



# Putting People First

A shared vision and commitment to the transformation of Adult Social Care

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### I Introduction

**The Our health, our care, our say White Paper and statements in the 2007 budget report and Comprehensive Spending Review announcement outlined the key elements of a reformed adult social care system in England; a system able to respond to the demographic challenges presented by an ageing society and the rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives.**

Demography means an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. By 2022, 20% of the English population will be over 65. By 2027, the number of over 85 year-olds will have increased by 60 %. People want, and have a right to expect, services with dignity and respect at their heart. Older people, disabled people and people with mental health problems demand equality of citizenship in every aspect of their lives, from housing to employment to leisure. The vast majority of people want to live in their own homes for as long as possible.

In the context of changing family structures, caring responsibilities will impact on an increasing number of citizens. Examples include an eighty-year-old woman having to cope with her husband's dementia, a young mum pursuing a career and bringing up a family while looking after her elderly parent, a business executive working overseas whose widowed mother is hospitalised overnight following a stroke and older parents seeking for the right support to ensure their adult son with a learning disability can live independently.

We agree that there is a need to explore options for the long term funding of the care and support system, to ensure that it is fair, sustainable and unambiguous about the respective responsibilities of the state, family and individual. As stated in the Comprehensive Spending Review (CSR) announcement 2007, the Government will produce a Green Paper following extensive public consultation setting out the key issues and options for reform. Notwithstanding the Green Paper on longer-term reform of the funding system and following the recent CSR settlement, there is now an urgent need to begin the development of a new adult care system. A personalised system which can meet the challenges described earlier and is on the side of the people needing services and their carers. While acknowledging the Community Care legislation of the 1990s was well intentioned, it has led to a system which can be over complex and too often fails to respond to people's needs and expectations.

This landmark protocol seeks to set out and support the Government's commitment to independent living for all adults. It also outlines the shared aims and values, which will guide the transformation of adult social care. It is unique in establishing a collaborative approach between central and local Government, the sector's professional leadership, providers and the regulator. It seeks to be the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage. It recognises that sustainable and meaningful change depends significantly on our capacity to empower people who use services and to win the hearts and minds of all stakeholders', especially front line staff. Local government will need to spend some existing resources differently and the Government will provide specific funding to support system-wide transformation through the Social Care Reform Grant, in line with agreements on new burdens.

We do not seek to prescribe uniform systems and structures in every part of the country. However, access to high quality support should be universal and available in every community. Some of these reforms can be made within the parameters of the local adult social care policies. Others require adult social care to take a leadership role within local authorities, across public services and in local communities.

*Ultimately, every locality should seek to have a single community based support system focussed on the health and wellbeing of the local population. Binding together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.*

*This will not require structural changes, but organisations coming together to re-design local systems around the needs of citizens. The new local performance framework, which covers the delivery of all services by local government working alone or in partnership, will help to create an improved approach to local partnership, enabling local authorities and partners to work together to lead their area and better meet the public's needs. The transformation of adult social care will be delivered through the new performance framework, and will draw on new mechanisms within the framework, such as the new statutory requirement on local authorities and PCTs to undertake a Joint Strategic Needs Assessment, to ensure that the transformation process really delivers on the challenges for each local area.*

*In future organisations will be expected to put citizens at the heart of a reformed system. Incentives will include the new focus of the local performance framework, guidance on commissioning for health and wellbeing, Human Rights legislation, and any international obligations such as the new UN Convention on the Rights of Persons with Disabilities.*

## 2 Values

**Ensuring older people, people with chronic conditions, disabled people and people with mental health problems have the best possible quality of life and the equality of independent living is fundamental to a socially just society.**

For many, social care is the support which helps to make this a reality and may either be the only non-family intervention or one element of a wider support package.

The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support services they receive.

We will always fulfil our responsibility to provide care and protection for those who through their illness or disability are genuinely unable to express needs and wants or exercise control. However, the right to self-determination will be at the heart of a reformed system only constrained by the realities of finite resources and levels of protection, which should be responsible but not risk averse.

Over time, people who use social care services and their families will increasingly shape and commission their own services. Personal Budgets will ensure people receiving public funding use available resources to choose their own support services – a right previously available only to self-funders. The state and statutory agencies will have a different not lesser role – more active and enabling, less controlling.

## 3 A personalised Adult Social Care System

The key elements will be:

**3.1 Local authority leadership accompanied by authentic partnership working with the local NHS, other statutory agencies, third and private sector providers, users and carers and the wider local community to create a new, high quality care system which is fair, accessible and responsive to the individual needs of those who use services and their carers.**

The current Darzi review of the NHS has recognised the relationship between health, social care and wider community services will be integral to the creation of a truly personalised care system.

