

The White Paper: Your Health, Your Care, Your Say

SUMMARY

- 1.1 The White Paper 'Your Health, Your Care, Your Say' takes forward the previous Green Paper 'Independence, Wellbeing, and Choice', and brings together some of the themes of national policy in relation to older people, economic inclusion, as well as generic health and social care policy.
- 1.2 Subject to any issues raised at the meeting, I support the following recommendations.

RECOMMENDATIONS

- 2.1 To note the implications of the White Paper for the Council's and partner agencies' roles.
- 2.2 To agree the organisation of a stakeholder conference to promote the White Paper and Derby's response.
- 2.3 To refer to the NHS and DCC Partnership Board to support the joint task of taking forward the reforms, subject to decisions being referred back to our governance structures when required.

REASON FOR RECOMMENDATIONS

- 3.1 These recommendations will support the implementation of the main goals of the White Paper:
 - Better prevention services with earlier intervention
 - More choice and a louder voice for people
 - Tackle inequalities and improve access to community based services
 - More support for people with long term needs.

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SUPPORTING INFORMATION

- 1.1 The White Paper endorses the Vision and Outcomes presented in the Green Paper 'Independence, Wellbeing, and Choice' for health and social care, and re-presents these for a wider service user group as three themes, translating these into four main goals:

Three Themes

- putting people more in control of their health and care
- enabling and supporting health, independence and well-being
- rapid and convenient access to high quality and cost effective care.

Four Goals

- better prevention services and earlier intervention
- giving people more voice, choice and personal control over service design and delivery
- tackling inequalities and improving access to community care services
- more support for people with long term health needs.

- 1.2 The proposals for change will have a significant impact on the way the Council and its partners commission and deliver services, both at the whole system and the individual level of service provision. The proposals also encompass some key changes in relation to performance assessment of the Council as a whole, of social care services specifically, for both children and adults, and of our partners. These proposals envisage increased alignment of performance and quality frameworks, as well as processes for regulation, inspection and monitoring.

1.3 Key Changes

1.3.1 Promoting Well Being

- new duty on local authorities jointly through a new role for Directors of Adult Social Services and Directors of Public Health, (both could be joint appointments) , to develop a strategic, and broad, needs assessment for wellbeing for their area, incorporating health, social care, transport and housing.

- Local Area Agreements to be the delivery mechanism for joint planning and commissioning.
- aligned Performance Assessment Framework for Health and Social Care.

1.3.2 **Improved Access to Primary and Community Care and Care Closer to Home**

- urgent Care Strategy to be developed in LA/PCT areas to bring together the way that all services work together in acute situations
- urgent care to become available through traditionally non-acute community settings, e.g. Walk In Centres, and at home, through health and social care and allied service integration.
- new role for a new generation of community hospitals, serving populations of approximately 100,000, which will offer:
 - agreed health specialities in community settings
 - more 'intermediate' care of both the 'step up' and 'step down' type
 - tight health and social care planning and care management integration to support a re-enablement approach
 - one stop shop approach to information, access to services
 - access to urgent care and out of hours care.
- LAs and PCTs will be able to bid for capital funds to develop community hospitals or other similar centres, with a health and social care specification, as long as they can evidence a comprehensive review of acute and existing community based health care.
- the principle of co-location of health and social care services will be enshrined in a new national commissioning framework
- PCTs and GP practices will be incentivised, through the systems of Payment by Results and Practice Based Commissioning, to move resources from acute care into primary and community care, and into public health services
- maternity and other adult or young people's health or social care services are to be provided in wider community settings, e.g. in children's sure start centres
- Improvements to palliative 'end of life' services through development of service networks and multi-agency assessments for end of life care or care for people with long term conditions, including children. Comprehensive services for CAMHS by 2008 is already planned but is also highlighted

- Individualised budgets incorporating funding for social care, community equipment, disabled facilities grants, access to work funds, independent living funds, supporting people funds, administered by professionals on behalf of service users, together with increase in direct payments, to empower social care professionals and service users to commission and procure effective social care services.
- practice Based Commissioning by GPs to deliver the same empowerment for health care
- for older people, a new framework for care is expected, reflecting standards for dignity, for responsive services and for active ageing.

1.3.3 **Support for People with long term conditions**

- comprehensive framework for self care strategy to be developed. The strategy will incorporate:
 - development of the Expert Patient (in self care) Programme as a national social enterprise with attendant workforce and carer training programmes to support it
 - incentives in GP contracts to encourage self care programmes
 - health and social care **prescription** for information about self care approaches and support services
- integrated health and social care assessments and plans for people with **complex** long term conditions by 2008, if they **need** and **want** this. Nationally this equates to a quarter of a million people
- a common assessment framework for adults, similar to the common assessment framework for children, which builds on the Single Assessment Process approach but is broader across agencies
- by 2008 all LAs and PCTs to have established multi-disciplinary teams or managed networks of professionals to manage care of adults and children with most complex long term conditions
- development of Assistive Technology to support this approach (Demonstration sites for populations of one million are envisaged)
- a Joint health and social care 'Carers' lead role to be developed
- revised guidance on the costs of continuing health and social care of people with long term conditions to be developed.

