts will not be reimbursed for unnecessary readmissions to hospital.
- 7.7 To prepare for these changes, we have allocated £70m for PCTs to spend on re-ablement in 2010/11. This is a chance for the NHS, including the emerging GP consortia, and councils to agree the re-ablement services they will need to fulfil the new 30-day post discharge responsibility. The Spending Review also allocated up to £300m a year for further re-ablement services. Investing in re-ablement should improve people's outcomes - supporting their independence, reducing unnecessary hospital admissions and easing discharges - which will also benefit the NHS.

Crisis or rapid response services

- 7.8 Case studies suggest that an integrated crisis response service that responds within a four-hour period could save an average of £2m per PCT, and £0.5m per council, by reducing ambulance callouts, unnecessary admission to hospital and unplanned entry to long term nursing or residential care.⁵⁹ Bristol PCT and Bristol City Council's service is an example of a highly regarded crisis response service. It is part of a comprehensive range of intermediate care services, which has saved around £4.3m across health and social care.⁶⁰

⁵⁸ <http://www.csed.dh.gov.uk/homeCareReablement/prospectiveLongitudinalStudy/?parent=5172&child=6450>

⁵⁹ See Care Services Efficiency Delivery research at: www.csed.dh.gov.uk/CrisisResponse/

⁶⁰ The case study is available at:

www.csed.dh.gov.uk/library/Resources/CSED/CSEDProduct/Bristol_Crisis_Response_Case_Study.pdf

Providing care and support to meet people's goals

- 7.9 Providing people's care and support in the most appropriate and cost-effective way is vital. Self-evaluations from three councils indicate that adult social care departments could save at least 1.5 per cent per annum of their home and residential care spend by introducing integrated telecare support to people. North Yorkshire Council has led the way in embedding telecare services into its social care provision, saving around £1m per annum as a result.⁶¹
- 7.10 Assisted living is one of the most promising developments for ensuring the ageing population continues to be well served with high quality and affordable health and care services. Technologies such as telehealth help people with long-term conditions to better manage and understand their condition. They also provide daily information on health status to support more effective and timely clinical decisions. Telecare enables people to live at home independently for longer by providing technologies that make their homes more safe and secure.
- 7.11 Robust evidence on how to target telecare and telehealth to ensure both cost-effectiveness and successful outcomes is lacking. The £31m whole system demonstrator programme will start to address this problem. It is the largest ever randomised control trial of these technologies. Over 6,000 people across Kent, Cornwall and Newham are involved in testing assisted living services, and the evaluation by six of the UK's leading academic bodies will report in spring 2011. The results will inform the Department of Health's work with BIS on market shaping and the barriers to new technology entering the market, including assisted living.

Reducing spending on long term residential care for reinvestment in other services

- 7.12 *Use of Resources in Adult Social Care*⁶² highlighted how the proportion of social care budgets spent on long term nursing and residential care varies dramatically across the country – from 12 per cent to 80 per cent of spend on services for people with learning disabilities, for example. Some of this variation may reflect local preferences. However, some people are placed in residential care because there are few alternatives to meet their needs in the community, or because people are discharged from hospital without a suitable care plan.

⁶¹ See: www.csed.dh.gov.uk/AT/

⁶² *Use of Resources in Adult Social Care: A Guide for Local Authorities* (Department of Health, 2009).

- 7.13 Supported housing and extra care housing offer flexible levels of support in a community setting, and can provide better outcomes at lower costs for people and their carers than traditional high cost nursing and residential care. The Care Services Efficiency Delivery Programme's evaluation of a supported housing scheme for people with learning disabilities in Redcar with Cleveland suggested that a saving of £12,000 per person per annum could be achieved.⁶³ Better use of existing community-based services, for example step-down re-ablement or home improvement and adaptations, can also reduce demand for nursing and residential care. We expect councils to look closely at how they can reduce the proportion of spending on residential care through such improvements to their community-based provision.

