



**HEALTH & SOCIAL CARE SCRUTINY AND
PERFORMANCE PANEL**

DATE: 25 JULY 2005

**Agenda
Item No.**

5

**RESPONSE TO GOVERNMENT CONSULTATION ON THE GREEN PAPER
“INDEPENDENCE, WELL-BEING AND CHOICE”**

Ward(s) All

Portfolios: Councillor Alan Paul – Social Care & Health

Summary of report:

- 1.1 Members received a presentation on the Government Green Paper on the future of adult social care services at the of this Panel held on 21 April 2005.
- 1.2 The Council has prepared a response, which is detailed in the appended questionnaire.
- 1.3 Generally, our response is that we broadly support the proposals contained within the Green Paper and particularly welcome proposals to expand service user choice and control. Our major concern is regarding the cost of implementation, given that there will be no additional funding made available.

Background papers:

Independence, Well-being and Choice, Our vision for the future of Adult Social Care in England.

Reason for scrutiny:

- 1.1 Members requested that the Council's response to the paper be presented to them for discussion before being submitted to the DH on 28 July 2005.
- 1.2 The response does not need to be submitted to Cabinet, but will be signed off by the Portfolio Holder prior to submission.

Signed:

Executive Director: David Martin

Date: 14 July 2005

<p>Resource and legal considerations:</p> <p>Implementation of the Green Paper will have financial implications for the Council. However, the true extent of these are not yet known and will depend on the final policy direction.</p>
<p>Citizen impact:</p> <p>The proposals contained within the Green Paper will impact on vulnerable adults by giving them more control and choice over the services they receive.</p>
<p>Environmental impact:</p> <p>There is no environmental impact from this report.</p>
<p>Performance management:</p> <p>It is anticipated that new performance measures will be introduced by the government.</p>
<p>Equality Implications:</p> <p>The Green Paper emphasises the importance of equality of access to services.</p>
<p>Consultation:</p> <ol style="list-style-type: none"> 1.1 Consultation workshops were held with all managers working within adult services and supported housing. 1.2 All managers briefed staff within their teams and service areas and fed back key responses. 1.3 Presentations were made to this Panel, the Executive Management Team and Trade Unions to elicit views. 1.4 A workshop was held with service users, service user voluntary organisations and carers to elicit their views.
<p>Vision 2008:</p> <p>The proposals link with the following priorities:-</p> <ol style="list-style-type: none"> 3. Ensure all people are safe and secure 5. Make Walsall a healthy and caring place 7. Make it easier to access local services 9. Listen to what local people want 10. Transform Walsall into an excellent local authority
<p>Contact Officer:</p> <p>Kathy McAteer, Assistant Director (Adult Services) Tel. 01922 658218 mcateerk@walsall.gov.uk</p>

Independence, Well-being and Choice
Our Vision for the Future of Social Care for Adults in England

Please use this template to complete the questionnaire and then email it to adultsocialcare@dh.gsi.gov.uk or print it out and post it to the address shown at the end of this document. The deadline for responses is 28 July 2005.

INSERT YOUR ANSWER BENEATH EACH QUESTION

If you have any general comments that do not relate to specific questions in the document, please make them here.

1. Does the vision for adult social care summarise what social care for adults should be trying to achieve in the 21st century?

Yes ☐ No ☐ Not entirely ☒

If no, or not entirely, please explain your answer

The outcomes have changed significantly the definition of 'social care'. The outcomes will not be delivered only from social care services, but from other Council services or the NHS. It is important to ensure wider ownership, rather than imply that social care services can lead on and deliver the outcomes.

2. Independence, Wellbeing and Choice sets out seven outcomes for social care:

- Improved health
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination or harassment
- Economic wellbeing
- Personal dignity

Are these the right outcomes for social care?

Yes ☒ No ☐

If no, please explain your answer

We do not disagree with the outcomes, but the government needs to be clearer about the role of social care services as the empowerer/enabler. Social Care Services cannot deliver these outcomes without significant ownership from other council services, the NHS, and other agencies.

3. What are your views about how we can strike an appropriate balance in managing risks between individuals, the community and the social care worker?