1.3.4 **Putting People in Control**

- Commissioning arrangements must include:
 - expectations as to the role of the public and service users in planning and commissioning services and service delivery models

- strengthening the role of Councilors with a potential role in 'a community call for action' situation
 - by 2009 a single health and social care complaints system
 - possible 'petition' arrangement whereby a group of local people could effectively hold the local authority and health partners to account for service quality or gaps
 - a focus on inequalities as the basis for planning.
- a national commissioning framework will be developed for health and social care commissioning, which will include:
 - the above expectations
 - guidance on commissioning health and social care services
 - expectation that commissioning will include commissioning for self funders, in other words a responsibility for market development
 - joint workforce planning across the market place
 - duty on PCTs of routine service reviews of community health services and a duty of best value , which is expected to lead to plurality of service provision in health as well as continuing that trend in social care services
 - Children's Trusts are expected to bring together joint commissioning across health, social care and other services for children. The new Local Authority (Director of Adult Social Services) and Public Health Strategic Needs (Well Being) Assessment is seen as providing the impetus for that approach for adults
 - joint commissioning is to encompass the 'well being' needs assessment in the early stages and to move into the 'long term conditions' commissioning assessment secondly
 - LAs / PCTs will be performance assessed on their commissioning effectiveness, for which the Department for Health, CSCI and the Health Care Commission will develop a framework
 - LAs are to work in regional networks to develop and deliver procurement efficiencies and process improvements. National procurement guidance will underpin the commissioning framework
 - the role of the Voluntary and Community Sector is to be enabled in providing health care, as it already is in social care
 - a national drive to improve arrangements for workforce recruitment, retention, development, and capacity, are proposed, especially in social care. There are also proposals to bring disadvantaged people into social care work, through enhanced access to learning routes.

1.4 **Taking the White Paper forward**

There are a number of work strands in Derby currently which well reflect the direction of travel, and will support us to implement the White Paper.

- our arrangements for jointly commissioning and delivering children's services are well underway
- the development of the Derby Older People's Strategic Planning Partnership will support work around older people and long term condition management, and through the LAA we are well placed to develop a 'well being' needs assessment and strategy
- our Supported Accommodation Strategy encompasses much of what is needed with respect to the requirement to develop intermediate care and dementia care at least for older people who are the majority service users
- we are already looking with health colleagues at the possible options for better joint commissioning and service delivery between health and social care, both at the operational and strategic level
- we have integrated our disabled children's service, which is being launched in its new premises shortly
- our neighbourhood strategy will potentially provide us with the structure for ensuring a strong community voice in planning services, and both the Council and the PCTs have established service users groups and forums to support involvement in existing service quality issues, and in new developments.
- we are engaged in some regional procurement work to develop and deliver regional approaches

1.5 It is proposed that we mount a significant event to bring together key stakeholders in Derby, to launch the White Paper as a framework for future action, to engage stakeholders in the things we already have in place, and to seek feedback on the things we need to do locally to move us forward.

1.6 It is also proposed that we work through the NHS and DCC Partnership Board to establish a jointly agreed direction of travel in taking forward the White Paper, subject to any key decisions coming back to agency governance structures.

OTHER OPTIONS CONSIDERED

2. The White Paper is Government policy and the intention is to performance manage LAs / PCTs on implementation.

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List of appendices:	None
	Appendix 1 – Implications

IMPLICATIONS

Financial

- 1.1 There will be some small costs associated with a local conference. These will be contained within existing budgets. A share of the costs will be agreed with partners.
- 1.2 The resource implications of the White Paper are significant in relation to the investment needed to pump prime a shift from acute and high level care to community care preventive strategies, to manage growing demand from people living longer with long term conditions, to improve services to Carers, and to support the planning infrastructure that is anticipated. The White Paper offers incentives to shift resources, and some money for pilot or demonstration projects, but does not offer hope of large scale new resources.

Legal

2. Revised legal guidance on the role of Director of Adult Social Services is expected to follow. Revised national guidance for continuing care and to remove the so-called post code lottery of charges for social care is also expected.

Personnel

3. The White Paper envisages a workforce change strategy, to develop skills, to enable joint working, and to improve numbers in the workforce.

Equalities impact

4. Inequalities in health are one of the drivers for the Strategic Needs Assessment and for the strategies that emerge from this.

Corporate Themes and Priorities

5. This accords with the Council's objectives of **healthy, safe and independent communities** and furthers the priority of **modernising social care, including adult home care**.