Support to stay at home

In Nottingham, the Support Management and Response Team (SMaRT) covers over 1,000 people living in supported accommodation and in their own homes. This includes people with learning disabilities and mental health needs, homeless people, female victims of violence, ex-offenders and people with drug and alcohol issues. People can press the SMaRT button in their home to speak with an experienced support worker. If necessary, a mobile response team can swiftly attend. The service has directly saved over £0.5 million per year by replacing night staff and making sure that access to floating support is better linked to need. The service enables people who would otherwise be in high-cost residential care or hospitals to live in their own homes.⁶⁴

Homeshare is a model which allows people to stay in their own homes for longer. It is a simple way of helping people to help each other. A Homeshare involves two people with different sets of needs, both of whom also have something to offer. Firstly, people who have a home that they are willing to share but are at a stage in their life where they need some help and support. Secondly, people who need accommodation and who are willing to give some help in exchange for somewhere to stay.⁶⁵

⁶³ See: www.csed.dh.gov.uk/supportRelatedHousing/

⁶⁴ *Use of Resources in Adult Social Care: A Guide for Local Authorities* (Department of Health, 2009). Also see: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107596

⁶⁵ See: <http://naaps.org.uk/en/homeshare/?PHPSESSID=6b19ddd1de455d2f07dde3bafb009819>

Maximising spend on front-line services

- 7.14 The solid Spending Review settlement for social care requires the rigorous prioritising of expenditure to ensure that as much money as possible goes to those most in need. Tough choices will be required of councils to transform services and meet efficiencies. Councils must therefore ensure they minimise spend on back office administration and replace poor value services. Herefordshire Hospital Trust, PCT and Council have agreed to establish a public sector joint venture to carry out shared back office services across local government and health. They expect that this approach will lead to significant savings, and free up resources for front-line care.
- 7.15 Despite growth in the private and voluntary sectors, some councils retain a large proportion of in-house services. In 2008/09, around half of councils spent over a fifth of their residential care budgets on in-house provision, rising to over 60 per cent of residential care budgets in some areas. For day care, the situation was even more stark, with the majority of councils spending over half their budgets on in-house services.⁶⁶
- 7.16 There may be exceptional reasons for the council to retain services, but separating responsibility for commissioning and providing services should become the norm. It is crucial for providing choice for service users and carers, and increasing competition amongst providers. Evidence from a wide range of public services shows that choice and competition can be a powerful tool to drive up quality and reduce and control costs.⁶⁷ Local councils with substantial in-house provision should look to the market, including social enterprises, mutual and voluntary organisations, to replace them as a local service provider. Benchmarking both quality and unit costs provides a useful reference point for councils as they grow a broader market of local care providers.

High quality assessment and care management services

- 7.17 High quality assessment and care management services are central to providing a person-centred social care service. But inefficient, unnecessary processes remain. We expect councils to show that they have reduced unnecessary management costs in their assessment and care management processes and redirected it to funding more care and support. We will also look carefully at whether the law could allow some assessments to be undertaken by people themselves, including user led and community organisations, rather than councils. This could be better for the individual, make better use of council resources, address people's frustration at being asked the same questions on each contact, and reduce inconsistency in record keeping.

⁶⁶ PSS Ex1 data. Further information at: www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-expenditure-and-unit-costs-england-final-2008-09

⁶⁷ *Assessing the Impact of Public Sector Procurement on Competition* (Office of Fair Trading, 2004).

Putting quality at the heart of social care: a strategic approach to quality and outcomes