It is impossible to legislate for every eventuality and achieving this balance requires cultural change, not just across organisations, but across communities and society. In particular there is a litigious culture in society and Health and Safety legislation requires staff to take reasonable precautions to reduce risk.

It is important to ensure that service users' views about risks and confidentiality are taken into account. However, family members/ carers and relatives, as well as other professionals will all have views, as independence carries risk. This raises several issues that must be addressed:

- We should be clear about who defines acceptable risk
- We must ensure that social care workers are skilled and confident in managing risk
- We must be clear about who defines mental capacity within the social model (as opposed to within the act). There is a tension between this and mental health legislation, and there needs to be clarity about mental capacity to take risks
- We need to be clear about the balance of risk to self and risk to others

Clearly, information is critical as it allows informed choice about risk, and developments in assistive technology will help manage/ minimise risk. There must also be increased advocacy support for those without capacity or the ability to express their views.

4. Should we take forward proposals to minimise the need for people to provide broadly the same information, for instance by sharing information between agencies such as the local authority and Department of Work and Pensions?

Yes ☒ No ☐

Please explain your answer

At face value, we cannot argue with the proposals, but there are risks that information could be used inappropriately and there are implications for Data Protection Act. A solution to this would be to issue the service user with a 'smart card' which they hand to someone to download their details. Service users have fed back to us that they would prefer to give information only once and would not object to this information being shared with the Pensions/ Benefits agencies.

5. We welcome views on modernising assessment and putting individuals at its centre. We are particularly interested in the practicalities of self-assessment. Do you think that there should be professional social work involvement in some or all assessments?

Yes ☒ No ☐

Please explain your answer

There is not a simple yes or no answer to this question. There is likely to need to be some degree of social care input at all levels of assessment, which at the lowest level may simply be assistance to complete the self assessment.

It needs to be noted that social care assessments are not just completed by social workers, for example, we employ Occupational Therapists, and other health professionals also complete assessments.

The use of One Stop Shops and the internet/IT Solutions provide opportunities to offer self-assessments, particularly for straightforward needs. We must ensure that:

- People who play down their needs do not "screen themselves out" of getting a service, and that people receive appropriate services for their level of need.
- There is clear health and safety advice when necessary.
- That systems are easily accessible to all people with disabilities and ethnic minority communities.
- Those who need personal contact can easily access it.

We do, however, feel that there would be real positives from self-assessment:

- It would free up professional time to focus on those with more complex needs.
- Access to self assessment could be provided through voluntary organisations.
- It is empowering and gives more control to service users.
- It challenges the culture of assessment and who makes decisions.

6. Do you have views on whether the Single Assessment Process (SAP), the Care Programme Approach (CPA) and Person Centred Planning (PCP) should be further developed to provide a tool for use with all people with complex needs?

We had mixed views on this. Some staff/managers feel it would be helpful, but there were generally concerns that this is a "one size fits all" approach that does not support the principle of individuality. Our view is that the Single Assessment Process is applicable to all service user groups, and if properly implemented with real time access to IT based joint information, could be used as the basis of a common tool.

There are issues about SAP versus CPA and the critical issue is to avoid duplication (i.e. do not use both systems).

Person Centred Planning is different in that it is not purely a needs led assessment, but looks at people's wishes, aspirations and preferences.

The key issue to address is to improve the process so as to ensure that professionals work together, rather than filling in a form or using a tool.

7. How can we encourage greater take-up of direct payments in under-represented groups such as older people and people with mental health problems?

Direct Payments are an important way of giving people control and choice and should be the 'first choice' of most people, but we also have to accept that they are not everyone's choice. For a significant number of people, individual budgets will be a preferred option. There is a particular issue for people with mental health problems who are sometimes reluctant to accept services.

We feel that direct payments and individual budgets would or could be very empowering to the individual. However, this would have an effect upon structure and organisation in relation to monitoring and taking a role in managing the local market.

There is the potential for an un-monitored disorganised and under skilled workforce developing, increased abuse of vulnerable older people and difficulties with POVA. Additionally, some of the better providers could grow to a point where they monopolise local markets stifling the growth of new entrants to the market and stifling innovation and choice.