**3.2 Agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to:**

- live independently;
- stay healthy and recover quickly from illness;
- exercise maximum control over their own life and where appropriate the lives of their family members;
- sustain a family unit which avoids children being required to take on inappropriate caring roles;
- participate as active and equal citizens, both economically and socially;

- have the best possible quality of life, irrespective of illness or disability;
- retain maximum dignity and respect.

### 3.3 System-wide transformation, developed and owned by local partners covering the following objectives:

- A joint strategic needs assessment undertaken by local authorities, relevant PCT and NHS providers. This should be undertaken in conjunction with other local needs assessments and plans (for example, local housing strategies). The joint strategic needs assessment and these other plans will inform the Sustainable Community Strategy. It will also be accompanied by an integrated approach with local NHS commissioners and providers to achieve specific outcomes on issues including:
  - relevant preventative public health policies, e.g. infection control and fall reduction strategies;
  - hospital discharge arrangements;
  - the provision of adequate intermediate care;
  - the management of long term conditions;
  - packages of support with a health and/or nursing care element;
  - co-located services, bringing together social care; primary care and other relevant professionals;
  - community equipment services;
  - universal information, advice and advocacy;
  - carer support and public/patient involvement;
  - complaints systems.

The full range of relevant local statutory, voluntary and private sector organisations need to be fully engaged. Where appropriate, Local Area Agreements will be the vehicle to bring together national policy with local priorities, informed by the vision developed by local partners. This will mean organisations being willing to allocate funding to others, if this will have greater impact on shared outcomes. The NHS Operating Framework will reflect a new shared responsibility for the health and wellbeing of citizens, families and communities.
- Commissioning which incentivises and stimulates quality provision offering high standards of care, dignity and maximum choice and control for service users.

Supports third/private sector innovation, including social enterprise and where appropriate is undertaken jointly with the NHS and other statutory agencies eg Learning and Skills Council, employment services, and Housing Authorities. This must be shaped by the Joint Strategic Needs Assessment.

- A locally agreed approach, which informs the Sustainable Community Strategy, utilising all relevant community resources especially the voluntary sector so that prevention, early intervention and enablement become the norm. Supporting people to remain in their own homes for as long as possible. The alleviation of loneliness and isolation to be a major priority. Citizens live independently but are not independent; they are interdependent on family members, work colleagues, friends and social networks.
- A universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding. A 'first shop stop', which could be accessed by phone, letter, e-mail, internet or at accessible community locations. Key strategic partners to be the Pensions Agency and relevant voluntary organisations. The LinkAge Plus pilots are providing strong evidence of the benefits for older people of this approach. Personal advocates to be available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget.
- A common assessment process of individual social care needs with a greater emphasis on self-assessment. Social workers spending less time on assessment and more on support, brokerage and advocacy.
- Person centred planning and self directed support to become mainstream and define individually tailored support packages. Tele-care to be viewed as integral not marginal.
- Personal budgets for everyone eligible for publicly funded adult social care support other than in circumstances where people require emergency access to provision. Lord Darzi's recent NHS next stage review interim report suggested that in the future personal budgets for people with long-term conditions could include NHS resources.

- Direct payments utilised by increasing numbers of people, as defined by locally set targets in LAAs.
- Family members and carers to be treated as experts and care partners other than in circumstances where their views and aspirations are at odds with the person using the service or they are seeking to deny a family member the chance to experience maximum choice and control over their own life. Programmes to be supported which enable carers to develop their skills and confidence.
- A transformed community equipment service, consistent with the retail market model.
- Systems which support integrated working with children's services, including transition planning and parent carers, and identifying and addressing concerns about children's welfare.
- Support for at least one local user led organisation and mainstream mechanisms to develop networks which ensure people using services and their families have a collective voice, influencing policy and provision.
- Systems which act on and minimise the risk of abuse and neglect of vulnerable adults, supported by a network of "champions", including volunteers and professionals, promoting dignity in local care services.
- Local workforce development strategies focussed on raising skill levels and providing career development opportunities across all sectors. Strategies to be co-produced, co-developed and co-evaluated with the private and voluntary sectors.

Adult social care will also take responsibility for championing the rights and needs of older people, disabled people, people with mental health needs and carers within the local authority, across public services and in the wider community. Early priorities will be intergenerational programmes involving older people as active citizens, integrated policy development which supports independent living (housing, access to work, education/training and leisure) including transition planning for young disabled people and local action to tackle the stigma faced by people with mental health problems.

