

Executive summary

INTRODUCTION

Independence, Well-being and Choice is a consultation paper setting out proposals for the future direction of social care for all adults of all age groups in England.¹ Following the announcement in April 2004 that we would develop a new 'vision' for adult social care, we have consulted a number of stakeholders from inside and outside government, including people who use social care services. Those discussions have helped us to develop this paper and to ensure that our proposals are based on what people, both public and professional, have told us they would like to see in the future. Nevertheless, the policies and proposals contained within this paper are not fixed and we now welcome your views on the framework set out in this consultation.²

OUR VISION FOR ADULT SOCIAL CARE

Our starting point is the principle that everyone in society has a positive contribution to make to that society and that they should have a right to control their own lives. Our vision is to ensure that these values will drive the way we provide social care.

The vision we have for social care is one where:

- services help maintain the independence of the individual by giving them greater choice and control over the way in which their needs are met;
- the local authority and Director of Adult Social Services (DASS) have key strategic and leadership roles and work with a range of partners, including primary care trusts (PCTs) and the independent and voluntary sectors, to provide services which are well planned and integrated, make the most effective use of available resources, and meet the needs of a diverse community;
- local authorities give high priority to the inclusion of all sections of the community, and other agencies, including the NHS, recognise their own contribution to this agenda;
- services are of high quality and delivered by a well-trained workforce or by informal and family carers who are themselves supported;
- we make better use of technology to support people, and provide a wide range of supported housing options;
- we provide services with an emphasis on preventing problems and ensure that social care and the NHS work on a shared agenda to help maintain the independence of individuals;

- people with the highest needs receive the support and protection needed to ensure their own well-being and the safety of society; and
- the risks of independence for individuals are shared with them and balanced openly against benefits.

We have set out an ambitious programme for the next 10 to 15 years of services which will be person-centred, proactive and seamless. The lives of people who use social care will be transformed by giving them more control and choice.

WHY DO WE NEED A NEW VISION?

The Government's programme of reform of public services provides us with an opportunity to create a framework for social care which meets the requirements of the 21st century. Changes in population and communities mean that we are living longer but are less likely to be part of a close-knit family providing support. Communities are more diverse and existing services do not always recognise that. Society has higher expectations and people want greater control over their own lives, including the management of risk. In future, there will be competing demands on the workforce available.

It is therefore not realistic to plan to continue to deliver care in the way we have in the past. These challenges – the increased public expectation that people should be able to live with their own risk; increased geographical mobility, leading to the diminution of the support of the extended family; and the increased demand for organised social care – can only be met by reassessing the way in which social care is delivered.

SETTING CLEAR OUTCOMES

Care, and the support it provides, is one of the core values of our society. Where support from family and friends is not enough, it is supplemented by more formal models offered by the statutory, independent, voluntary and community sectors. We propose clear outcomes

for social care, derived from what people have told us they want, including:

- improved health;
- improved quality of life;
- making a positive contribution;
- exercise of choice and control;
- freedom from discrimination or harassment;
- economic well-being; and
- personal dignity.

These outcomes will be used to test and challenge how far social care is moving towards delivering the vision.

PUTTING PEOPLE IN CONTROL: IMPROVING ASSESSMENT, DIRECT PAYMENTS AND INDIVIDUAL BUDGETS

We want to move to a system where adults are able to take greater control of their lives. We want to encourage a debate about risk management and the right balance between protecting individuals and enabling them to manage their own risks. We want to provide better information and signposting to allow people to retain responsibility, and to put people at the centre of assessing their own needs and how those needs can best be met.

For too long social work has been perceived as a gatekeeper or rationer of services and has been accused, sometimes unfairly, of fostering dependence rather than independence. We want to create a different environment, which reinforces the core social work values of supporting individuals to take control of their own lives, and to make the choices which matter to them. We therefore emphasise the role that skilled social work will continue to play in assessing the needs of people with complex problems and in developing constructive relationships with people who need long-term support.

The greater appetite for people to retain more responsibility for their own life may at times conflict with the view of wider society and the media about the need to adopt a more protective

stance. We would welcome a more open debate about risk management and what it means, which would enable social care staff to operate within a more supportive framework while meeting the legitimate aspirations of the people who use their services.

As part of our ambition to involve people much more closely in deciding how their needs should be met, we seek views on giving individuals the 'right to request' not to live in a residential setting.

We examine whether the single assessment process (SAP), the care programme approach (CPA) and person-centred planning (PCP) could be developed to provide an assessment tool for use with all people with complex needs.

We explore the possibility of streamlining assessments between agencies, particularly between local authorities and the Department for Work and Pensions.

