DHN POLICY BRIEFING

Democratic Health Network | 2 February 2006 | 006/06

Our health, our care, our say: A new direction in community services

Summary

This briefing summarises and comments upon the White Paper on health and social care in the community, published by the Department of Health on 30 January 2006. The key themes of the White Paper are shifting services from hospitals into the community; a renewed focus on maintenance of well-being; giving patients more choice, control and a voice in the way services are planned and delivered; and a better deal for people with long-term conditions and their carers. The White paper emphasises collaboration between local health services and social services departments as a keystone for delivery.

A copy of the White Paper is available at:

http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4127458&chk=hXh%2B45

Contact: **Alyson Morley**

Introduction

The White Paper is the result of an unprecedented level of consultation by Government with service users, carers, NHS and social care staff, policy makers and other key stakeholders, which took place between January and November 2005. The participative consultation exercise, *Your health, your care, your say*, considered the totality of health and community care services outside hospital and takes the key messages from the participative exercise as the organising themes of the White Paper. This briefing gives a summary of each chapter.

Details

Chapter 1: The vision

The Government's vision for health and social care services is underpinned by four main goals

- better prevention services with earlier intervention
- giving patients more choice and a stronger voice
- addressing inequalities and improving access to community services for everyone, especially those who are most vulnerable and isolated
- more support for people with long-term conditions and their carers.

These goals are set in the context of the results of the participative consultation exercise on the Green Paper, *Independence Well-being and Choice,* which preceded the White Paper, *Our health, our care, our say*. The findings of the consultation are attached as an annex to the White Paper. The priorities for identified by users and carers are

- helping people to make choices and take control of their own health and well-being and giving them more support to prevent ill-health and maintain independence and well-being
- easy access to services, information and advice which focus on health promotion, and not just sickness
- taking a holistic approach to well-being and health, rather than focusing on sickness
- cost-effective and safe services closer to home.

They are also set in the context of an ageing population where informal carers, families and friends shoulder the huge burden of informal day-to-day care. The long term aim of the White Paper is to realign the health and social care system so that social care, primary care and community services are integrated and

tailored to individual need. The White Paper also recognises the contribution that other services, such as transport and housing, make to promoting well-being and independence.

Chapter 2: Enabling health, independence and well-being

Chapter 2 outlines the Government's proposals for supporting people to stay healthy, active and independent, especially those who are the most vulnerable and isolated. This aspiration fits in with the Government's Green Paper on public health, *Choosing Health,* and regeneration initiatives to build stronger and more sustainable communities. The substantive proposals are summarised below.

"Life Checks" - will be offered to individuals at critical points in their lives to assess the extent of risk factors – for example, smoking, alcohol and substance misuse, obesity, high stress levels and sexually transmitted infections and family history. The Life Check is a self assessment and will be available on-line and can be shared with GPs to assist health professionals to have better information about their patients. "Health Trainers" will assist adults and the parents of children with high risk factors to gain access to information and services to make healthier choices. The Health Check will be piloted in "Spearhead areas" and will be linked to wider local strategies on neighbourhood renewal and tackling inequalities" It will be rolled out in 2007/08.

Mental well-being – the Government will provide information on how people can maintain their own mental health, placing the promotion of mental well-being at the heart of strategies to implement *Choosing Health.* For people with mental health problems, there will be a modest expansion in current initiatives to improve access to psychological therapies for people with moderate mental health problems. The National Institute for Health and Clinical Excellence (NIHCE) will produce guidance on the use of Computerised Cognitive Behavioural Therapy in community settings.

