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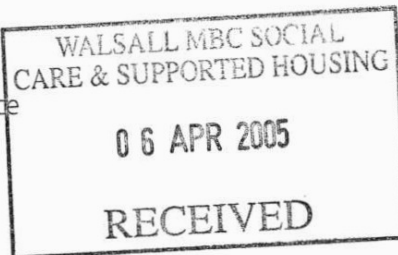
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 Local Government Associa

## Independence, Well-being and Choice: Green Paper on adult social care

23 March 2005

LGA briefing on Independence, Well-being and Choice



Dear Colleague

On 21 March 2005, the Government published *Independence, Well-being and Choice*, a Green paper on Adult Social Care which sets out proposals for the future direction of social care for adults in England.

The Green Paper sets out a number of ideas for achieving standards of Social Care:

- Individuals able to manage their own budgets
- Greater cooperation between NHS, voluntary and community sector
- New directors of adult social services to provide strategic leadership across all services
- Shift to more preventative services
- Whole of local government to make sure all services are accessible for those with greatest need
- New responsive models of care including extra housing and telecare
- Streamlining of assessments between agencies, local government and across agencies

The LGA has produced a briefing summarising the proposals in the Green Paper and setting out the implications for local government, which is **attached**. Many of the proposals support the recommendations set out in the LGA/ADSS/NHS Confed publication *Our Future in Our Hands*, which is available on the LGA website at <http://www.lga.gov.uk/Publication.asp?ISection=0&id=5X8F23-A7829593>. The Green Paper can be found on the Department of Health website at [www.dh.gov.uk](http://www.dh.gov.uk)

Yours sincerely



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

Monday, 21 March 2005

## Introduction

Published on 21 March 2005, Independence, Well-being and Choice, the Government's Green paper on Adult Social Care is a consultation document on proposals for the future direction of social care for adults in England.

The Green Paper sets out a number of ideas for achieving standards of Social Care:

- Individuals able to manage their own budgets
- Greater cooperation between NHS, voluntary and community sector
- New directors of adult social services to provide strategic leadership across all services
- Shift to more preventative services
- Whole of local government to make sure all services are accessible for those with greatest need
- New responsive models of care including extra housing and telecare
- Streamlining of assessments between agencies, local government and across agencies

## Key implications for local government

- The strategic and leadership role of local government, including the Director of Adult Social Services (DASS) to have a role in ensuring integrated partnership working, and to undertake a regular strategic needs assessment to plan ahead for the next 10-15 years;
- an emphasis on users undertaking their own self-assessment - this will have implications for both the local government workforce and the wider social care workforce;
- the intention to introduce personalised budgets from 2012 which can be used to purchase in-house services;
- the extension of direct payments which cannot be used to purchase in-house services;
- the distinction between care managers, care navigators, care brokers and person centred planning facilitators; and
- A proportionate performance management framework that focuses on outcomes for users and carers.

## LGA key messages

- The LGA welcomes the emphasis on the strategic and leadership role of local government highlighted in the Green Paper. Local government's existing power to promote the social, economic and environmental well-being of local communities is key to the preventing the need for intensive services and providing greater independence for service users;
- To deliver this vision, funding must now be shifted from NHS based services into preventative social care services;
- We support personalised budgets as a means of offering choice and control without some of the burdens of direct payments. However, we believe that they should be introduced before 2012 if they are truly going to support choice in service provision including in-house provision;
- On workforce - the LGA welcomes the recognition of the role of the Director of Adult Social Services and in particular the focus on the undertaking strategic assessments. If the newly defined roles are to be made distinct then it is critical that proper training is provided for staff at all levels;
- The emphasis on self assessment by users is welcome. For this to work there will be a need for greater advocacy to support users and further investment in IT systems.

**briefing**

## Chapter One – Our Vision for Adult Social Care

This chapter introduces the Green Paper's key proposals, as set out over-leaf of the government's vision for adult social care.

### LGA view

The Government's vision for adult social care supports the vision we set out in *Our Future in Our Hands* in December 2004. We support the vision to deliver services that promote well being and independence for all citizens and the central role that local government is to play in brokering strategic partnerships between government, the voluntary and independent sectors to ensure that services are built around what each person actually wants and needs.

