

**CABINET 14<sup>th</sup> June 2006**

**Report of the Director of Adult, Community and Housing Services**

***Our health, our care, our say: a new direction for community services***

**Purpose of Report**

1. For Cabinet to consider the implications of the Health and Social Care White Paper *Our health, our care, our say: a new direction for community services*, and to support the proposed priorities for implementation.

**Background**

2. In mid-2005, the Government announced that it would develop a health and social care White Paper further to the social care Green Paper, "*Independence Well-Being and Choice*."
3. An Executive Summary prepared by the Democratic Health Network is available in the Members Library and on CMIS but Cabinet will wish to note the following:

*Our health, our care, our say* is about

- personal and responsive health and social care services that reflect people's needs and wishes
  - prevention, public health and well-being
  - tackling inequalities
  - more focussed support for people with long term conditions
  - more services provided outside of hospitals, closer to people.
4. **Dudley's approach to Implementation** - *Our health, our care, our say* has major implications for the Council's health, care and well-being agenda. Our approach to it will include a focus on:
    - **Prevention** – we need to continue and extend investment in prevention measures that can improve people's well-being and prevent acute hospital admissions e.g. Assistive Technology developments. Therefore, ensuring access to all universal services across the Council's principal three service Directorates remains crucial.
    - **Control and choice** – we need to extend direct payments and piloting individual budgets to give people greater freedom to choose the support they want. This links to our work to increase the life-chances of disabled people through more holistic services.

- **Local service planning** – the requirement for the Directors of Adult Social Services (DASS) to work with others to assess the needs of Dudley’s population in order to plan services for the next 10-15 years. “*Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services*” has just been received and includes the option which Dudley has embraced in linking social care to other areas of activity that enhance the well-being of Dudley citizens.
- **Carers** – we will need to up-date our own Carers Strategy to further improve services to support carers.
- **People with long-term conditions** - ensuring all people with long-term or complex needs (which includes 80% of social care users) have access to a case manager who can coordinate the services they need. We need to give consideration to the need to establish joint health and social care teams to support people with long term conditions so that integrated care plans for individuals can be in place by 2008. Use of the Health Act 1999 “flexibilities” may be a way to achieve this.
- **Strengthening commissioning** – we need to continue to give greater focus on developing community-based, preventative services for people with long-term care needs. Commissioning of services needs to become even more focused on health and well-being and we need to give consideration to developing more regional approaches to this.
- **The “third” (voluntary and community) sector** – we need to enhance the contribution that the “third sector” can make to high-quality health and social care provision.
- **Workforce** - integrating NHS and local authority workforce planning by 2008; building up skills in social care and continuing to take action to address recruitment and retention problems.
- **Planning, performance management, inspection and regulation** – we need to ensure local integration of the planning cycles of the NHS with those of the Council. In addition, we need to embrace a more integrated approach to performance management and inspection with shared outcomes as a basis for good commissioning. The Local Area Agreement process provides us with an opportunity to do this. In terms of Inspection, we need to bear in mind that the integration of the Commission for Social Care Inspection and the Health Care Commission has already been announced and will support the process of over-seeing the development of this process.
- **Ensuring a strong local voice in health and social care:**
  - **Complaints** – local implementation of a single complaints system across health and social care focussing on resolving complaints locally.
  - **Elected Members/ Health Overview & Scrutiny** –strengthening Health overview and scrutiny arrangements and proposals for developing Ward Members’ involvement in a “community call for action” involving Members where issues of concern have not been resolved through other channels.

6. **Challenges:** Implementation of Our Health, Our Care, Our Say will be done in the context of challenges which include:

- **Resources** - Sir Derek Wanless's report on the resource challenges and demands facing social care provides has been published recently and provides a framework for tackling the difficult issues of resources for social care including charging.
- **Governance** – Some argue that there should be a mutual duty to co-operate between the NHS and Councils. In Dudley, however, we have good partnerships arrangements with the health service. Our further work on Local Area Agreements will also enhance this partnership. The link between the Director of Adult Social Services and the Local Strategic Partnerships (LSP) will need to be developed and the continuing democratic deficit in relation to PCT accountability in communities.
- **Workforce** – The national picture of social care with 1.6m employees, 85% female, shared amongst 25,000 employers is reflected locally in the myriad Local Authority activity, other providers as well as the contribution of carers. Also, the social care workforce is nationally under-qualified and underpaid in comparison to other public sector work, such as the NHS or education.
- **Confidence, Trust and Leadership** – There remains a need to build on and develop confidence, trust and leadership across the whole health and social care system.

7. **The future - local context for action:** There is a strong local infra-structure from which the Council can work with Dudley PCT and other partners to deliver on this agenda for health, social care and wider well-being through the Dudley Health and Well-Being Partnership (DHWP.) The Children and Young People's Strategic Partnership (CYPSP) will continue to work as a partnership to develop and maintain the health of children and young people. All this work also needs to be seen in the wider national and local context of:

- the *Choosing Health* (public health) White paper
- the development of Dudley's Health Inequalities Strategy
- the publication of Dudley's Obesity Strategy
- the beginning of our Local Area Agreement preparations alongside the Health Act 1999 where we already have a number of established schemes for health and Council services including pooled budgets
- the recent launch of the DCP's Community Strategy with which implementation of the *Our health, Our Care, Our Say* White Paper will need to be integrated
- the Council's re-modelling with the development of a Directorate of Adult, Community and Housing Services working to the vision of '*We will help people to lead fulfilled and independent lives in homes of their choice in safe and active communities.*'

8. **Conclusion: Dudley's approach – outcomes not processes.** This context for action makes it especially timely within the local health, social care and wider well-being economy to implement the *Our health, Our Care, Our Say* White Paper. Under the auspices of the DHWP, a well-attended event of about 120 service users, carers and stakeholders, to help develop our approach to implementing *Our health, Our Care, Our Say* White paper in Dudley, was held on

10<sup>th</sup> April at Dudley College. The overall learning from that event reflects our commitment to the need to focus on outcomes for people and the DHWP will be developing its approach to this based on the aims of the White Paper to:

- Create better prevention services with earlier intervention
- Give patients more choice and a stronger voice
- Tackle inequalities and improve access to community services for everyone
- Provide more support for people with long-term conditions and their carers

It is planned that a strategy for Dudley be developed which will underpin Dudley's approach to the White Paper and include an action plan for implementation. This strategy and plan will embrace the contribution of other universal services to the independence of adults in most need.

### **Finance**

5. There are no immediate financial implications of this report to the Council although over time new ways of working under the LAA will be considered in more depth as required.

### **Law**

6. No primary legislation is expected to ensure the implementation of the White Paper, *Our health, our care, our say*. It is seen as a "flagship" Government initiative and its aspirations will be the subject of interest to and performance scrutiny by Inspectors. Its contents also need to be set alongside other probable legislative developments such as the enactment of parts of the '*Choosing Health*' public health White Paper e.g. banning smoking in public places.

### **Equality Impact**

7. The aims and principles of the White Paper *Our health, our care, our say* are integral to the equality agenda in its pursuit of making care as accessible and as close to home as possible. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley through the implementation of the White Paper and the specific Health Inequalities Strategy for Dudley.

### **Recommendation**

8. That Cabinet support further work and strategy development to make the aspirations of the White Paper a reality in Dudley.



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**List of Background Papers**

*Our health, our care, our say: a new direction for community services* – DHN Executive Summary attached  
“*Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services*”  
Department of Health, May 2006