A local focus on health and well-being – the role of local government is emphasised, especially in relation to joint action with PCTs to promote health and well-being. The Director of Adult Social Services (DASS) will play a central role in coordinating health, housing and transport to promote social inclusion and well-being. The Government will issue revised statutory guidance on the

role of the DASS in 2006. The role of the Director of Public Health (DPH) is also highlighted – especially DPHs who are jointly appointed by PCTs and local authorities in order to promote better coordination of services and resources to promote health and well-being. The DASS and DPH will undertake regular joint reviews of the health and well-being status of their populations in order for them to determine the strategic development of services on a 10-15 year basis. The contribution of overview and scrutiny committees (OSCs) and local area agreements (LAAs) are also cited as key drivers for change.

The role and contribution of LAAs is seen as central to this agenda and to stimulate more rapid development of LAAs in this area, the Government will build on the experience of the LAA pilots to develop them as a key mechanism for joint planning and delivery. Planning and financial cycles of local authorities and the NHS that currently obstruct effective joint working will be more closely aligned in 2007/08. Public Service Agreement (PSA) targets for local services will include measures to drive forward joint working and service integration. Furthermore, performance assessments regimes and inspection will be adjusted to identify and encourage joint planning and working towards promoting health and well-being.

National support to strengthen local initiatives – there are a number of proposals for national frameworks and bodies to support joint work at local level. These include

- a new Reference Group for Health and Well-being to develop an improved evidence base for interventions that support health and well-being
- by 2008/09, the Quality Outcomes Framework to include new measures which focus on wider health and well-being outcomes
- a social care appointment to the DH Board
- a national campaign to encourage everyone to contribute to a “fitter Britain” by 2012, tying in with the London Olympic Games.

Chapter 3: Better access to general practice

Though satisfaction with GP services is high, it is acknowledged that some communities, including poorer communities and black and minority ethnic communities, find it more difficult to access high quality services. One of the more contentious proposals of the White Paper is that, in those areas that are poorly served, social enterprises or commercial companies will be encouraged

to augment GP services. It is asserted that this will increase choice and access to primary care. PCTs will retain full control of contract specification for commissioning additional services.

The White Paper highlights other areas in which individuals would like more choice: making it easier to change practices, registering with a practice close to work, rather than home and getting appointments quickly, at a time that is convenient for the individual and giving people the choice of healthcare professional. The Government intends to address these concerns by introducing the following measures.

- All patients will be guaranteed acceptance onto an open list in their locality. GPs will no longer be able to operate "open but full lists" where lists are not formally closed but new registrations are not accepted to due a lack of capacity. In future, lists will be either "open" or "closed" and there will be clearer rules on eligibility.
- PCTs will be required to provide up-to-date information on whether a practice is open to new patients, its opening hours and the services it offers.
- There will be funding incentives to encourage GPs to expand. More money "will follow the patient" and consideration will be given to establishing an "Expanding Practice Allowance".
- Opening hours for practices will be agreed with PCTs to ensure that patients have access to services at times that are convenient to them. PCTs will also be able to augment existing services by: bringing in new providers; allowing out-of-hours providers to operate evening surgeries, take booked appointments, and take on registered patients; developing new Walk-in Centres and allowing existing sites to take booked appointments.
- Giving patients greater choice over which healthcare professional they see by encouraging practices to make better use of practice nurses as "first contact" professionals. The Government will also pilot self-referral to allied health professionals without first having to see a GP.

Chapter 4: Better access to community services

This chapter begins by underlining the essential difference between health and social care services. Health services are nationally planned, universal and free at the point of delivery whereas social care services and locally planned and means-tested against a set of local eligibility criteria. That said, there is a clear

need for health and social care services to be more closely integrated and supported by better information for service users and their carers. The White Paper emphasises that people should be at the centre of the assessment process and should have more choice and control over the services they need. The key proposals in this chapter are summarised below.

Direct payments – the uptake of direct payments will be increased to groups who are already eligible and extended to service users who are excluded under current legislation. The Government will launch a national campaign which builds upon current initiatives to increase the uptake of direct payments.