## Chapter 2 – Why do we need a new vision?

This chapter outlines the social and demographic changes that have led to the need for a new vision for social care, including the decrease in support that can be offered by the extended family, growing demand, workforce availability and increased public expectation that people should live within their own risk.

### LGA view

We welcome the recognition from government that demographic and cultural change means greater demands for social care and subsequently a need to move the current focus of social care needs from acute to preventative services, designed around the needs of individuals. We have set out our proposals for achieving this shift in *Our Future in Our Hands*, and we are pleased to see that many of the recommendations in this joint publication with ADSS and NHS Confederation are reflected within the Green paper, particularly the need to promote independence and for people to have greater control over their lives.

## Chapter 3 – Setting clear outcomes

This chapter outlines seven proposed outcomes which will be used to test how far social care is moving towards delivering this new vision. These are improved health, improved quality of life, making a positive contribution; exercise of choice and control; freedom from discrimination and harassment; economic well-being; and personal dignity. In order to meet these outcomes, it is suggested that current local authority partnerships with the NHS and the independent, voluntary and community sector need to be developed further.

### LGA view

We welcome the setting of clear outcomes for social care on which to build services and against which the experience of individuals can be measured. We are pleased to see that the outcomes reflect the principles which the inter agency group recommended should underpin the Government's vision for the future of adult social care

## Chapter 4. Putting people in control: improving assessment, direct payments and individual budgets

This chapter states that better information and signposting of services, putting people at the centre of the assessment process and creating individual budgets are all needed to give greater choice on how individuals' care needs can best be met. The chapter proposes:

- Improved assessments, especially for people with complex needs
- An extension of direct payments need to be extended and encouraged, particularly in groups where take up is currently low, such as older people, people with mental health problems and young people moving to adult services and, through the use of agents, to those who are currently excluded as they are without the capacity to consent or unable to manage even with assistance.
- The introduction of 'Individual budgets' for adults with a disability or with an assessed need for social care support will be tested through a number of pilots exploring a range of possible models. Individuals will be able to choose whether they receive support in the form of a direct cash payment or provision of services. The inclusion of other budgets, such as community care resources and social services expenditure on minor equipment and adaptations, Independent Living Funds and Access to Work will be tested through the pilots. It is also anticipated that extending the scope of individual budgets to closely allied services would reduce bureaucracy. The budget would be held by the local authority on behalf of the person using services or their carer.
- Subject to the success of the pilots and the availability of new resources, individual budgets could be introduced to people with a disability by 2012. This will require radical changes to the way in which budgets are organised and services are delivered.

### LGA view

The LGA welcomes the creation of individual budgets but believes that the proposed target date of 2012 cuts across the choice agenda, as individual budgets can be used to purchase in-house services but direct payments

cannot. We welcome the proposal to bring in other funding streams into individual budgets, but there will also need to be adequate funding for successful implementation. The LGA believes that self assessment can be a useful tool provided that users are supported in the process and that risks are managed. Monitoring and effective control of individual budgets will need to be carried out by specialists to ensure that funds are being utilised effectively to meet users' requirements.

The LGA believes that the extension of the direct payments scheme should be actively encouraged to equalise opportunities for all users without the imposition by central government of a further mandatory duty.

### **Chapter 5 – The role of the wider community**

This chapter sets out the role of carers, extending the range of choice and the wider well-being agenda:

- ❑ Carers need to be supported to decide how their needs should be met through full involvement in the assessment process. Access to training and support for carers should form part of any local workforce development initiative and be considered by every local workforce development strategy.
- ❑ Social care needs to be linked more strongly to the wider well-being agenda of local authorities and prevent individuals becoming dependent and needing more specialised social care interventions.
- ❑ A care package should use the wider resources of the community by involving the traditional social care services, other universal services provided by the local authority and a contribution from the local voluntary and community sector.
- ❑ Greater focus needs to be placed on preventative services through the wider well-being agenda and through better targeted, early interventions that would reduce the need for more costly intensive support. More use of universal services would prevent social isolation and would allow social care to play a specialist role in supporting those with more specific needs.