If not managed properly the transition could lead to uncontrolled migration of a skilled workforce into self-employment reducing the ability of regulated service areas to maintain statutory staffing levels, consistency and quality.

The market would need more robust quality and contract monitoring and some means for service recipients to register their concerns and to make comparisons in terms of the care and support they receive and the charge levied. The market will also need to be better connected with whole systems working, improved advice and information availability and effective sign posting – we see this linking very well with the role of the 'navigator'.

'Connected Care Centres' could fulfil a role of centres of excellence where individual carers and workers (registered) could seek advice, best practice updates and localised training.

A range of actions are required to encourage greater take up, including:

- Improving and funding the infrastructure to support people who take up direct payments, particularly when they choose to become employers.
- To reduce the level of auditing of how direct payments are spent.
- To improve publicity and overcome fears.

- To look at the transitional costs of moving from existing service provision to direct payments.
- To provide opportunities for recipients to employ staff/purchase support from a regulated workforce, but without removing their freedom to use direct payments to pay friends or local contacts.

It needs to be recognised that direct payments incur additional costs to the Council, both from the cost of auditing payments and providing support to recipients. These are not offset by the small saving in organisational on-costs. It is not affordable to continue to expand direct payments based on current costs.

8. Extending the scope of direct payments

Do you think we should review the exclusions under the direct payments regulations?

Yes ☐ No ☒

Do you think that extending direct payments should initially be a power or a duty for local councils?

Power ☐ Duty ☒

What do you think about the proposal to extend direct payments via an agent to groups currently excluded, namely those unable to give consent or manage a payment, even with assistance?

The role of agent needs to be defined. We think it is a good idea in principle, but agents should be independent. We have mixed views about family carers, where there may be a conflict of interest. Many vulnerable people are currently unable to exercise control over their finances or make their own decisions because they live with a family carer who takes on this role.

This could, however, be delivered through an Advocacy Agency to enable people with dementia/mental health/learning disabilities to manage their direct payment. This would require:

- Contracts with agencies to meet the "Empowerment" regulations to support the Direct Payment users.
- The payment system to be streamlined.

Independent Agents would need to be paid and this raises the question of who will fund this. It will be contractually complex and we query the impact on market management.

9. Changing the name of direct payments.

Which name for direct payments is the most appropriate? Are there any others?

Individual service payments.

When do you think the change should be introduced?

2006.

10. We are committed to the introduction of individual budgets to give people greater control over their lives. We would welcome views on the proposals to pilot individual budgets.

We welcome the idea of piloting individual budgets and feel that the pilots in existing 'in control' areas should be extended.

11. We are proposing to introduce a care navigator/broker model and would welcome views on these proposals.

From what is written in the Green Paper, we are not clear what the difference is between these roles and that of care manager. The paper lacks clarity on the definition of the various tasks - i.e. assessment of needs, assessment of eligibility, allocation of resources and support to develop the care package.

The functions of a 'care navigator' or 'care broker' are already there within the current care management role. However, it would be useful to explore how other agencies could undertake this role and so provide some independence. This could separate out the assessment from the 'care co-ordination/broker/navigator' role. However, it may also make the process more complicated and fragmented with too many levels of communication.

How would this be funded? Would this direct money away from other services?

There is a real risk that changing the role would not address the need for more person centred care, as the broker could still be 'making the services available fit the need' rather than developing bespoke solutions. This raises the issue of the link with commissioning, particularly if the broker/navigator is independent of the local authority.

What are your views on the skills needed to perform the function and whether such a model might free social worker expertise to deal with the most complex cases?

There clearly needs to be a way of focusing professional social work skills on those with the most complex needs. The functions are not new and we would expect a good social work team to adapt and respond flexibly.

The skills include:

- Ability to be objective
- Co-ordination skills
- Organisational skills
- Negotiating skills
- Managing conflict
- Knowledge of services and solutions
- Ability to be innovative
- Advocacy skills
- Good communication skills
- Assessing and managing risks

12. What do you think will be the impact of shifting the balance of services from high-level need to earlier, preventative interventions on the eligibility criteria and what this might mean for Fair Access to Care Services (FACS)?