We want to give people greater choice and control over how their needs should be met. In talking to people who use services and to carers, it is clear that direct payments³ give people that choice and control, and we think that this is a mechanism that should be extended and encouraged where possible.

We would therefore like to encourage more people to consider whether direct payments are right for them, particularly in groups where take-up has been low, such as older people, people with mental health problems and young people moving to adult services.

We also want to consider ways of extending the benefits of direct payments to those currently excluded, by using an agent for those without the capacity to consent or unable to manage, even with assistance.

We think that all groups have the potential to benefit from the opportunity to have greater control over the services they need and how these should be provided, in a way that offers the real benefits of choice and control of direct

payments without the potential burdens. Therefore, building on the model of the In Control pilots for people with learning disabilities, and on the recommendations of the Prime Minister's Strategy Unit report *Improving the Life Chances of Disabled People*,⁴ we propose to test the introduction of 'individual budgets' for adults with a disability or with an assessed need for social care support.

We will also consider whether a range of other budgets, for example community care resources and social services expenditure on minor equipment and adaptations, Independent Living Funds, the Family Fund and Access to Work, should also be included and test this, where appropriate, through pilots.

THE ROLE OF THE WIDER COMMUNITY

We emphasise the importance of carers and the need to ensure they are integral to the vision.

We also want to encourage a more flexible approach to putting together care packages using the wider resources of the community. This could include a mixture of more traditional social care services, use of universal services already provided by the local authority, and a contribution from the local voluntary and community sector (VCS).

In future, greater focus should be placed on preventative services through the wider well-being agenda and through better targeted, early interventions that prevent or defer the need for more costly intensive support. Current eligibility criteria allow for early intervention and support. More use of universal services could help people remain better integrated in their communities, prevent social isolation and maintain independence. This will allow social care to play its specialist and essential role in supporting those with specific needs that cannot be met in this way.

FUNDING

We set out the scale of social care spending, which runs at £14.4 billion of public funds in 2004/05, and identify scope for making better use of funding.

The changes proposed in *Independence, Well-being and Choice* will need to be met from existing funds. That is why we have suggested that this is a vision for the next 10 to 15 years. We know that change of this order cannot be introduced overnight and that local organisations will need time to manage the transition required for the introduction of individual budgets and greater choice for those who need support.

This raises some questions about how the proposals fit with *Fair Access to Care Services* (FACS) and how eligibility criteria can be set up to encompass both higher levels of need and early intervention.

We do expect that overall the proposals in this Green Paper will be cost-neutral for local authorities. However, in developing any detailed proposals as a result of this consultation the Department of Health (DH) will look closely at the cost implications for individual local authorities, taking account of our commitment to the New Burdens Doctrine.

CREATING THE RIGHT ENVIRONMENT

If our vision for social care is to be achieved, we need to look again at how we create the right environment in which the values and outcomes can be embedded and implemented.

The second part of the paper is dedicated to looking at:

- the strategic and leadership role that must be played by local government;
- strengthening joint working between health and social care services to deliver our vision;
- service improvement and delivery;
- the modernising of regulation and performance assessment;
- challenges facing the workforce; and
- building and supporting the VCS to extend the range and quality of services.

THE STRATEGIC AND LEADERSHIP ROLE OF LOCAL GOVERNMENT

We underline the vital leadership role played by local government, in particular by the Director of Adult Social Services (DASS). We are also publishing best practice guidance for consultation simultaneously on the role of the DASS and would welcome views on this separately.

We have recommended that the DASS and local authority should undertake regular needs assessments which look forward over the next 10 to 15 years and take account of the care needs of the whole population. These needs assessments will underline the role of local authorities in stimulating the local care service market to ensure the maximum range of choice for people who use services regardless of whether they pay for the services themselves or whether they are funded through social services budgets.

STRATEGIC COMMISSIONING

We assert the need to develop a strategic commissioning framework across all partners, to ensure the right balance between prevention, meeting low-level needs and providing intensive care and support for those with high-level complex needs.

To achieve the vision and its outcomes, local partners will need to work together to promote and ensure a strategic balance of investment in local services for:

- the general population, aimed at promoting health and social inclusion;
- people with emerging needs, to provide support to enable them to maintain their independence; and
- those with high-level complex needs, to provide intensive care and support.

Local partners will need to recognise the diversity of their local population and ensure that there is a range of services, which meet the needs of all members of the local community.

We also explore mechanisms for strengthening collaborative and partnership working.