Individual budgets – whereas direct payments cover only local authority social care budgets, individual budgets bring together funds from a variety of sources in a single budget which they can chose to take in the form of cash or the provision of services, or a combination of the two. Twelve pilots (in addition to the one already set up in 2005) for adult service users only will be set up in 2006 with a view to a national roll-out from 2009/10. Neither individual budgets nor direct payments will be extended to health services.

Improving urgent access – the White Paper acknowledges that, though provision of urgent care has improved, more still needs to be done – especially in terms of integrating it more fully with other health and social care services. The DH will develop an urgent care service strategy for PCTs and local authorities. The White Paper focuses on specific services where urgent access is vital. They are sexual health services, mental health services, cancer screening, therapy services provided by allied health professionals, end of life services, and immunisation. Specific groups of people are identified as being in need of faster access to a range of health and community services. They are expectant mothers, teenagers, people with learning disabilities, offenders and older people. Urgent care service strategies will consider all of the above services and user groups.

Chapter 5: Support for people with long-term needs

The changing demography of Britain is increasing the number of people with long-term conditions. It is estimated that every decade the number of people with long-term conditions will increase by over a million, bringing with it increases in costs for providing health and social care services. Proposals to

improve care, health outcomes, well-being and independence for this group are summarised below.

Helping people to take control – there will be greater focus on self-care and self management through expansion of the Expert Patients Programme. This will be achieved through the creation of a "community interest company" to market and deliver self-management courses. The Quality and Outcomes Framework (QOF) and national standards published by DH will provide PCTs with a stronger commissioning focus for promoting self-care. By 2008 all people with long-term health and social care needs will be given an "information prescription", which will direct them to further information, advice and support. A significant extension of self-care requires healthcare professionals to support and empower individuals – a significant culture shift. Self-care will become a key competency for healthcare professionals and will be part of job descriptions and annual appraisals.

Better assessment and care planning – by 2010, the Government will ensure that a personal health and social care plan is part of an integrated health and social care record. For people with complex needs, by 2008 all PCTs and local authorities will have joint health and social care managed networks and/or teams to support people with complex needs.

Assistive technologies – the White Paper recognises that "assistive technologies" will play an increasing role in helping people with long-term conditions to maintain their independence and manage their own care. A demonstration project, covering at least one million people in a variety of locations, will be created in 2006.

Extension of the national tariff – the national tariff will be reviewed to assess whether it can be refined to provide incentives for benefit sharing to support co-operation between commissioners and providers in delivering integrated long-term conditions care. It is intended that this will encourage commissioners to seek out a diversity of providers offering services to people with long-term and complex care needs.

A new deal for carers – this will offer improved support for carers by updating the Prime Minister's 1999 strategy for carers, encouraging councils and PCTs to nominate leads for carers' services and establishing an information service and helpline for carers. There will be short-term respite support for carers in every

council area. The DH will establish an Expert Carers Programme similar to the Expert Patients Programme.

Chapter 6: Care closer to home

Central to the vision for future health and social care services is the transition from hospital-based to community-based services. Advances in technology mean that more clinical and diagnostic procedures can be carried out safely and more cost effectively in community settings. But such a transition needs to be firmly grounded in evidence. To this end, the DH is working with the Royal Colleges to define clinically safe pathways that provide "the right care in the right setting, with the right equipment, performed by the appropriate skilled person". Throughout 2006, the DH will work with six specialties – ear, nose and throat, trauma and orthopaedics, dermatology, urology, gynaecology and general surgery to define appropriate models of care. Practices and PCTs will then be responsible for commissioning such services and will be assisted in this by the Integrated Service Improvement Programme.

The White Paper highlights particular components of care pathways that could be moved closer to communities. For example, outpatients appointments, follow-up appointments and the greater use of intermediate "step down" beds. Intermediate care is particularly important for frail older people and more use should be made of it. The DH will fund between 20 and 30 demonstration projects in 2006/07 to pilot transferred and intermediate care in which clinicians, PCTs and local authorities integrate services and integrate care pathways. The findings of the demonstration projects will be used to assist PCTs and practices to commission more local models of care.