- 7.18 The balance of power is shifting dramatically – away from the centre and towards empowered local communities holding organisations to account for the services they provide based on the experience of service users and carers. The Government does not believe in top-down programmes or performance management. Instead we need to combine sector-led improvement with a stronger local voice and accountability. The national role in this approach should be to facilitate, assure and support, not to dictate.
- 7.19 The approach aims to free the frontline from bureaucratic constraints, and support local organisations to focus on the quality of care and the outcomes achieved. Local government will be responsible for delivering improved outcomes for people using services and their carers, without the focus on targets and service activity. By embedding outcomes throughout the social care system, we can help organisations at all levels to think about what individuals need, and design services to meet those needs.
- 7.20 The consultation document *Transparency in Outcomes: a framework for Adult Social Care*, published alongside this vision, proposes a new agenda for adult social care. It will be co-produced with the social care sector, voluntary and community organisations and people who use services over the coming months and years. It will have five core elements:
- **building the evidence base** – being clear about what quality means for social care and the relationship between quality and outcomes. Expanding the remit of NICE to cover adult social care, to produce quality standards that bring together best practice on service quality and achieving outcomes;
 - **demonstrating progress** – developing fair, consistent data on quality and outcomes which helps local government and communities to see progress and hold organisations to account;
 - **supporting transparency** – focusing on the core issues of transparency and local public accountability by making information on quality and outcomes available to local people, carers, commissioners and managers;
 - **rewarding and incentivising** – promoting quality improvement through stronger incentives for providers and commissioners and closer integrated working with the NHS; and
 - **securing the foundations** – ensuring essential standards of quality underpin all services to secure safety for the most vulnerable and support public confidence. This includes the role of regulation in controlling market entry, and the extent of inspection powers to check compliance and highlight risk.

- 7.21 The new approach signalled in the consultation will emphasise information generated by people who use services. The Government's plans for information services, *An Information Revolution: a Consultation on Proposals*, sets this trend in the context of broader plans to make information in health and social care much more responsive to people's needs.⁶⁸
- 7.22 Similarly, the performance assessment system will be changed to support the enhanced role of the sector and local communities in shaping local services and holding councils to account. The current annual assessment of councils as commissioners of adult social care will be ended and replaced by a new sector led-approach. Where concerns are raised about services, CQC will continue to be able to inspect councils. We envisage a robust system of triggers that can lead to inspection. For example, local HealthWatch organisations will be able to report concerns to HealthWatch England. It could request CQC to undertake inspections where it has grounds for concern about the quality or safety of social care or health services.
- 7.23 Adult social care has shown that, over the last two decades since the community care reforms, it has an excellent track record in delivering efficiencies. Now, quality and efficiency can no longer be seen as two separate objectives – we must deliver both.

Making it happen

7.24 Local councils should:

- develop a local plan for reform, to ensure that they are making the best use of available resources. This should draw upon work also being undertaken by ADASS, and by the Local Government Association led Place Based Productivity Programme.

7.25 The Government will:

- support the work of councils to deliver efficiency savings by co-ordinating and disseminating support tools and best practice; and
- publish and consult publicly on our proposals for a new strategic approach to quality and outcomes in adult social care.

⁶⁸ *Liberating the NHS: An Information Revolution: A Consultation on Proposals* (HM Government, 2010), www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080

8. Our vision for people

We can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

A diverse workforce

- 8.1 The contribution of all those who make up the workforce in adult social care should be celebrated. Over 1.6 million people provide vital services day in day out, working alongside carers to help people live more independently and play a fuller role in our communities. Often working closely with people from other agencies, including the NHS, they have a huge variety of jobs and careers – from senior managers and professionals in social work, nursing and occupational therapy to people of all ages with practical skills in care, catering and other essential support roles. It is challenging but rewarding work.
- 8.2 To deliver the vision the workforce will need to respond to the challenges of the principles at its core when delivering care. They will be crucial to delivering personalisation. People with more choice and control over their care and support will need more information and advice, and want to know how to access and fund services, including from new brokerage and advocacy roles. The provision of personal budgets for all eligible people will mean personal assistants (PAs), directly employed by people who use care and support services, working in new, creative and person-centred ways to play an increasingly important role in providing tailored support to meet individual needs.
- 8.3 The principle of partnership and plurality will result in the workforce being employed in different types of organisations, some of which will work across traditional health and social care boundaries to deliver more integrated services. They will work for a variety of employers including mutuals, employee-owned co-operatives, user-led organisations, existing independent sector employers and individual people who use care and support services.

A skilled and responsive workforce

- 8.4 Delivering the vision demands a capable and well-trained workforce. This will be led by those working in the sector, their employers and employer-led organisations, including Skills for Care (the part of the Sector Skills Council that represents the sector) and the National Skills Academy for Social Care. Skills for Care will publish a workforce development strategy later this year to help employers design their workforces to support the greater personalisation and other changes to services set out in this vision. The Skills Academy will publish a leadership strategy to address the need to increase leadership capacity in the sector, in order to deliver on those changes.