There is a tension between limited social care budgets and widening the expectation to fund preventive services. This needs to be looked at across all council services, and there is a clear link with Supporting People Grant. We need to focus prevention on future generations, there will continue to be a requirement to fund current high-level needs of existing service users.

This means that there will be transitional costs and a need for pump-priming. The impact would be great if we try to move people out of current service into preventive type services.

Prevention should be whole system, e.g. housing, leisure, built environment suitable for disability. This would require FACS for high level care services and low level access criteria for preventative services.

13. What is the best approach to strengthening leadership at council member level?

Getting Members involved and taking them with us, through nominated Portfolio Holder (Lead Councillor), Scrutiny function and cross theme working groups.

14. Do you support the introduction of a strategic needs assessment to inform the development of the social care market?

Yes ☒ No ☐

Please explain your answer

This is recognised good practice – all services should be based on a commissioning-led model.

15. How can local authorities stimulate the market to offer a range and diversity of provision which meets the outcomes demanded by the vision?

This would need to be achieved by ensuring providers are engaged as partners to deliver local commissioning strategies and involving them in forward planning. It is also important to get the pricing strategy right and improve our understanding of service quality. There is a need to stimulate new providers who can deliver new models of care.

16. Do you support the proposal to develop a strategic commissioning framework?

Yes ☒ No ☐

Please explain your answer

This would ensure consistency across authorities.

17. Is the proposed shift to a preventative model of care the right approach?

Yes ☒ No ☐

Please explain your answer

We agree with this approach, but with the proviso that transitional costs are addressed. (See answer to question 12).

Low level early intervention can deal with some issues and may delay the onset of levels of need requiring high cost services. However, promoting independence must be right, and we need an evidence based outcome focus. Society and professionals have to accept people meeting their needs in their way.

There needs to be a consistent approach which is not just focussed on the physical environment. Service providers need to be trained and be more focused on preventive type care. The development of preventative services will have implications for Charging Policies. There is already evidence that charging for low level services reduces take up, and evidence that service users sometimes take up lower levels of service than that required to meet their needs.

18. What are your views on approaches to promoting and developing partnership working across agencies and effective models for so doing?

We have good local mechanisms in our authority and agree that there should be local flexibility to develop a model that best meets local needs. However,

there are significant problems with use of Section 31 flexibilities due to how these are audited, and the government should not be prescriptive about the mechanisms used to achieve partnership working.

19. What help and support do local authorities and other social care providers need to work with people using services and carers to transform services?

The government need to put more investment in advocacy, and keep this separate and independent from local authority funding. Better user surveys could be developed by the DH that provide more meaningful feedback.

There seems to be a paradox between early intervention and prevention then intervening via crisis and eligibility criteria. Assistance is required with the change management process. Clear guidance is needed regarding our role with carers and the tensions between the expectations of carers and the wishes of service users, particularly regarding risk taking and protection. There is a need to integrate health and social care services.

Assistance with commissioning/planning/budgeting when we move towards more individualised budgets for care. There are Commissioning implications – individual packages are expensive so we need help with this as economy of scale will be lost. This will require some pump priming funding to be made available.

20. Do you have innovative models of provision that support the outcomes of our vision?

Yes ☒ No ☐

If yes, please give details below

The Learning Disability Services already operates through a Person Centred Approach and uses Person Centred Planning to determine service delivery. The Reprovision Team Project and Care Managers operate in a similar manner to 'Navigators', researching and identifying services within a Budget based on individual assessments and facilitating the transition, delivery and monitoring of services.

The Occupational Therapy service is just starting to pilot a computer based assessment process called ADL Smartcare. This is a highly interactive system which will identify solutions to particular areas of daily living where an individual may be experiencing difficulties. It will also identify situations which require a further, more intensive assessment. Once staff have become familiar with the system, it is anticipated that 20 – 30 assessments can be undertaken in one day, thereby reducing waiting lists and freeing up staff to focus on more complex cases.