#### **LGA view**

The recognition of the importance of carers is welcomed but it must be recognised that providing training for carers will have resource implications for local authorities. The delivery of the new agenda will require commitment to cultural change across local government and its partner agencies. It is essential that the focus of the service development is on meeting the pattern of local needs and empowering local communities

Local authorities should lead the agenda and draw together a range of partners across statutory, private and community and voluntary sectors with local flexibility to determine arrangements. This should be built around a combination of community based health, social care, housing and other services. Users' and carers' needs and rights should be placed at the centre of any local arrangements for delivery. The Local Strategic Partnership may be one way of drawing partners together but this may not be appropriate in all areas.

### **Chapter 6 – Funding and fair access to care**

This chapter looks at how implementing the vision will be funded and identifies the scope of making better use of existing funding.

- ❑ It is recognised that time is needed to manage the transition required for introduction of individual budgets and greater choice – thus the vision is for the next 10 – 15 years.
- ❑ It is anticipated that if support is available in the way the individual wants at an earlier stage, the end result may be less expensive than the traditionally assessed package of care.
- ❑ It is expected that overall the proposals will be cost neutral and that the changes proposed will be met from existing funds.
- ❑ It is felt that local authorities should retain the right to set local priorities and manage their budget. Shifting the balance to earlier preventative intervention will affect how eligibility criteria can be set to encompass both higher levels of need and early intervention.
- ❑ The results of the care services efficiency programme will be fed into the pilots to explore how more flexible services can be delivered in the most cost effective way.
- ❑ However, in developing any detailed proposals, the Department of Health will look closely at the cost implications for individual local authorities, taking into account the commitment outlined in the New Burdens Doctrine.

#### **LGA view**

The shift from acute services to a focus on prevention will not be cost neutral to implement as there will need to be double running of funding in the short to medium term. We do not envisage that efficiency savings and savings arising out of new ways of providing services will in themselves be sufficient to meet the growing demand for services in the medium to long term future. There is need for major investment in IT to support the workforce and the new models of working, which will have resource implications.

Other potential resource implications include the cost of introducing individual budgets, providing care navigators providing training for the new distinct roles for social care workers and providing training to carers. We note the funding implications set out in the regulatory impact assessment and the costs associated with a "do nothing" approach. We will need to understand the financial implications of the new models being

proposed, in particular to ensure that the cost of social care is not being "capped".

### **Chapter 7 – The strategic and leadership role of local government**

This chapter highlights the important leadership role played by local government, in particular by the Director of Adult Social Services (DASS). It suggests the development of a strategic needs assessment and highlights the responsibility for managing the social care market. The chapter:

- Describes the seven key roles of the DASS – the Department for Health is simultaneously publishing best practice guidance on the role of DASS for consultation;
- Suggests that the DASS should undertake regular strategic needs assessments to plan ahead for the next 10-15 years and that this must be linked to assessment of housing needs.

#### **LGA view**

The LGA welcomes the strategic and leadership role of local government highlighted in the paper. Local government's existing power to promote the social, economic and environmental well-being of local communities is key to the prevention and independence agenda. We welcome the draft guidance on the role of the Director of Adult Services issued as best practice, rather than as statutory guidance, and in particular the DASS's leading role in delivering the wider vision for social care including the new role in undertaking regular strategic needs assessments which looks 10-15 years ahead. We are pleased that our early comments have been taken into account when developing the guidance. The flexibility available to local areas, both in respect of the role of the statutory director and a "lead member" role (should local authorities need it) will enable locally responsive managerial and political leadership to achieve change.

The local leadership role of the DASS will be key to achieving change and we welcome the emphasis given to extending the influence of the role beyond the traditional boundaries of local government departments and across public, private, voluntary and community sectors. The ability to influence local partner organisations will be of central importance - in particular to achieving "whole system" shifts in service delivery for more person centred, prevention models of care. It will be essential to ensure that responsibilities in relation to co-ordinated partnership working are matched with the ability to hold local organisations to account for their local contributions and performance.

We note the call in the guidance for the DASS to identify available resources from other sources to enable him/her to discharge the authority's statutory adult social services functions and the need for staff with the required competencies to deliver services to meet both national and local standards. We also welcome the recommendation that a Lead Member for Adult Social Services is appointed to mirror the responsibilities of the DASS, but at a local political level.

