HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

WEDNESDAY 14 SEPTEMBER 2005 7.30 PM

SUB-COMMITTEE AGENDA (SCRUTINY)

COMMITTEE ROOMS 1&2
HARROW CIVIC CENTRE

MEMBERSHIP (Quorum 3)

Chair: **Councillor Bluston**

Councillors:

Ann Groves	**Myra Michael (VC)**
Lavingia	**Vina Mithani**
Mrs R Shah	**Mrs Joyce Nickolay**

Adviser to the Sub-Committee: Jean Bradlow

Reserve Members:

1. Blann	1. Jean Lammiman
2. Mitzi Green	2. Pinkus
3. Toms	3. Mary John
4. Gate	

Issued by the Democratic Services Section,
Legal Services Department

Contact: Laura Kell, Committee Administrator
Tel: 020 8424 1265 E-mail: laura.kell@harrow.gov.uk

NOTE FOR THOSE ATTENDING THE MEETING:
IF YOU WISH TO DISPOSE OF THIS AGENDA, PLEASE LEAVE IT BEHIND AFTER THE MEETING.
IT WILL BE COLLECTED FOR RECYCLING.

HARROW COUNCIL

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

WEDNESDAY 14 SEPTEMBER 2005

AGENDA - PART I

1. **Attendance by Reserve Members:**
   To note the attendance at this meeting of any duly appointed Reserve Members.

   Reserve Members may attend meetings:-

   (i) to take the place of an ordinary Member for whom they are a reserve;
   (ii) where the ordinary Member will be absent for the whole of the meeting; and
   (iii) after notifying the Chair at the start of the meeting.

2. **Declarations of Interest:**
   To receive declarations of personal or prejudicial interests, arising from business to be transacted at this meeting, from all Members present.

3. **Arrangement of Agenda:**
   To consider whether any of the items listed on the agenda should be considered with the press and public excluded on the grounds that it is thought likely, in view of the nature of the business to be transacted, that there would be disclosure of confidential information in breach of an obligation of confidence or of exempt information as defined in the Local Government (Access to Information) Act 1985.

4. **Minutes:**
   That the minutes of the meeting held on 6 June 2005, having been circulated, be taken as read and signed as a correct record.

5. **Public Questions:**
   To receive questions (if any) from local residents/organisations under the provisions of Overview and Scrutiny Procedure Rule 8.

6. **Petitions:**
   To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Overview and Scrutiny Procedure Rule 9.

7. **Deputations:**
   To receive deputations (if any) under the provisions of Overview and Scrutiny Procedure Rule 10.

Enc. 8. **Royal National Orthopaedic Hospital - Redevelopment Plans:** (Pages 1 - 4)

   Eric Fehily (Project Director, Royal National Orthopaedic Hospital)will be in attendance at the meeting for the above item.

9. **Attendance by the Portfolio Holder for Social Care and Health:**

The Portfolio Holder will be available to answer any questions Members of the Sub-Committee may have.

10. **North West London Strategic Health Authority - Sector Review:**

Gareth Goodier (Chief Executive, NWLSHA) and Barbara Gill (Executive Director of Strategy, NWLSHA) will be in attendance at the meeting for this item.

11. **Northwick Park Hospital - Update on Reconfiguration, Maternity Services and Star Rating:**

Mary Wells (Chief Executive, North West London Hospital NHS Trust) and Mai Buckley (Director of Midwifery, Royal London Teaching Hospital) will be in attendance at the meeting for the above item.

12. **Mount Vernon Hospital:**

Caroline Lowdell (North West London Strategic Health Authority) and Nick Evans (West Hertfordshire Hospitals) will be in attendance at the meeting for this item. A representative from Hillingdon PCT has also been invited to attend.

Enc. 13. **Harrow Primary Care Trust - Financial Update:** (Pages 5 - 6)

Andrew Morgan (Chief Executive, Harrow PCT) and Neil Ferrelly (Director of Finance and Information, Harrow PCT) will be in attendance at the meeting for this item.

Enc. 14. **Green Paper on Adult Services:** (Pages 7 - 22)
Report of the Director of Community Care.

15. **Any Other Business:**
Which the Chair has decided is urgent and cannot otherwise be dealt with.

AGENDA PART II - NIL

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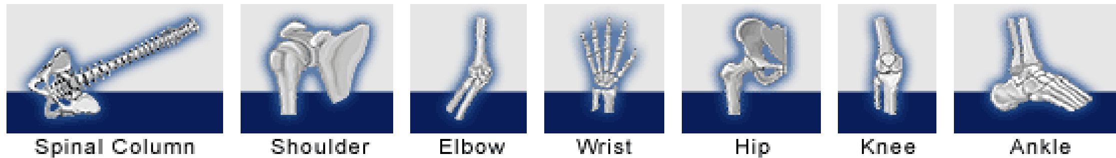
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST

Briefing Paper - Health & Social Care Committee 14th September 2005



Following approval of the Trusts Strategic Outline Case to Redevelop the Stanmore in 2004, the Trust has developed its clinical model, hospital design, site master plan and the Outline Business Case.