We have enthusiastically embraced Telecare as a means of promoting both independence and prevention. Our experience tells us that for many older people their ideal solution and the outcome they most desire is to remain in their own home. We have discovered and exploited the use of Telecare as a way of both minimising and managing risk and significantly increasing quality of life. We have made a significant investment in a second generation Telecare capability and are actively promoting its use with older people who have passed through our joint intermediate care schemes as a way of ensuring that independence is maintained. We are also actively promoting ways of using Telecare to support people with dementia in their own homes. Our comprehensive vision for a Telecare is a system which combines three components; Telecare, Telemedicine and Personnel Environmental Control Solutions. By combining these components we can bring reassurance and control to service users, reduce anxiety for informal carers and work with other professionals to add value to our services. We firmly believe that Assistive Technology can play a major part in delivering on the Green Paper vision of independent lives for older people where they remain in full control.

Walsall's Neighbourhood Community officer (NCO) service is a large floating support service, funded through Supporting People grant, providing housing related support to approximately 2000 residents. The service provides support to older people living in their own homes and to other people who need help to make a success of independent living. The provision of low level preventative type services have proved essential in helping service users to achieve positive change in their lives or at least to maintain a level of independence impacting positively on health, well being and independence. Through individual needs assessments and support plans the service helps people with a range of tasks including developing/regaining domestic skills, establishing social contacts and attending activities, managing finances, claiming benefits, maintaining safety and security in the home. Staff have also been trained to complete simple assessments for equipment which can then be directly requisitioned from the Integrated Community Equipment Stores.

21. Do you have views on appropriate performance measures to encourage the implementation of the vision?

Performance measures need to be more outcome focused and more easily understandable and useable to staff. They must also be user led and reflect service user's desired outcomes. It is important to capture information on whether service users are satisfied with what is delivered. The use of customer satisfaction surveys would be better than more activity focused Performance Indicators.

However, introduction of new performance measures needs to be offset by removing those that are not currently effective at measuring outcomes.

22. How can central government best enable Local Strategic Partnerships develop and monitor progress on cross-cutting issues?

LSP focus their performance management on the NRF floor targets;– there should be a requirement on LSPs to add Local PIs and Targets on cross-cutting issues. If LSPs are required to adjust their structure to the ‘4 pillars’ of the Local Area Agreement (one on Older people – to which we need to add ‘and other adults’) this will enable much better cross-cutting approaches.

23. Do you think the direction proposed for strengthening and developing skills in the workforce is right?

Yes ☒ No ☐

Please explain your answer

It is appropriate that the workforce is recognised as a skilled and professional one. The government should be mindful that over half the workforce in the provision of service is in the independent sector and ensure that the processes for developing the workforce are inclusive of the independent sector. It is supported that the social care workforce be qualified and the links to NVQs should be further invested in. The government should be mindful in the allocation of funding of the need for continued service provision whilst staff are undertaking skills training. The government needs to provide funding for Care Apprenticeships and Trainee Social Worker and Trainee Occupational Therapist schemes that are over and above the establishment of the existing workforce.

24. How can we improve and better integrate local workforce planning?

There needs to be proper investment into integrated workforce planning. A consistent system needs to be developed so there is commonality in the information. There is a role here for the Sector Skills Councils. It would not be helpful to make this part of any inspection regime in the first instance as time is needed to make the change. It would be helpful if the government would fund pilot projects to develop systems that can be rolled out across the country.

The independent sector should complete a similar/same annual social care workforce survey.

25. What actions are needed by Government and others to assist employers in recruiting, retaining and developing the workforce?

Recruitment Campaigns need to have the same status as Nursing and Teaching campaigns. Investment in the social care workforce development needs to be on a comparable level to that on the NHS. This needs to be similar to Agenda for Change in the NHS.

The suggestion of a nationally supported programme of work life balance for social care workers is supported as is the development of national recruitment and retention initiatives. If interdisciplinary working is strengthened this will open up career pathways across the social care and health workforce but there will need to be comparability of salary and benefits. The government need to be mindful that in raising the status of social care and social worker pay there is a likely knock on to pay structures and differentials and that this should be recognised in workforce development funding.

Issues about short-term contracts are being generated as a result of short-term funding for projects. This causes problems with recruitment and retention.

26. How can we strengthen the links with the voluntary and community sector, and increase community capacity?

There is a need to be far more open about the various sources of funding and to make the rules for accessing these easier/simpler. Help people to access these and help them to work together instead of being seen as in competition with others for scarce funding. Provide voluntary organisations with finance officer help etc. to access funding.