Shifting resources – increased investment in primary care is necessary to affect the transition from hospital-based to community-based care. The percentage of each PCT's budgets spent outside the current secondary care sector will be expected to rise. For the 2008 planning round, PCT Local Delivery Plans will not be agreed by SHAs or the DH unless there is a clear strategy for the develop of primary and community care, "including ambitious goals for the shift of resources rooted in the vision and agenda of this White Paper. From 2008 onwards, PCTs will be scrutinised annually against this strategy and these goals". The DH will consider setting targets to affect this transition if progress is unsatisfactory.

Shifting resources towards prevention – PCTs will be expected to increase resources for prevention and health promotion. Currently it is difficult to identify resources allocated to prevention so the DH will establish an expert group to develop robust definitions and measures of preventative health spending. Using the measures developed by the expert group, the DH will consider establishing a "10-year ambition for preventative spending" which is comparative to spending in other OECD countries. For the 2008 planning round, PCT's Local Delivery Plans (LDP) will not be agreed by SHAs or the DH unless they include a satisfactory strategy for preventative health which sets targets for shifting resources from treatment to prevention.

Accessible community facilities – a new generation of community hospitals defined as "a service which offers integrated health and social care and is supported by community-based professionals" will be established. They will provide diagnostics, day surgery, support for self care for people with long-term conditions and outpatients' facilities, serving catchment areas of approximately 100,000 people. There are currently 350 community hospitals in England, some of which are threatened with closure. The White Paper sends a clear message that such hospitals should not be closed in response to short-term budgetary pressures that are not related to viability of the hospital itself. The DH will invite PCTs and local authorities to bid for a new generation of community hospitals. The details of the tender process will be published later in 2006. PCTs will be encouraged to work with planning authorities so that, for example, plans for new housing developments also include new community health facilities.

The White Paper also promotes the further development of co-located health and social care services where other services such as employment and benefits advice are available. Community hospitals are one possibility but there are many others, including GP surgeries, community health centre and Sure Start children's centres. The Government will consider how it can support local authorities and PCTs to develop effective partnerships to fund and develop joint capital projects. PCTs and local authorities also need to consider the role that transport has to play in providing ready access to health and social care services. Where necessary, eligibility for the patient transport services and the hospital travel costs scheme will be extended to patients undergoing procedures in community settings.

Public consultation is an essential component in the development of new services. However, the White Paper gives no specific details on consultation and public involvement. Instead there is a general commitment to:

> "… review the statutory consultation and service reconfiguration, with a view to ensuring that local people are engaged from the outset in identifying opportunities, challenges and options for change. The need for change should be explained clearly and reconfiguration processes should be swift and effective. It is important that the community feels a real sense of involvement in and ownership of the decision."

Incentives and commissioning – the White Paper proposes that Payment by Results (PbR) should be applied to activity in community settings. This will require the "unbundling" of the components of a care package to allow parts of the package – such as diagnostics or rehabilitation services - to be provided in the community. Currently the tariff is based on the average cost of providing a service. Over time, however, tariffs will be based on the most cost effective way of delivering a service. To affect this change the DH makes several proposals. In the demonstration specialties, from 2007 the tariff will be unbundled for diagnostics and post-acute care so that they can be priced separately. By 2010, there will be further flexibility to unbundle other services. Data systems will be adapted so that community-based services can be processed under PbR. From 2007/08, the tariff will begin to be applied to community-based alternatives to the acute sector, focusing initially in the demonstration specialties. Increasingly, tariff levels will be set to reflect cost effective service delivery – whether in an acute or community setting.

Chapter 7: Ensuring reforms put people in control

This chapter focuses on structures for empowerment and governance to ensure that the changes outlined in the White Paper are held accountable by service users and local people. The key proposals are summarised below.

