

LEADER OF THE COUNCIL - 4 NOVEMBER 2009
SHAPING THE FUTURE OF SOCIAL CARE TOGETHER
RESPONSE OF OXFORDSHIRE COUNTY COUNCIL
TO THE GREEN PAPER

Report by Director for Social & Community Services

Introduction

1. The attached Annex sets out a proposed response of Oxfordshire County Council to the Green Paper "Shaping the Future of Social Care Together". It reflects informal discussions with Cabinet colleagues and discussions at the Adult Services Scrutiny Committee on 15 October 2009. However, ultimate responsibility for this response lies with the Cabinet Member for Adult Services and the Leader of the Council (with responsibility for Finance).
2. The financial implications are discussed in the response.
3. This report will also be considered by the Cabinet Member for Adult Services.

RECOMMENDATION

4. ***The Leader of the Council is RECOMMENDED to agree the response at Annex 1 for submission to the Department of Health.***

JOHN JACKSON
Director for Social & Community Services

Contact Officer: John Jackson, Director for Social & Community Services
Tel: 01865 323572

October 2009

Shaping the Future of Social Care Together

Response of Oxfordshire County Council to the Green Paper

1. This paper sets out the response of Oxfordshire County Council to the Green Paper “Shaping the Future of Social Care Together”. It reflects informal discussions with Cabinet colleagues and discussions at our Adult Services Scrutiny Committee on 15th October 2009. However, ultimate responsibility for this response rests with us as the Cabinet Member for Adult Services and the Leader of the Council (with responsibility for Finance). This response was agreed under our delegated powers on 4th November 2009.
2. Oxfordshire County Council believes that there is a need to change the current arrangements but that any changes must build on good practice currently in place. We give examples of good practice already in place here in Oxfordshire in paragraph 8 below. We recognize that there are serious financial pressures on the adult social care system and that those pressures will get worse over the medium and longer term. Oxfordshire County Council has made a very significant investment to respond to the demographic pressures that we face (investing £35m extra annually by the end of the current medium term service and resource plan ending in 2013/14). This investment has been made despite the absence of any additional resources from central government. However, it is difficult to see how the County Council can make a similar investment over the next five year period unless extra resources are contributed from other sources.
3. We believe that there are some serious shortcomings with the Green Paper. In particular we would highlight the following:
 - The Green Paper has been several years in gestation. As a result it does not reflect the very serious financial pressures now facing the public sector.
 - Any changes will require reform of primary legislation such as the National Assistance Act 1948. We would support changes to bring this legislation up to date. However, there is no mention in the Green Paper of how this legislation should be amended.
 - There is no mention of eligibility criteria and the review of Fair Access to Care Services (FACS). It is completely unclear how the proposals will impact at a local level where eligibility criteria vary currently.
 - We do not believe that the Green Paper is especially helpful in taking forward the agenda set out in Putting People First (see paragraph 7 below).
 - It is unfortunate that the Green Paper places so much emphasis on the costs of residential care when Putting People First rightly places so much focus on community based services, prevention and early intervention.
 - It is also unfortunate that the Green Paper focuses so much on the issues facing older people at the expense of younger adults who will receive or already receive social care.
 - There is no consideration of the impact on providers of social care whether domiciliary care or residential care.

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- Overall, there is a significant lack of detail which makes it very difficult to come up with definitive responses because it is unclear what will be the implications for individuals or local authorities.
4. Whilst we do support the expectations set out on pages 10 and 11 of the Green Paper, we do not support the concept of a National Care Service as defined on page 47 of the Green Paper: “a National Care Service where everyone gets a consistent service wherever they live in England, and where everyone gets help with their high-level care costs”. There is a very clear danger that this will create unrealistic expectations amongst the public which can not be delivered.
 5. The idea of a “National Care Service” is clearly based on the concept of the National Health Service. However, the National Health Service does not deliver “a consistent service”. If an individual has a stroke, their chances of survival and then recovering will depend on where they live in the country. This is not just a reflection on the socio-economic profile of an area but also the quality of care that is provided (by both health care and social care) and the priority that the stroke pathway has been given by the PCT and the local authority.
 6. We also believe very strongly that locally agreed services reflecting local needs are the best way to deliver value for money and the best quality of services within the resources available.
 7. As we have already commented, we do not believe that the Green Paper advances the agenda set out in Putting People First. We would accept that the expectations set out on pages 10 and 11 are consistent with the direction set out in Putting People First. In addition, the widespread application of personal budgets will reinforce concerns about whether it is fair that some people have to pay for their social care so it is right that there is some discussion about possible alternatives. The Green Paper highlights the importance of prevention, early intervention and reablement. These are crucial to Putting People First. However, it is almost silent on how these will be encouraged or required. There are similar concerns about how joint working with the NHS will be encouraged (see paragraph 8 below).
 8. Oxfordshire has a national reputation for the quality of the partnership working between local government and the health service. This was acknowledged by Phil Hope in the debate on 14th July on the transfer of funding for adults with learning disabilities initiated by Andrew Smith MP. The excellent working relationships have not happened by chance. They reflect the personal commitment to joint working over many years from both executive and non-executives within both the health service and local government in Oxfordshire. The Green Paper assumes that this is a matter of mindsets and behaviour alongside shared goals and joint ways of working (see page 12 of the Executive Summary). Whilst this has been effective in Oxfordshire it is not clear that this will automatically work elsewhere within England unless there are very strong pressures which require this to happen. This does not need to involve structural change (as the Green Paper says). However, it would be helped if there were clear requirement placed on all Primary Care Trusts and

local authorities to adopt some of the mechanisms in place in Oxfordshire such as pooled budgets, joint commissioning and integrated teams of social and health care. These requirements might be expressed through a new concordat on joint working.

9. The Green Paper sets out 5 possible funding options. We agree that Option 1. "Pay for yourself" should be ruled out for the reasons given in the Green Paper. We would also agree that Option 5 should be ruled out but for different reasons to those quoted in the Green Paper. The reason given in the Green Paper is that "it places a heavy burden on people of working age". Exactly the same argument could be applied to the funding of the NHS. In our opinion the real reason that Option 5 should be ruled out is that it is quite simply unaffordable given the immense pressures on the public purse at the current time and the demand for ever increasing resources for adult social care to respond to the demographic pressures.
10. Of the three other options we agree with the principle of the Option 2 "Partnership" although any final decision ought to be taken in the light of assessing the implications for those currently receiving Attendance Allowance/Disability Benefits. It is not clear how many people may be disadvantaged and to what extent.
11. We do not believe that a voluntary insurance scheme will work and we anticipate that this will be the reaction of insurance companies. Voluntary schemes do exist at the moment but they are very unsuccessful. This means that a compulsory insurance scheme is the "least worst" option. However, much more work is required to understand how it might work.
12. There is no consideration in the Green Paper of the financial implications for local authorities. This means that local authorities will be reluctant to commit to any radical change unless they understand the implications for their overall funding and its possible impact on other services and on the council taxpayer. One important financial aspect is that the current system provides local authorities with a powerful incentive to keep down the total level of spending on adult social care because any extra costs fall on the council taxpayer. Thus they seek to achieve value for money from the services they buy or provide themselves. They also have a powerful incentive to promote community based options along with prevention and early intervention because this keeps people out of (or delays their admission into) the more expensive intensive forms of care. Any new system must provide similar incentives to encourage good behaviour by both organisations and individuals.

Councillor Jim Couchman
Cabinet Member for Adult Services

Councillor Keith Mitchell CBE
Leader of the Council

Oxfordshire County Council

Date to be inserted after the response has been agreed.