Clinical Model
Developing a new clinical service model has been fundamental to the Trust's planning for the future. The model of care that has been established for the future represents a patient-focused, flexible and streamlined approach to healthcare delivery. The philosophy promotes a positive approach to restoration and rehabilitation ensuring that the patient is cared for in the most appropriate setting. Staff will work collaboratively in multi-disciplinary teams using shared protocols and pathways.

Patients, clinicians and commissioners have had the opportunity to influence the design and specification for new buildings, providing the modern physical environment to support and reinforce the type of clinical care that patients now expect.

Hospital Design
The Royal National Orthopaedic Hospital NHS Trust regards good design as an essential element in the delivery of first class healthcare. The new hospital / design will:

- Be a landmark building on an extremely sensitive but attractive site.
- Be beacon of clinical excellence.
- Not only deliver the most efficient and appropriate healthcare but will do so in an environment that itself aids the recovery process and is welcoming and attractive to all who use it.
- Reflect the principles of sustainability, with a design that exceeds the minimum standards required by legislation.
- Reduces dependence on fossil fuels as well as limiting carbon and other deleterious emissions.
- Reflect closely the philosophy of care of the Trust and the broader need to create an attractive, welcoming environment.
- Be designed to a human scale.
- Promote biodiversity and sustainability in the overall context of the site, making the best possible use of the extensive possibilities for landscaping and enhancement of the external environment.
- Integrate the building with the landscape, so that orientation and wayfinding is as intuitive as possible.

The Site Masterplan
The master plan has been developed to ensure that the new hospital planned to meet the clinical needs of its users into the 21st Century can be designed and constructed to maintain the open character of the site and within the overall constraint on footprint imposed by its location in the metropolitan Green Belt. In addition, the master plan indicates future staff, affordable and private housing to be developed by others, to enable the London Borough of Harrow to set guidelines for their future development within the overall constrain on footprint. The Master Plan also includes the proposed location for two new buildings, one for the Institute of Orthopaedics, and the other for the Education Centre; they are located to the south of the main hospital building, with the intention of forming a campus-type relationship, centred on a large open garden.

Outline Planning Application
The Outline Planning Application for the Redevelopment of the Stanmore site has been submitted for determination on 11th October planning committee. The Trust has had regular discussions with Harrow Planners over a period of more than two years; this has ensured an extremely close dialogue as the scheme has developed.

In summary the Trust is seeking permission for the redevelopment of the Stanmore site to provide a state of the art, exemplar design hospital with educational facilities, associated staff accommodation affordable, private housing,

together with associated landscaping, parking and other highways works.

The hospital proposal has been subject to extensive studies of existing conditions and the assessment of environmental impact. The design will take into account the archaeological and ecological interest of the site in terms of building appearance and size and will be appropriate to its location. The redevelopment complies with the principles of sustainable development which incorporates a high quality building and the creation of a quality therapeutic environment.

Following the submission of the Outline Planning Application in July, the Trust has organised a series of staff, local residents and London Borough of Harrow Members consultations to seek support for the Outline Planning Application

- Thursday, 15th September 2005, Open Evening for local residents - a total of over 1200 invitations have been distributed to local residents in the surrounding area

- Monday 19th September 2005, Consultation Evening with Local Borough of Harrow Members

- Friday 20th September 2005 Consultation event for staff

The local newspapers have shown significant interest in the proposed redevelopment and are currently running articles about the development and the public consultation event.

PFI Interest
A number of market soundings with potential developers have taken place and is continuing to do so to ensure that the scheme maintains a high profile in the period leading up to the tendering process. All have expressed interest in the project citing a number of factors that make the scheme attractive. The private sector considers the project attractive as:

- It is a new build project with few risks associated with the redesign, refurbishment and long term maintenance of older buildings and building services.
- The new facility will be self contained.
- There are significant opportunities for innovative design.
- Strong project leadership and management.
- The package will include a range of non-clinical services together with “hard” facilities management, and so provides opportunity to add value to the contract.

Programme
The Trust is currently revising the programme , the primary reason is due to the fact that the NHS Bank have not funded the redevelopment costs to the required level and the Trust’s financial position does not enable them to contribute to these costs. In addition the Payment by Results (PbR) agenda which has an adverse affect on the affordability of the scheme however progress is being made to exclude many of the Trusts procedures codes from the PbR list.

Outline Business Case
The Trust is currently producing the Outline Business Case document .This OBC sets out in more detail the plans for redevelopment of RNOH. In particular, it:
- Affirms the patient centred approach that is reflected in a new clinical service model and in new patient pathways.
- Demonstrates the implications of the service model on workforce requirements
- Confirms the affordability of the preferred option
- Shows how patients/carers and the general public have been involved in the process.

In summary I would like to thank the Health & Social Care Committee for their support in the past and would like to invite the members to attend the Consultation Evening being held on Monday 19th September 2005.