De-regulation could encourage the development of trust and enable the voluntary sector to provide preventative agenda.

We would your welcome views on the partial Regulatory Impact Assessment which has been published alongside *Independence, Well-being and Choice*.

1. "We would be interested to know from local authorities what they think would be the resource implications of introducing individual budgets".

Our view on this appears to be consistent with other Local Authorities – the statement that the proposed changes can be introduced within the total existing funding envelope at best, with hopefully 10% savings, should be rigorously challenged. Our view is that individual budgets will not result in reduced demand and need for services, and administration and processing costs could be significant. Any additional cost pressures which occur should be matched by funding from the Department of Health taking into account its commitment to the NBD (new burdens doctrine). Some Local Authorities operate individual budget schemes successfully (e.g. Kent's purchase card scheme). There would need to be a shift in how services are commissioned, aligning the need to put in place effective procurement (the strategic balance of investment between prevention, meeting low level needs and providing intensive support) in the face of individuals exercising greater choice and control through individual budgets. The potential exists to use Partnership for Older People Projects funding (POPPs) to help mitigate the inherent challenge associated with providing increased preventative services.

2. “We would be interested to know from local authorities what they think would be the resource implications of providing care navigators or care brokers, and what it would mean for them if these roles were carried out independently”.

Our view would be that person centred planning facilitators, care managers, care navigators and care brokers would all be drawn from expertise within current staffing establishments – therefore in theory costs are potentially neutral but in practice this is not likely to be the case, and could result in a migration of skilled and qualified staff from the assessment role. The roles described could well be a re-designation of current roles rather than additional posts and it might contribute helpfully to career pathways to social work. There will be some re-training costs and we might need to invest in an “automated infrastructure” to assist care navigators identify the Care Pathway. This new role would obviously need to be linked into national care standards and registration.

The document raises current possible conflicts of interest which may lead to frustration as people will be encouraged to ask for what they want, or perceive they need, but there may be issues as to what can be afforded. There could be an issue of “us and them” which could be exacerbated by independent care navigators and brokers unless there was some serious partnership working which would need some investment to support. The proposals will create a two-tier system - those who are most articulate and able taking advantage of improved processes, with those less able still not having control over their own lives.

3. “We would be interested to know from local authorities what they think would be the resource implications of providing trainers to carers”.

In common with many Local Authorities, we would face the challenge of putting into place the key requirements (e.g. extending support to carers – access to training and employment) from the Carers (Equal Opportunities) Act 2004 without additional funding. It may be possible to access additional funding from the Carers Grant. There may be some opportunity to offset some of the necessary investment in training for carers, if some then become part of the Local Authorities’ workforce with the additional training costs therefore being offset by reductions in expenditure on agency staff. However, this would be unlikely given the age of most carers. Local Authorities could also look at users of services and carers being trainers.

The advantages of carers being trained and therefore delivering care to an approved standard, may outweigh the resource implications for a local authority by addressing any shortfalls in care, if the said care has been delivered in any way that is detrimental to the service user or the carer (e.g. by reducing back injury).

Walsall M.B.C.'s Training Programme has an element of training for external partners/agencies including carers. Significantly increasing training for carers would have resource implications.

If you would like to say anything else about issues raised in *Independence, Well-being and Choice* please do so here.

We consulted with a small group of service users, advocacy organisations, and a small group of carers. Broadly their views are consistent with those expressed in this response.

For users of services, positive feedback was focussed on control – of assessments, budgets, and services, whilst concerns were more widespread, including consistent staffing, sufficient finance, and family carer input.

For family carers, positive feedback was again more clearly focussed – on improving choice of services, single / self-assessment and direct payments. Again concerns were more widely spread but most strong about the need for additional finance, need for easier access and use of direct payments, and whether the green paper pays sufficient attention to issues particular to mental health support.

We would be grateful if you would supply below some details about yourself:

Are you responding as an individual or on behalf of an organisation?

Organisation:

If an individual, select type: select type

If an organisation, select type: Local Authority

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Thank you very much for taking part in this consultation exercise. The postal address for contributions is:

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