Experience shows that where there is a will to work jointly there is an ability to overcome barriers to improve outcomes. Where the will does not exist, formal structures are not enough. We do not want to impose solutions. Decisions about the best models to suit local circumstances should be made locally. **However, we are clear that doing nothing will not be an option.** We expect the local health and social care communities to work together with other voluntary and statutory agencies to take a community-wide approach to commissioning.

SERVICE IMPROVEMENT AND DELIVERY

Alongside the challenge to improve the strategic commissioning of services is the task of improving their design and delivery. This will mean radically different ways of working, redesign of job roles and reconfiguration of services. This will call for skills in leadership, communications and management of change of the highest order.

We recognise the challenges faced in improving the design and delivery of services. We accept that better services and improved outcomes should be built on a firm knowledge base. We also accept that local providers need support to consider how services can be redesigned and refocused to provide the outcomes we have identified. We have created a Care Service Improvement Partnership to provide that support and are keen to ensure that existing good practice is spread right across the system.

We have also identified a number of examples of innovative practice, many of which are already in existence up and down the country, to illustrate that changes to traditional patterns of service can be achieved for the benefit of people using services. We hope that these examples will stimulate a wider debate.

REGULATION AND PERFORMANCE MANAGEMENT

We have highlighted the importance of regulation and performance management as levers for challenge and change and propose that both should be modernised to reflect more accurately the outcomes we have defined.

As services become more people-focused and more integrated across social care and health boundaries, existing inspection and performance management frameworks will play an important part in ensuring that our proposed outcomes and the vision are being delivered. The time is now right to modernise the approach to social care regulation, to be more proportionate, to reflect the aspirations of people using services properly, and to capture the quality and outcomes of the services provided. We have agreed with the Commission for Social Care Inspection (CSCI) that it should take forward a programme of work to formulate proposals for modernising regulation. In parallel, we will be reviewing the relevant national minimum standards and associated regulations.

We have now agreed in principle to merge CSCI and the Healthcare Commission into a single body by 2008, reflecting the increasing joint work between adult social care and health. The planned merger reflects shared objectives for the highest possible standards for everyone using social care and health services.

In summary, we plan to work to support delivery of our objectives through:

- aligning headline targets across relevant services with the objectives and outcomes we want;
- working with the inspectorates, local government and other stakeholders to develop performance measures and indicators that reflect and underpin the objectives, promote continuous improvement; and

- ensure that regulation, performance assessment and management systems for social care, the NHS and other services, promote these objectives and local joint working towards them.

THE WORKFORCE

People who use social care services say that the service is only as good as the person delivering it. They value social care practitioners who have a combination of the right human qualities as well as the necessary knowledge and skills. If we are to deliver our vision this means workers who are open, honest, warm, empathetic and respectful, who treat people using services with equity, are non-judgemental and challenge unfair discrimination.

The workforce is therefore critical to delivery. We want to support all staff to move to a model which supports and promotes the independence of service users and carers. We are supporting initiatives in improving leadership and modernising the workforce and we are striving to find ways to improve the current workforce planning arrangements. We are interested in views on how this could be achieved, and better integrated with the regional planning of Sector Skills Councils and across to the health sector.

WORKING WITH THE VOLUNTARY AND COMMUNITY SECTOR

Support for a strong and vibrant VCS is an essential component of our vision and developing the well-being agenda. We want to encourage and support community capacity-building at a local level. This will create opportunities for all citizens to contribute to society, to support people who may need assistance through volunteering, and to encourage the greater social inclusion of those who have traditionally been in receipt of help by giving them opportunities to contribute themselves.

We are playing an active role in helping the VCS to engage in participation locally with public sector commissioning authorities.

We also consider the wider issue of volunteering, including the development of time banks and other opportunities for mutual cooperation.

CONCLUSION

Independence, Well-being and Choice is intended to provoke discussion in order to hear your views on:

- how we can offer more control, more choice and high-quality support for those who use care services;
- how we can harness the capacity of the whole community, so that everyone has access to the full range of universal services and an opportunity to play a full part in society; and
- how we can improve the skills and status of the workforce to deliver the vision.

The key proposals to deliver this vision include:

- wider use of direct payments and the piloting of individual budgets to stimulate the development of modern services delivered in the way people want;
- greater focus on preventative services to allow for early, targeted interventions, and the use of the local authority well-being agenda to ensure greater social inclusion and improved quality of life;
- a strong strategic and leadership role for local government, working in partnership with other agencies, particularly the NHS, to ensure a wide range of effective and well-targeted provision, which meets the needs of our diverse communities; and
- encouraging the development of new and exciting models of service delivery and harnessing technology to deliver the right outcomes for adult social care.

We would now like to hear your views on our proposals so that together we can move forward by implementing a shared vision and creating a social care environment which is right for the 21st century.