I look forward to the future support of the Health & Social Care Committee.

Eric Fehily
Project Director
Contact Details: Tel - 020 89095511: E-mail - eric.fehily@rnoh.nhs.uk

www.rnoh.nhs.uk

The Royal National Orthopaedic Hospital presents its Redevelopment Project to London Borough of Harrow Members

You are invited to view the Trust's Outline Planning Application and meet with Representatives from the RNOH Trust and Design Team

Monday 19th September 2005
6.30pm – 8.30pm
Charles Lack Lecture Theatre, Teaching Centre
Venue will be sign posted from the main gate on the date of the meeting.

Eric Fehily -RNOHT Project Director
0208 909 5511

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Harrow Primary Care Trust

Financial Update

1 Introduction

1.1 This paper has been prepared to advise the committee on the PCTs distance from the NHS target allocation and the financial position for 2004/05 and 2005/06.

2 Distance from Target Allocation 2006/07

2.1 At the start of 2006/07 the PCT recurrent allocation will be £236,312k compared to the target allocation of £216,231k. The actual allocation the PCT is £20.0m or 9.3% higher than if resources were allocated based on PCT weighted populations. Harrow PCT is therefore in receipt of more than its ‘fair share’ of the funding available to PCTs.

2.2 During the financial years 2006/07 and 2007/08 the PCT has been allocated a total increase of £39.8m, an uplift of 16.9% over two years. As these uplifts are below the national average increase of 19.5% the PCT allocation will be £18.6m above target allocation by 2007/08.

Distance from Target (DFT)	Allocation	Growth		Target	Distance from Target	
	£,000	£,000	%	£,000	£,000	%
Opening Baseline	236,312			216,231	20,081	9.3%
2006/07	255,367	19,055	8.1%	236,124	19,243	8.1%
2007/08	276,176	20,809	8.1%	257,577	18,599	7.2%
		39,864	16.9%			

3 Financial Position 2004/05

3.1 The PCT expenditure was £969k higher than the resource limit in 2004/05. The final position was adjusted to reflect national guidance regarding prescribing accruals by £969k. During the year the PCT managed the financial position by using slippage in earmarked allocations amounting to £3m. As a consequence in 2005/06 there is an additional non recurrent pressure of £3m to fund these allocations.

Operational Financial Balance

The PCTs' performance for 2004/05 is as follows:	**2004/05**
	£000
Total net operating cost for the financial year	228,638
Less: Non-discretionary Expenditure	1,804
Operating Costs less non-discretionary expenditure	226,834
Revenue Resource Limit	225,865
Over spend against Revenue Resource Limit	(969)
Operational Financial Balance	**(969)**

4 Financial Position 2005/06

4.1 The PCTs current total allocation is £ 231,077k. The PCT has an overall savings plan of £12.9m of which £3.4m remains to be identified. The main areas of financial pressure are within NHS service agreements and continuing care costs.

4.2 The current continuing care cost projected forward to the year end would result in an over spend of £6.6m against a budget of £19.2m. A savings plan has been developed and is being implemented in order to contain costs within the allocation.

4.3 Overall NHS Service agreement baselines exceed the budget by £3m and in addition a number of these agreements are significantly over performing against these baselines. Given these pressures this area of expenditure is forecast to overspend by £3.4m - £5.2m.

Finance Forecast 2005/06 - Period 4	Annual Budget £000s	Forecast Outturn Likely £000s	Forecast Outturn Best £000s	Forecast Outturn Worst £000s
NHS Service Agreements	121,131	4,294	3,400	5,250
HaPCT Provider Service Agreement	17,134			
NHS Funded Continuing Care	19,268	2,662	0	6,615
Non-NHS Service Agreements	743			
Other Services	6,766			
Reserves	7,136			
Prescribing	31,241			
Primary Care	23,191			
Management & Administration	4,467			
Unidentified Savings		-1,200	-3,400	
Performance against breakeven duty	231,077	5,756	0	11,865

4.4 The PCT has a statutory duty to break-even. Action will be taken by the PCT to ensure that expenditure remains within the resource limit in 2005/06.

Neil Ferrelly
Director of Finance & Information
Harrow PCT
August 2005

Meeting:	Health and Social Care Scrutiny Sub-Committee
Date:	14th September 2005
Subject:	Adult Social Care Green Paper
Responsible Officer:	Director of Community Care
Contact Officer:	Martyn Ellis
Portfolio Holder:	Cllr. Margaret Davine
Key Decision:	No
Status:	Public

Section 1: Summary

This report advises Members of the Sub-Committee of the Council's formal response to the Government's recent consultation on the Adult Social Care Green Paper; and invites them to consider what role they may wish to play in any future consultation process as this key area of policy is further developed.