### **Chapter 8 – Shifting the focus of services: strategic commissioning**

This chapter recognises the need to develop a strategic commissioning framework with partners, to ensure the right balance between prevention, meeting low-level needs and providing intensive care collaborative and partnership working and support for those with high-level complex needs. It also explores mechanisms for strengthening collaborative and partnership working. The chapter states that:

- Decisions about partnership models should be made locally to suit local circumstances.
- The Government will support prevention in a number of ways (e.g. building evidence base, aligning targets etc.) Other options include
  - a mix of financial incentives tied to outcomes;
  - use and development of the single assessment process, care programme approach and person centred planning to develop joint pathways of care and integrated delivery networks;
  - strengthening the duty for local councils and NHS commissioners to cooperate in commissioning services for adults;
  - further use of shared workforce and IT initiatives which encourage joint working across health and social care boundaries;
  - the enabling and encouragement of cross commissioning arrangements for individual packages of care;
  - allowing councils to authorise other organisations to carry out a range of adult social services functions, including those involving the exercise of statutory discretion.

#### **LGA view**

We welcome the freedom for local authorities to decide local solutions for delivery, such as collaborative partnerships as recommended in *Our Future in Our Hands*. Local authorities should lead the agenda and draw together a range of partners across statutory, private and community and voluntary sectors with local flexibility to determine arrangements. Users and carers needs and rights should be placed at the centre of any local arrangements for delivery.

Local government and NHS already have the ability to work together and we do not see any value in a stronger duty for local councils and NHS commissioners to co-operate in commissioning services. However, the DASS has

a vital role to play in ensuring that other organisations work in partnership and it will be essential for the DASS to have sufficient authority to ensure that all relevant organisations co-operate in the partnership.

While we welcome the Government's support in building best practice models of integrated working, this will need to be supported by moving resources from acute based provision towards preventative, community based provision.

### **Chapter 9 – Service improvement and delivery**

This chapter recognises the challenges faced in improving the design and delivery of services, identifies support for service improvement, and gives some examples of innovative models of provision to stimulate wider debate.

- Government is bringing together the following service improvement teams to create a Care Services Improvement Partnership:
  - Health and Social Care Change Agent Team;
  - Integrated Care Network;
  - Integrating Community Equipment Services Team;
  - National Child and Adolescent Mental Health Support Services;
  - National Institute for Mental Health in England;
  - Valuing People Support Team; and
  - Change for Children Team.
- The paper describes some innovative models of care to support the vision, including Extra Care Housing, Homeshare, Adult Placements and Technology-enabled services.
- The Government plans to make available £80 million available for two years from 2006 to stimulate use of telecare.
- The Government proposed that DASS should play a key role in ensuring that arrangements are in place to support transition between different services.

#### **LGA view**

The LGA welcomes the recognition given to the service development initiatives led by local government organisations that have already achieved much to improve service delivery and performance. We also recognise that more innovation and development is needed to achieve person centred services that shift the balance in delivery of support and care to more prevention based models. Collaboration between public, voluntary and independent sector organisations and local leadership will be key to achieving these changes. Local Government is well placed to lead these changes and to support the development of modernised local services.

We note the support that will be available to local areas through the Care Service Improvement Partnerships (CSIP). It will be essential to ensure that the mechanisms through which CSIP makes this support available are effectively aligned with local government and that the governance of CSIP reflects accountability to local organisations, communities and individuals.

We note the examples of innovative practice - such as extra care housing, homeshare and telecare schemes - and welcome the additional funding that has been identified to support these initiatives. Local areas will wish to develop these models as appropriate to their local circumstances.

### **Chapter 10 – Regulation and performance assessment**

This chapter recognises the importance of regulation and performance assessment as levers for challenge and change, and proposes that both should be modernised to reflect the outcomes of the vision. The chapter states that:

- The Government is working on approaches to establishing possible well-being targets to underpin the policy on supporting people to maintain their independence; and
- Government will work with Commission for Social Care Inspection to develop performance indicators that reflect the outcomes agreed as part of the consultation process on *Independence, Well-being and Choice*.