Citizen engagement and responding to concerns – the White Paper underlines the importance of empowering local people to give their views of local services and for these views to shape future development and improve existing services. The forthcoming guidance on commissioning will set out how PCTs, practices and local authorities can do this through Local Area Agreements (LAAs) to facilitate joint public engagement on health and social care.

Existing duties to consult and engage local people will be strengthened and extended to cover new providers of services. There is a central role for the new Patient and Public Involvement resource centre in providing best practice. Public engagement and user involvement in service planning and delivery will form part of the annual performance assessment process. People need to be heard, both individually and collectively and local authority health overview and scrutiny committees (OSC) are highlighted as a vital component in the patient and public involvement structure. Detailed proposals for ensuring a strong local voice will be announced in April 2006.

The White Paper identifies the key role of local councillors as advocates for their communities. The Government will consider whether there is a need for a "community call for action", giving local councillors a particular role in resolving community concerns.

Complaints are an important source of information about the way individuals experience services. The DH will introduce a comprehensive single complaints system across health and social care, focused on the local resolution of complaints. Complainants, will be supported provided by strengthening the role of Patient Advice and Liaison Services (PALS) and the Independent Complaints and Advocacy Service (ICAS).

Independent user surveys will be used to assess satisfaction with services and there are new assurances that, where a specified proportion of service users petition for improvements, the service provider will be required to respond explaining how services will be improved or give reasons why this is not possible. The DH will identify other "local triggers" (such as evidence of inequality of provision, SHA assessments of PCTs and the results of inspections by the Healthcare Commission) relating to public dissatisfaction, which will require a formal response and a plan to improve services. If the problems persist, the PCT will be required to tender the services from alternative providers.

Effective commissioning – throughout the White Paper, there is a sustained emphasis on the need for effective commissioning – the process by which public resources are used effectively to meet the needs of local people. There is a clear expectation that the forthcoming reconfiguration of PCTs will increase coterminosity between PCTs and local authorities and that this will facilitate an

increase in joint commissioning and closer integration of health and social care services. There is a similar expectation that the use of Health Act flexibilities will be greatly increased. This will happen in parallel with a growth in Practice Based Commissioning (PBC), which will enable practices to direct resources to community-based and integrated services. PCTs will be expected to support and encourage practices to take up PBC.

Good commissioning is dependent on robust, accurate and timely information. The DASS and the DPH will undertake regular needs assessments of their local population, which will require analysis and collation of data from a range of sources – PCTs, local authorities, youth offending teams, the police, national sources such of the Department for Work and Pensions and the census and data from private, independent and voluntary services. The collation of such data will allow joint mapping to plan services and target at-risk groups. PCTs and local authorities will be supported at national level by the development of guidance on joint commissioning for healthy living and well-being.

Competence in commissioning will become a more important component of performance assessment. The DH, in partnership with SHAs, the Healthcare Commission and the Commission for Social Care Improvement (CSCI), will develop revised assessments for PCTs and local authorities to focus more closely on effective commissioning. In addition, CSCI and the Healthcare Commission will inspect local commissioners to ensure joint commissioning becomes a major part of commissioning work.

Commissioning responsive services – local authorities will be encouraged to develop more standardised procurement processes in order to reduce costs and provide greater clarity to independent and voluntary providers of social care. The Care Services Improvement Partnership (CSIP) will work with local authorities to develop more diverse social care market in order to provide local people in every local authority area greater choice in social care.

Both PCTs and local authorities will be expected to have robust monitoring systems, which will speedily identify providers which do not provide equal access to high quality, cost-effective services. In such cases, they will be required to set out a clear improvement plan. If there is insufficient improvement, new providers will be sought. New providers could include GPs, nurse practitioners, social enterprises, voluntary or private agencies. PCTs will be expected to prioritise services where there is public or OSC concern.

Where PCTs propose changes to the ownership of community services, staff will be fully consulted and given the opportunity to transfer to the new organisation with their pension entitlements intact. Such decisions will be subject to scrutiny by the SHA and the OSC. More detailed guidance will be issued in 2006.