Decision Required

Recommendations:

1. **That the Health and Social Care Scrutiny Sub-Committee note the report.**
2. **That Members of the Sub-Committee give some consideration to the role they may wish to play in responding to future formal consultation processes that may be undertaken in relation to the anticipated White Paper due to be published later this year.**

Reason for report

- The Adult Social Care Green Paper *"Independence, Well-being and Choice"* has important implications for public policy; and for the future nature and function of the range of social care services provided by the Council.
- The Green Paper also has some potentially significant implications in relation to the nature and extent of the resources to be made available to local authorities by Central Government to fund services in this area.
- For these reasons, it was considered appropriate for the Council to make a formal response to the proposals contained within the document.

- The Council's formal response was prepared by officers in conjunction with the Portfolio Holder for Health and Social Care; and was approved for submission to the Department of Health under the Leader's Urgent Decision procedure on 28th July 2005, in order to ensure that this response could be submitted before the consultation period closed later that day.
- A copy of the Council's response is attached to this report as Appendix A.

Benefits

The Government has the benefit of the Council's formal response in considering its further proposals in this area.

Cost of Proposals

There are no specific costs arising from the decision to submit a formal response.

Risks

Not applicable.

Implications if recommendations rejected

Not applicable.

Section 2: Report

2.1 Brief History

The Government published its Green Paper on adult social care, *"Independence, Well-being and Choice"* in March 2005, and this was followed by a period of formal consultation on the proposals it contained.

The proposals that were consulted on have significant implications for the development of local social care services, in terms both of the direction of central government policy and of the resourcing of this range of services over the next 10-15 years.

2.2 Options considered

The Green Paper refers to a range of options for developing policy in this area; including in particular the further extension of direct payments, the introduction of individualised budgets for service users, the further development of preventative services, and further extensions to the concepts of 'user-choice' and 'user-led services'.

Whilst being supportive of the broad policy goals and objectives proposed within the document, both the Portfolio Holder and senior Council officers shared concerns about some key related policy issues which the Green Paper did not address, and in particular about the Government's stated intention to introduce what would amount to a significant range of new policy measures and obligations for local authorities without making any further commitment to the totality of the resources required to deliver those responsibilities.

2.3 Consultation

There was no appropriate opportunity to consult formally on the preparation of this response; although informal discussions were held with a range of interested parties, and the Green Paper proposals were also discussed at a meeting of the Older People's Partnership Board prior to the drafting of the Council's response.

All relevant partner organisations would also have had the opportunity to make a formal response in their own right.

2.4 Future Developments

Since the closure of the consultation period, the Secretary of State has indicated that the Government now intends to proceed with the publication of a 'combined' White Paper which will address the future development of social care services together with that of the range of 'out of hospital' services provided by NHS agencies.

Publication of this White Paper is expected at around the turn of the year, and it is anticipated that there will be a range of informal consultation events prior to this, as well as a period of formal consultation following publication.

Members of the Sub-Committee are invited to consider what contribution they may wish to make to the preparation of any formal response which the Council might wish to make to the proposals within such a White Paper, once this is published.

2.5 Financial Implications

None.

2.6 Legal Implications

None.

2.7 Equalities Impact

There are no specific implications at this stage, although the Green Paper does address issues concerned with the delivery of culturally-appropriate social care services.

Section 3: Supporting Information / Background Documents

Appendices:

Appendix A: Harrow Council Response to the DOH Consultation

Supporting Information:

Background Document: *"Independence, Well-being and Choice"* – Green Paper on Adult Social Care, published by the Secretary of State for Health, March 2005

List information that is on deposit in Group Offices and can be viewed on the web:

None

List other background papers that are available on request:

None

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APPENDIX A

APPROVED BY THE LEADER OF THE COUNCIL– 28th JULY 2005

HARROW COUNCIL RESPONSE TO THE DOH CONSULTATION: "INDEPENDENCE, WELL-BEING AND CHOICE"

(Adult Social Care Green Paper)

Introduction

Harrow Council welcomes the opportunity to comment on the Green Paper *"Independence, Well-being and Choice"*, published by the Secretary of State for Health in March 2005.

In particular, the Council welcomes the emphasis now being placed on defining a medium to long-term policy agenda for adult social care. The Council also especially welcomes the continued emphasis on measures to improve the responsiveness and flexibility of social care services for adults and older people across traditional agency boundaries; and on the development of services which promote independence, choice and dignity for service users and their carers.

The Council wishes to make a number of observations and comments about various sections of the Green Paper, and these are organised below as some general comments followed by more specific points related to particular chapters of the Green Paper itself. Responses to the specific consultation questions which the Secretary of State has posed are included on the pro-forma response sheet and tend to reflect these rather more general points.

These comments represent a compilation of points contributed by various members of staff and by those elected Members who have a particular interest in this area.