#### **LGA view**

We welcome the move to a more proportionate performance management system based on outcomes for service users and their carers, as set out in CSCl's proposals for modernising the approach to social care regulation. Users and carers need to be involved in the inspection process. We propose that a 'Joint Area Review' approach to inspection for services for adults is needed along the lines of the one currently being developed for services to children.

We also welcome the move to better align the performance measures to the outcomes that individuals want from services. We hope we can work with government and CSCl to develop well being targets to underpin the performance assessment of local authorities and other agencies responsible for provision of social care services. In addition, joint performance indicators between PCTs and local authorities based around prevention are needed if organisations are to be encouraged to work in partnership to deliver person centred services.

The profile given to LSPs is welcome in terms of providing a framework across which a number of agencies can

work to deliver shared outcomes. However, although the LSP may be one way of drawing partners together this may not be appropriate in all areas

### **Chapter 11 – Building capacity: the workforce**

This chapter summarises the workforce part of the vision. The Government wants to support initiatives in improving leadership and modernising the workforce and will consider ways to improve local workforce planning. The chapter states that:

- the Government is interested in how better workforce planning can be achieved;
- the government is interested in any 'whole-system' staff care policies;
- a new national strategy for workforce development in 2006 will be launched;
- it is estimated that no more than 25% of the workforce has a relevant qualification and that this is not good enough;
- the value of workforce development grants from the DH will have trebled since 2002 to around £225m a year.

#### **LGA view**

The implications of the Green Paper for the workforce are widespread. Newly defined roles such as care navigators, care brokers, care managers and person centred planning facilitators are all part of the role that social workers already play. If these roles are to be made distinct, it will be critical to ensure that risks are managed properly and this will require both a workload management approach and proper training for staff at all levels. It will also require significant work in developing a coherent and inclusive pay and workforce strategy. We will need to learn from the Employers Organisation for local government's project on remodelling the workforce and also from the TOPSS New Types of Worker Projects. We welcome the idea of extending learning opportunities to volunteers, service users and carers but the resource implications of this will need to be discussed in more detail. The *Choosing Health* White Paper commits the Department of Health to supporting healthier workplaces within NHS organisations and we would welcome a similar commitment for local government. Commissioning a service involves commissioning a workforce and the role of the DASS has an important responsibility for the quality of the workforce in the labour market for social care as a whole as indicated within the Best Practice Guidance on the role of the DASS.

### **Chapter 12 – Community capacity building: working with the voluntary and community sector**

This chapter recognises the important role played by the voluntary and community sector (VCS) and sets out proposals for strengthening local engagement and building local capacity. The chapter states that:

- At a local level, there needs to be more strategic engagement with the VCS by the relevant public sector commissioning authorities through the development of local compacts with VCS and participation in LSPs.
- To support local working, the DH will:
  - work with others to develop a cost-benefit analysis tool to inform local commissioning and investment decision making;
  - spell out in more detail the overall role of the VCS in the context of National Service Frameworks to inform the Healthcare Commission and the Commission for Social Care Inspection's inspection criteria;
  - develop Section 64 investment priorities so that they more closely reflect and support the delivery of strategic aims for health and social care service reform;
  - take forward the strategic partnership agreement between DH, the NHS and the VCS through a new national strategic partnership forum to improve understanding of the benefits of VCS activity;
  - encourage greater use of Time Banks in 'cash-poor, time-rich areas'.

#### **LGA view**

The LGA welcomes and recognises the important role played by the voluntary and community sector (VCS) in building local capacity. Local authorities, with their strategic partners, engage positively at both a strategic and service delivery level with the VCS. Local authorities are already in the process of developing compacts with the VCS and encouraging the NHS to do so also. The issues around full cost recovery are well understood, and local authorities will need to balance the cost implications with their Best Value duties. The role of the VCS in the context of the National Service Frameworks is something that should be established with local partners in the context of local priorities, rather than at a national level by the Department of Health.

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#### **Further LGA resources:**

*Our future in our hands: putting people at the centre of social care*

This publication outlines a vision for the future of adult social care, jointly badged by, the LGA, ADSS and the NHS Confederation. Available from [www.lga.gov.uk](http://www.lga.gov.uk)