## 4 Support for Reform

**The Department of Health will provide funding over the next three years to support system-wide transformation in every local authority. Local authorities and their partners will agree together how this funding will be spent to develop the personalised system described in Section 3.**

A detailed prospectus consistent with our core principles will be published in December.

In line with the soon to be published National Improvement and Efficiency Strategy (NIES), Department of Health (DH), will refocus the relevant activities of Care Services Efficiency Delivery Programme (CSED) and Care Services Improvement Partnership (CSIP) and seek partnerships with Regional Improvement and Efficiency Partnerships, local consortia, In Control and other 'change agents' to ensure every local authority has access to high quality support for the necessary change programme.

DH, and where appropriate, other Government Departments, will ensure new capital investment supports a more integrated approach to health and wellbeing in every community.

DH will lead a new cross-ministerial group including the Treasury, Department for Communities and Local Government (CLG), Department for Work and Pensions (DWP), Department for Innovation, Universities and Skills (DIUS) and Department for Children, Schools and Families to ensure a joined-up approach to adult social care transformation and the review of long-term funding. The need for legislative and regulatory changes will be considered in consultation with local Government, providers and other stakeholders.

A new skills academy is being developed with partners to support world class commissioning and leadership in social care. Skills for Care and the General Social Care Council (GSCC) will provide leadership to ensure entry level training, continued professional development and workforce registration to reflect the new skills required in a personalised system. In taking this forward, we will ensure that opportunities for co-ordination and joint capacity building are exploited with the World Class Commissioning programme for PCTs and those programmes in Children's services and the rest of local government. DH will also work with CLG and the Local Government Association (LGA) to consider how best to take this forward in the context of the NIES.

Social Care Institute for Excellence (SCIE) will be expected to promote, identify, and disseminate best practice and innovation, acting as a catalyst for system-wide transformation. Commission for Social Care Inspection (CSCI) and their successor regulator will align their approach to inspection and regulation with the reform agenda, in the context of the Comprehensive Area Assessment (CAA).

## 5 Timescale

**Every local transformation process will include clear benchmarks, timescales and designated delivery responsibilities.**

By the end of the CSR period in March 2011, we expect people who use services and their carers as well as front line staff and providers to experience significant progress in all local authority areas. Incremental progress should be evident over a shorter period of time.

## 6 Engagement/ Consultation

**If we are to win the hearts and minds of all stakeholders, especially frontline staff, it is essential that they are participants in the change programme from the design stage onwards.**

It is hoped that every local authority will create forums, networks and task groups which involve staff across all sectors, people who use services and carers as active participants in the change process.

## 7 Conclusion

**We recognise that organisations such as In Control, other voluntary organisations and some local authorities have been at the cutting edge of innovation in adult social care for some time. The Individual Budget, Partnerships for Older People and LinkAge Plus pilots have begun to demonstrate what works as well as identifying barriers to progress.**

However, national and local leadership is now essential if we are to achieve system-wide transformation. This is necessary because of demographic realities, but driven by a shared commitment to social justice.

This protocol seeks to be a catalyst – not a straightjacket – for innovation and is the first stage in a unique attempt to co-produce, co-develop and co-evaluate a major public service reform.

We will judge our success through the views and experiences of those who use the social care system, progress in supporting adults to live independently, objective measures of performance, and the job satisfaction of those working at all levels of the system.

In the future, adult social care will touch the lives of an increasing number of families.

By signing this historic protocol, we accept our shared responsibility to create a high quality, personalised system which offers people the highest standards of professional expertise, care, dignity, maximum control and self determination.

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**Secretary of State for Health**

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**Chief Executive, NHS Confederation**

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**Secretary of State for Work and Pensions**

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**Chair, Society of Local Authority  
Chief Executives**

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**Secretary of State for Communities  
and Local Government**

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**Chair, Commission for  
Social Care Inspection**

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**Secretary of State for Children,  
Schools and Families**

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**Chair, Social Care Institute  
for Excellence**

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**Chief Secretary to the Treasury**

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**Chair General Social Care Council**

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**Secretary of State for Innovation,  
Universities and Skills**

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**Chair Skills for Care**

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**Leader, Local Government Association**

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**English Community Care Association**

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**President, Association of Directors of  
Adult Social Services**

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**National Care Association**

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**Chief Executive, NHS**

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**UK Home Care Association**