General Comments

The Council finds much to welcome and support within the broad thrust of the Green Paper, but remains concerned about some key gaps and uncertainties related to the proposals overall, especially with regard to the following:

a) With regard to a number of the proposals, there is insufficient indication within the Green Paper itself of what the Government's thinking or intentions really are, and this sometimes makes it difficult to comment effectively on what might well turn out to be key aspects of future policy. This is particularly true in relation to a lack of detail about implementation of key aspects – e.g. individual budgets.

b) A lack of detail (or even a broad indication) about implementation strategy, or about the longer term workforce-development implications. The aspiration to ensure a well-trained and well-supported workforce delivering quality services is commendable, but it is difficult to see how this can be substantially achieved within an overall resource-neutral approach.

c) The relationship with key aspects of existing policy remains worryingly unclear – especially in terms of the current *'Fair Access to Care'* policy framework.

d) This Council is very strongly of the view that the Government's broad proposals cannot possibly be delivered in a resource-neutral way (even over a 10-15 year time-frame). In particular, the (very welcome) emphasis on enhancing preventive level services cannot be prioritised without (further) diminishing the resources applied to services for those with higher level needs.

Indeed, some sections read almost as though the Government has lost sight of the fact that (partly as a result of the emphasis within recent Government policy, and partly as a result of the overall resources position) Social Services authorities have been increasingly obliged to focus resources almost exclusively on those with very high level and complex needs over at least the last ten years or so.

e) The Government rightly draws attention to recent and projected demographic and related broad social changes which have impacted / are expected to impact on the way social care needs are responded to, and on the nature of the demand for public services in this area. However, this same material is then used somewhat inconsistently at different points of the document. In one breath, the Government appears to recognise the escalating demand on public services, associated in particular with the increasing 'dependence ratio', changes in expectations linked to reduced support delivered through enduring familial and communal ties, and with the success of local authorities in shifting the balance of provision towards community-based services. In other sections, the Government seems to suggest that the effect of these major trends can be fairly readily reversed by increasing access to universal services and the development of preventive-level services, alongside measures which improve the quality and accessibility of specialist services and also significantly develop the workforce which will deliver them - but all this apparently achievable without any real increase in overall levels of resourcing!

Chapter 1 – The vision

The Council welcomes the continuity represented by what is effectively a re-statement of long-established principles and values. We find little to quarrel with here, although as already stated there is little within the document to suggest a broad and coherent strategy for implementation. We are also concerned that the Government has not really developed many of these principles in terms of their implications through the whole system of care, nor examined how these might need to impact within and across the responsibilities of Central Government Departments (in the way that has been attempted for example in relation to Children's Services). We also regret the apparent lack of consideration of the impact of related measures affecting national health services – almost as though the Government itself is unable to think coherently in 'whole systems' terms, whilst enjoining local authorities and their partners to do exactly that!

Whilst we welcome the emphasis on user-control and choice (self-assessment, etc.), we detect some 'sleight of hand' here, in that the Government appears to take no explicit cognisance of the need to ration or restrict demand for services to fit the overall resource envelope that it is willing to make available. We are also concerned that the Government may be investing too much expectation in the desire and willingness of some very frail / vulnerable people to take direct charge and control of these issues for themselves. Whilst this approach will clearly be attractive for some, for others this aspect of 'user choice' is less of an issue than their wish and expectation of receiving improved quality and flexibility of services to address their recognised needs. We feel that the Government's thinking should be developed so that it articulates a much clearer understanding of the relationship between 'needs', 'wants', and service-response.

Chapter 2 – The need for a new vision

The Government draws attention to some key shifts in social expectation and in demographic balance within the population, and uses this to make the case for a fundamental change in the "way we organise and deliver services".

However, there is little in what follows to suggest that the Government is yet very clear either about the full range of new service models it wants to propose, or in how and why these might effectively address the anticipated impasse in the projected demand / resource equation.

We are especially concerned that the Government may still erroneously perceive that user-directed and controlled services (desirable as that may be) will necessarily prove more cost-effective – indeed, we feel that there are many reasons to believe that the new service models proposed here (including direct payments) will often require *more* not *fewer* resource inputs.

Chapter 4 – Putting people in control

As previously stated, the Council welcomes and supports the Green Paper's emphasis on increasing user-control of services, and the proposed moves towards a less 'risk-averse' approach to social care provision.

We also welcome the Government's intention to continue to promote the development of direct payments as a service option. However, we are cautious about the tendency for the Government to tend to see this as some kind of 'universal panacea', and therefore to neglect to develop it's thinking about how *other* forms of service delivery need to be further developed in order to deliver the goals of increased responsiveness to users' wishes, concerns and needs.

We welcome the proposal to 'protect care assessors and care workers from blame' (para. 4.6), but remain concerned that the Government may have under-estimated the potential difficulties here - given broader social trends which have made citizens more inclined than ever to be litigious, and given the way political and media pressures develop whenever serious or even fatal incidents occur. We also feel that it will be necessary for the Government to very clearly articulate the relationship between this approach (and the specific 'mechanism' it intends to develop), and the recently-developed POVA framework.