- 8.5 Local councils will play an important role, working with local employers in the independent sector and other partners, including healthcare workforce planners, to commission the workforce of the future and lead local changes for existing staff. Continuing training and skills development is a vital investment in the future. The Department will work with BIS and others to increase uptake of professional standards.
- 8.6 The Department of Health will also work with BIS and others to ensure there is a secure and simplified framework for training and skills development within the sector to meet future needs. The particular needs of personal assistants and their employers will be addressed in a forthcoming PA strategy, to be published next year. The PA strategy will highlight the need to give people who use services choice and control over their care needs. It will also emphasise that with this freedom comes responsibility to be a good employer and to train, recruit and retain staff.
- 8.7 New and continuing professional roles will be developed for front-line social workers, occupational therapists, nurses and others. New career pathways will be developed, including more apprenticeships and a new care worker role in home and residential care, as well as more PAs. There will be renewed work with employers to maximise recruitment and, especially, retention within the sector. Employment opportunities in the sector are expected to grow over the medium term.
- 8.8 Sickness absence in the social care sector must be tackled. In adult social care rates of sickness absence range from 6.8 days per employee in council adult social services (incorporating social work staff) to 4.9 days per employee in the independent sector (which incorporates care staff).⁶⁹ Good staff health and well-being is important to quality and productivity in social care. Work in the NHS shows that the development of effective occupational health strategies can make a significant difference.⁷⁰ In the light of this and the challenges in social care, the Government will work with the social care sector to co-produce an occupational health strategy.

⁶⁹ *State of the Adult Social Care Workforce in England 2010*, Skills for Care

⁷⁰ *NHS Health and Well-being: Final Report* (Boorman S, 2009),

www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799

New freedoms

- 8.9 Giving decision making to front-line professionals is important in building localised and flexible services. The workforce will be empowered to work more in partnership with carers and volunteers locally, helping to develop community skills. The initial findings of the Munro Review of children's services make clear that burdensome procedures and over-regulation reduce social workers' discretion to exercise professional judgement.⁷¹ The Government will carefully consider Professor Munro's work as we give more decision making authority back to social workers and allow staff to exercise judgement with skill and imagination.
- 8.10 To develop the confidence and competence of the profession across both children's and adults' services, we will implement the recommendations of the Social Work Taskforce, including the creation of a new College of Social Work. Social workers and others will play a key role in community development, supporting individuals and community groups to provide more care and support locally.
- 8.11 The Localism Bill will give organisations the ability to challenge local authorities where they believe they could provide services differently or better. Social Work Practices (SWP) are one example of running mainstream social care functions differently. They are professional partnerships of social workers, voluntary sector organisations and private sector organisations independent of the council that operate as social enterprises. Existing pilots currently focus on looked-after children.⁷² We will invite councils and their social workers to extend this opportunity to adult services during 2011. We want to see a much more locally specialised service, with social workers combining their skills with the knowledge that local people and carers have about their own needs. This should result in greater choice and control over the services that local people purchase.⁷³

⁷¹ *The Munro Review of Child Protection* (Munro E, 2010), www.education.gov.uk/munroreview/

⁷² The Department for Education social work practice pilots are explained in more detail at: www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/socialworkpracticepilots/swppilots/

⁷³ For more information about Social Work Practices you can e-mail swpenquiries@dh.gsi.gov.uk or write to: Social Care Vision, Department of Health, Room 116, Wellington House, 133–155 Waterloo Road, London SE1 8UG.

Regulation of the social care workforce

8.12 The primary objective of workforce regulation should be to secure the safety of service users and assure public confidence in the workforce in a way that is both proportionate and targeted. The General Social Care Council has proved to be an expensive model and due to past management failures has not been able to take on the regulation of other care workers. The Government has announced the transfer of the General Social Care Council's regulatory functions to the renamed Health Professions Council, reflecting its new broader remit. We are currently reviewing the overall approach to professional regulation in health and social care and will be making proposals later in the year.