The White Paper underlines that there will be new opportunities for the "third sector" – community, voluntary and "values-driven" organisations such as co-operatives – to provide community health services. Current barriers such as pension provision, IT and lack of bureaucratic infrastructure, which prevent third sector organisation from competing in the health market will be the subject of a forthcoming review undertaken by DH. In addition, the DH will establish a Social Enterprise Unit to promote the development of social enterprise models in health and social care provision and set up a fund to help social enterprises with start up advice and assistance.

Chapter 8: Making sure change happens

This chapter summarises the mechanisms required to implement the proposals. It identifies the provision of good information, quality assurance, mechanisms for greater service integration and workforce development as crucial components of the change agenda.

Information – the DH will review the provision of health and social care information to ensure that service users have the information they need in a variety of formats. The DH will also develop models of integrated health and social care information which contains accessible information on all services and support groups in their area.

In relation to individual's own health and social care information, the DH is already developing an electronic records system for the NHS, which will be accessible to social services. For this reason, smart cards will not be introduced.

Quality – health and social care have robust quality assurance systems. The DH will introduce a national scheme for accrediting new and existing providers of specialist care in the community. The DH will also consider the need for assessing primary care providers.

Developing the workforce – the changes outlined in the White Paper will mean changes for all staff – in their work settings, in developing new competencies and in shifting their focus from treatment of ill-health to its prevention. One of the most significant changes will be the integration of health and social care services. This will require joint workforce planning between local authorities and the NHS to create multi-skilled, community-based teams to support people to maintain their health and independence. Staff will increasingly be expected to use common skills and processes and demarcations between professional groups will be lessened. Professionals will also need to support and empower people to make decisions about their own health. The DH will develop specific competencies to enable staff to navigate their way around the health and social care system, make choices about care and manage their own care.

The social care workforce requires the most development, since it currently lags behind healthcare professionals in training and qualifications. Recruitment to the health and social care sector needs to be increased and DH will extend employment opportunities to those who are under-represented in the workforce, in particular, young people, older people, volunteers and former service users. In order to make such opportunities attractive, the DH will work with the Department for Work and Pensions and the Health and Safety Executive to promote health workplaces in health and social care.

Comments

The DHN welcomes the White Paper on several counts: the move from hospital-based to community-based healthcare; the closer integration of health and social care services; the commitment to giving individuals choice and control over their own health; the shift from treating illness to promoting health and well-being; the recognition of the contribution that local authorities play in co-ordinating planning and provision through LSPs and LAAs; and a renewed role for local councillors and OSCs in holding the NHS to account on behalf of local people.

The proposals in the White Paper are evidence that the Government has listened to what service users and carers say about health and social care and have placed this at the centre of their vision.

The White Paper includes hundreds of new proposals. DHN will brief separately on aspects that are most pertinent to local authorities and their partners.

DHN recognises the massive task ahead to transform health and social care services along the lines of the vision outlined in the White Paper. That transformation requires the reallocation of resources, the integration of planning and decision-making process, and a huge programme of workforce developing at both local and national level. We sincerely hope that the Government, local authorities and PCTs work together to achieve this vision.

Alyson Morley
Policy Officer

This briefing can be found on www.dhn.org.uk in the following category: **Social care, long term care and carers, primary care groups/trusts and Democracy & Accountability.**

Policy Briefings can be e-mailed to your computer as soon as events and announcements happen, so you can access the latest information in an instant.

If you are not currently receiving DHN Briefings by e-mail and you would like to do so, please e-mail amudat.adesina@lgiu.gov.uk

For further information contact us on 020 7554 2820 or info@dhn.org.uk

Democratic Health Network

Local Government Information Unit

The Education Network

22 Upper Woburn Place
London WC1H OTB
T 020 7554 2820
F 020 7554 2802
E info@dhn.org.uk
www.dhn.org.uk