In fact, we consider that it would be helpful if the Government recognised that there is a need for and added value in some central development of either common guidance or a framework for the achievement of a balance between LA responsibility and accountability for care (and thus a legal liability), and the individual user's determination to manage their own care and risk. This is required so that questions about the LA role in relation to adult protection (and indeed the parallel safeguarding function), where the user determines that they will manage these risks for themselves but they reside with carers who then effectively take this over. This happens quite often now with regard to management of personal finances for adults (particularly those with Learning Disabilities) and control of their DLA, mobility allowances etc. Key in all of this is how the Government see liability for individuals who actively want and choose Direct Payments.

We also support much within this section about the need to ensure that the service user remains central within the assessment process (sections 4.9 to 4.20). However, we have a number of related concerns about the overall framework suggested in this chapter.

a) Advice or national guidance is needed that balances *"Fair Access to Care"* eligibility criteria, ombudsman rulings, and case-law - around when a LA can take resources into account when determining how needs are met; and the operation of the "choice directive" as this relates to care homes. All of these need to connect and be transparent to users who are opting for direct payments or individualised / personal budgets.

This in turn needs to be linked and connect to 'choice' as it will roll out in the NHS – particularly, as that agenda moves on into community health services from acute and in-patient services. This is important as we envisage that 'choice' for NHS patients will almost certainly turn out to be constrained to some degree - perhaps meaning a "limited choice" of up to 5 potential providers. It is crucial that the nature of the 'choices' offered within social care ensures that service users there are given a consistent framework and message - especially in the case of community-based service users, who are very likely to be in receipt of both health and social care support elements.

b) We have no doubt that many social workers would very much welcome a revision of their current care management role so that this focuses much more on "supporting individuals to take control … and to make choices …" rather than to act as a 'gatekeeper and rationer of services' (para 4.1). However, nothing in the Green Paper gives any clue as to how the Government imagines that role of gate-keeping and rationing of resources (if not of services) will be managed, if social workers are no longer responsible for this. We recognise that giving users greater control within the assessment process (and providing for self-assessment in some cases) will not necessarily lead to an escalating demand for services. However, it would be naïve of the Government to imagine that relaxing the current (necessarily very tightly controlled) arrangements for determining eligibility for and access to services (under the FACS framework) is consistent with maintaining an overall resource-neutral approach to social care provision generally – especially when there is no attempt to articulate the relationship between users' requests, preferences, wants and eligible needs; and when the Government also expects substantial investment in preventive level services.

c) With regard to the proposals in relation to direct payments, it is disappointing that the Government has signally failed to address some key issues with regard to this form of service. The Government seems to imagine that direct payments are always and necessarily a more cost-effective option, as well as a more desirable one. In fact, our experience of developing this option for more and more user groups and more diverse service types amply demonstrates that this is often not the case – especially given the additional costs incurred in providing the required support and advocacy arrangements, costs which the Government still appears not to fully recognise (paras. 4.40 & 4.41).

Perhaps even more significantly, the Government appears not to have recognised that the actual net service costs involved in supporting (say) an elderly person in the community using direct payments can be substantially greater than the cost of an alternative bed-based service (say, residential or nursing care), especially when those service types are governed by nationally applicable charging regulations that can substantially reduce the real costs borne by the authority. However much the community-based alternative form of provision may be preferable (and we have no doubt at all about that), there is none the less a real resources issue here which the Government has not so far recognised, and which will impact progressively as the use of direct payments expands further. This will significantly affect any local authority's capacity to adequately address local needs or expand provision within any given resource envelope, which the Government insists must be held constant.

There are also real (and currently unrecognised) equitability issues here. Those service users who receive substantial direct payments-based care packages to remain within the community effectively receive a much greater share of the overall resource 'cake' than those who opt for residential or nursing care; the latter group are then required to pay what are often very substantial assessed service charges as well.

We feel that, in order for direct payments options to be further developed and to reduce or remove these policy anomalies, it will require the Government to give active consideration to the introduction of realistic indicative unit costs for different

forms of service provision (regionalised - based perhaps on SHA clusters) along the lines of those being developed under the NHS *'Payments by Results'* framework in order to determine the extent of a direct payments package which is equitable across different care groups and within similar levels of need; and to rationalising the somewhat haphazard approach to current service charging – where some elements are subject to local political decision and others fall under a mandatory national scheme. Such a scheme would also provide for some useful 'bench-marking' opportunities, for authorities themselves and for regulators.

In broad terms, we see no reason (in 'choice' terms) to prevent the option for people using direct payments to purchase services from their local council (para. 4.37), although it should be recognised that real conflicts of interest can arise in any situation where the relationship between a service provider and those providing advocacy / support functions for direct payment users becomes managerially blurred.

d) The Green Paper proposals show no obvious recognition that it will be just as important for self-assessment processes to be 'passport-able' across and between health and social care agencies as are other elements of a Single Assessment Process. It will also be vital to support the roll-out of these arrangements with shared information systems for which additional central resourcing will be required and national frameworks developed - as has been the case with regard to managing the equivalent issues for Children's Services.