Making it happen

8.13 Local councils should:

- take a leadership role in workforce commissioning in their area, including integrated local area workforce strategies linked to JSNAs. Central government will support and co-ordinate developments only where and when the sector demands this, with a particular focus on the smaller employers who predominate in this sector.

8.14 The Government will:

- support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy
- publish a personal assistants' strategy in 2011; and
- working with councils, extend the piloting of social work practices to adult social care during 2011.

9. Conclusion

- 9.1 This vision for social care is part of the Government's ambition to reform health and social care, alongside an integrated public health service focused on prevention, and an NHS with patients in the driving seat and professionals with discretion to make the decisions that matter to people and service users. Local government and adult social care in particular have a key role to play, working in partnership to determine local public health needs and to integrate the commissioning and delivery of services wherever this makes sense locally.
- 9.2 The Spending Review settlement gives local councils a solid basis to reform social care services, rise to the new opportunities and accelerate the pace of change in their existing responsibilities. It also assumes councils will show the leadership needed to make tough choices to deliver efficiency and transform services. The partnership agreement, *Think Local, Act Personal* published in November 2010 set out the immediate actions for councils, focusing on personalisation, a community-based approach to developing services with local communities and other service providers, and a sustained drive on productivity. The Government welcomes the partnership agreement. As we establish the new structures in the NHS and public health, we will work closely with local government and voluntary and community sector leaders to ensure that service development continues apace.
- 9.3 This vision for social care demonstrates the Government's values of freedom, fairness and responsibility, shifting power from central to local, from state to citizen, from provider to people who use services. Our ambition is to foster the conditions in which communities, social enterprises and others can develop a diverse range of preventative and other support that will help to reduce isolation, improve health and well-being and, by doing so, better manage the demand for formal health and care. The Spending Review prioritised resources for social care and partnership working with the NHS, including a transfer from the NHS rising to £1bn by 2014/15. This demonstrates the importance that the Government attaches to social care services. It is now up to councils, working with their local communities and those who already provide care as a carer, family member or neighbour, to make a reality of this vision.

Annex A

The Vision for quality in social care – a summary of proposals	
Prevention	<p>The Government will:</p> <p>publish a White Paper on public health, outlining councils’ enhanced leadership role in health improvement and the opportunities this offers.</p>
Personalisation	<p>The Government will:</p> <ul style="list-style-type: none"> • put personalisation at the heart of the framework for quality and outcomes being developed and examine the outcomes and benefits for people; • consider how to embed personalisation in the new legal framework following the Law Commission’s report – for instance, in strengthened guidance new statutory principles to underpin the law, and through an entitlement, or right, for support to be offered as a personal budget or direct payment; • consider how to pursue greater portability of assessment, subject to the Law Commission and Funding Commission reports; and • use the pilots currently under way to inform the rollout of personal health budgets and make it possible to combine personal health budgets with personal budgets in social care in the future.
Plurality and partnership	<p>The Government will:</p> <ul style="list-style-type: none"> • identify and remove barriers to collaboration, pooling or alignment of budgets across health and social care and bring together funding streams for employment support; and • consider the barriers to market entry for micro and small social enterprises, user-led organisations and charities, and the proposed role for Monitor to play in market shaping.
Providing protection	<p>The Government will:</p> <ul style="list-style-type: none"> • work with the Law Commission in preparation for strengthening the law on safeguarding to ensure the right powers, duties and safeguards are in place.
Productivity, quality and innovation	<p>The Government will:</p> <ul style="list-style-type: none"> • support the work of councils to deliver efficiency savings by co-ordinating and disseminating support tools and best

	<p>practice; and</p> <ul style="list-style-type: none">• publish and consult publicly on our proposals for a new strategic approach to quality and outcomes in adult social care.
People	<p>The Government will:</p> <ul style="list-style-type: none">• support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy;• publish a personal assistants' strategy in 2011; and• working with councils, extend the piloting of social work practices to adult social care during 2011.



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