   We consider that it may also be necessary to develop some form of overall national framework around these processes – to ensure commonality of approach and consistent use of language within and between different service groups and authorities. It may also be necessary to develop some kind of informal / formal process for the management of disagreements / disputes / appeals.

e) With regard to the proposal (para. 4.17) to establish a legal right to request not to live in a residential or nursing care setting, we recognise how this is consistent with the underpinning values of the Green Paper. However, it is hard to identify what the specific benefits to a service user would be should they chose to exercise this 'right'; or to understand the basis on which a failure to comply with that request would be considered legally defensible. This seems significant given the potentially very considerable resource implications for those who have high levels of need. We also consider that any resulting obligation should fall upon the service commissioner, not the service provider – the latter arrangement could lead to considerable conflicts of interest.

f) It remains unclear how the Government imagines the suggested framework of 'individual budgets' operating (paras. 4.25 to 4.41). Crucially, there is no reference in the Green Paper to the broad approach to implementation of this idea (beyond piloting), or to the specific mechanism that the Government proposes for determining how the <u>amount</u> of an individual budget is to be set in relation to the nature of the choices and preferences which the service user expresses or to the level of their assessed 'needs' - whether they assess these for themselves or they are determined with them via some sort of professional input.

   We are also somewhat concerned that the references to the role of the Department of Work and Pensions and to various elements of the benefits system, suggest that the Government may in fact have more radical policy intentions in mind, with regard to eligibility for and the use of those kinds of disability-related benefits, which it has not clearly signalled within the Green Paper and which therefore commentators remain unaware of.

   Until more of this detail is clarified it is difficult to comment further on this aspect of the proposals, beyond saying that it is far from clear in any case what real advantage would accrue to the service user through this mechanism, or how the very complex infrastructure arrangements necessary to deliver this could be developed and resourced.

It is also difficult to understand how such an approach would equate to the overall duty of best value, or to currently intended procurement and other efficiency targets - given the possibility of a real loss of economies of scale. Neither are we as confident as the Government appears to be (para 6.7) that these developments would not inhibit the capacity for Partnership Boards to become leading drivers of service development and more effective procurement. Indeed much of the impact of recent policy development in this area (the Best Value regime), has been to produce reductions in service quality and flexibility as the 'price paid' for reducing headline unit costs, and to reductions in the capacity of local markets to sustain innovative / high quality local providers.

g) With specific regard to workforce issues (chapter 11), we feel that if the proposals developed within chapter 4 are implemented, especially those related to developing the role of 'care navigators' (or similar), this will need to feed through into a new competency base and be linked to the new social work degree programmes and other forms of accredited training.

Perhaps most significantly of all, we detect nothing in this chapter which will effectively address the broader issues identified elsewhere within the Green Paper about the nature of the broader demographic and societal changes which the Government suggests will need to be addressed in the medium term and beyond. Given, that most local authority resources committed to community care provision are still directed almost exclusively to those with continuing, complex and 'high-end' needs, we would suggest that the impact of the proposals outlined here will be at best marginal, and that the broad outcomes and objectives which the Government sets for itself cannot in fact be delivered without a fundamental reappraisal of the levels of resource currently allocated for this purpose.

Chapter 6 – Funding and *'Fair Access to Care'*

Please also refer to relevant aspects of previous comments.

We consider it essential that local authorities retain the right to set local priorities and manage their budget, and that eligibility decisions are transparent and locally accountable (para. 6.13); and we welcome the emphasis on the development of preventive level services which are the responsibility of the whole local community.

However, we remain very concerned that the proposals outlined here give no indication that the Government has recognised what would be involved in "shifting the balance of services from high-level needs to earlier, preventive interventions" - not just in terms of the impact on FACS-derived eligibility criteria, but as a result of the Government's continued insistence that these potentially radical changes must be made without significant changes in the overall resources picture. 'Shifting the balance of services' in this kind of way, given an overall cost-neutral position, could only mean reducing service levels to current service users who are already extremely vulnerable and with complex and high levels of need, which are only barely adequately responded to at present. Further resource / service reductions would be totally unacceptable, both politically and by reference to any reasonable set of 'human values'.

Chapter 7 – Strategic and leadership role

The proposals concerning the role of the Director of Adult Social Services are broadly welcomed.

Chapter 8 – Strategic commissioning

The proposals to require the development of local strategic commissioning frameworks are broadly welcomed, subject to the proviso about the overall resourcing position outlined earlier (para. 8.7). We recognise the potential contribution of other 'universal' services (e.g. leisure and transport services – para 5.8). However, it would be unrealistic to assume that these services can be more finely tuned, so as to make a meaningful or substantial impact on addressing the real needs of those people with even relatively low level social care needs, without there being some significant resource implications.

Chapter 9 – Service improvement and delivery

We consider that there is little here that local authorities are not already actively engaged in to the extent that current resources allow. Whilst we support the emphasis on the development of 'telecare' support systems, we feel that the Government may well be over-emphasising the potential impact of these approaches.

For the largest majority of social care users, their personal and social care needs will only ever be addressable by the physical presence of a well-trained, well-supported, and adequately rewarded / incentivised care worker – which means that we consider the Government will need to look much more carefully at what are currently little more than 'worthy aspirations' in relation to workforce development (chapter 11).

Chapter 10 – Regulation and performance assessment

We welcome the Government's recognition as to the inappropriateness of current performance measures in relation to the Government's broad objectives and proposed outcomes (para. 10.7). However, we regret finding no evidence that the Government has yet learned that its current approach to performance management (with its almost exclusive emphasis on centrally-defined measures, and an over-proliferation of centrally-determined and often perverse performance targets) creates difficulties at the local level.

We strongly urge the Government to radically reconsider its own role in relation to the management of local authority performance, so that this relationship more appropriately mirrors the kind of enabling role which it wishes authorities themselves to adopt in relation to their dealings with their own local communities and customers.

Chapter 12 – Community Capacity Building

We were disappointed to find very little here that is either new or likely to have any significant impact in addressing those fundamental societal and demographic changes which the Government suggests are seminal in establishing the need for this 'new vision' of social care provision, or in shaping and driving forward its implementation.

Specific consultation questions

As per the pro-forma response sheet which accompanies this document.

26/07/05

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.

Please refer to the separate document attached.

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

Lack of clarity around implementation and resourcing proposals, especially.

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

Broadly - 'Yes', but these need to be worked through in more detail, especially given the likely overall resources picture.

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?

Please refer to the separate document attached.

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

This will require additional central resourcing for improved information systems.

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

For most / many assessments that are focussed on those with relatively high level needs, this will still be required - particularly if no other mechanism is to be identified for allocating scarce resources on the basis of individual need.

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?

A common core approach would be welcomed.

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?

One of the main stumbling blocks at present is the limitation on making direct payments for NHS services, which adversely affects those whose care is funded by the NHS under continuing health care arrangements - where the care package may still include substantial social care elements. Relaxation of this ruling would make direct payments more attractive / accessible, particularly to those who are caring for disabled children and young people with very complex needs.

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?

Subject to the LA being satisfied that the proposed agent is able to manage the payment, and that they are likely to act clearly and consistently in the best interests of the person concerned, this is a reasonable proposal.

9. Changing the name of direct payments.
Which name for direct payments is the most appropriate? Are there any others?

Direct services payment

When do you think the change should be introduced?

April 2006 would be acceptable - providing that a decision is reached quickly.

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.

There is insufficient detail offered in the Green Paper to be able to comment effectively, except to say that the administrative costs involved would be an additional burden for local authorities.

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

The more pressing question seems to us to be about how the allocation of resources to specific levels / types of need will be managed, if not by existing 'care managers'.

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?

By and large, social workers (and LAs) only deal with the more complex cases now anyway (under FACS) - in relation to the broad range of people whose situation the Green Paper covers.

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)?

The right principle, but there is absolutely no certainty that this will save resources - except perhaps in the very long term; and it cannot be introduced without special additional resources in the interim. Such a shift could also lead to a legal challenge from those adversely affected, in terms of their eligibility entitlement under existing FACS arrangements.

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

No specific comments.

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

Medium term strategic planning of this kind is critical to effective resource deployment, and more focussed service development.

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

Partnership working, and development of provider forums.

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

Yes ☒ No ☐

Please explain your answer

As for Q14, but the difficulty of achieving a common understanding and approach across the different professional and working cultures involved throughout the full range of health and social care services should not be under-estimated.

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

Yes ☒ No ☐

Please explain your answer

The principles are right, but the approach outlined in the Green Paper does not make clear how the major resourcing implications would be addressed.

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

No specific comments.

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?

Better resourcing to be able to respond more adequately to current levels of need.

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

Yes ☒ No ☐

If yes, please give details below

Plans are well-advanced to develop innovative resource-centre provision for adults with a learning disability, to replace existing day-care services.

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

These should be determined at the local level, not centrally.

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

By not setting inappropriate (and often perverse) performance targets at the centre, but by enabling LAs / LSPs to determine their own local performance measures at the local level.

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

Yes ☐ No ☒

Please explain your answer

Little in the Green Paper beyond what are 'worthy aspirations'.

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

Whole system approaches and partnership working is the right way forward, but they key factor is that over the last two decades the expectations placed on staff (by Government, employers, and the wider public) have expanded much faster than have the resources that have been made available to respond.

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

Recognising and responding to the major resourcing issues involved. Also stimulating and supporting the search for ways to make 'permanent work' conditions more attractive (in recruitment and retention terms) than they are for those working on a 'casual basis' (who currently enjoy higher renumeration for less accountability). Possible future steps to reduce pension benefits for those who are committed long-term to an organisation would still further increase the already strong disincentives for potential permanent employees to join and stay.

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

No specific comments.

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

No specific comments.

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

Please refer to the separate document attached.

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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