

Good Health Select Committee 29th March 2006

Report of the Director of Adult, Community and Housing Services and the Chief Executive of Dudley PCT

Our health, our care, our say: a new direction for community services – the Health and Social Care White Paper

Purpose of Report

1. For the Good Health Select Committee (GHSC) to note some key features of the Health and Social Care White Paper *Our health, our care, our say: a new direction for community services*, issued on 31st January 2006 to assist their on-going health scrutiny role.

Background

2. In mid-2005, the Government announced that it would bring together into one health and social care White Paper, work which had contributed to the publication of two Green Papers, the “out-of-hospital” Green Paper for health services and the social care Green Paper, “*Independence Well-Being and Choice.*”
3. An Executive Summary prepared by the Democratic Health Network is attached as an Appendix to this Report but the GHSC will wish to note the following:

Our health, our care, our say represents a shift to

- 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. **Implications for Dudley:** *Our health, our care, our say* has major implications for Dudley's health and social care provision and work in relation to the health and well-being agenda as follows:
 - **Ensuring a strong local voice in health and social care:**
 - **Elected Members/ Health Overview & Scrutiny** – as the title of the White Paper suggests, there is a strong emphasis on ensuring that people have a “say” in relation to their own experience of health, health and social care services, and the

development of systems and planning. Consideration will be given to ways of strengthening current Health overview and scrutiny arrangements as well as developing Ward Members' involvement in a "community call for action" involving Members where issues of concern have not been resolved through other channels will be explored.

- **Complaints** – the GHSC takes an Annual Report on the Complaints Procedure of social care and the proposed development of a single complaints system across health and social care with a focus on resolving complaints locally will be an important contribution to the GHSC's scrutiny of local health and care services
- **Surveys** – the DH survey programme is being reviewed and is due to report in Autumn 2006.
- **On prevention** – need to continue and extend investment in prevention measures that can improve people's well-being and prevent acute hospital admissions. This links to the "*Choosing Health*" White Paper and the need to maintain focus on health promotion and health inequalities issues in the Borough as considered by the GHSC in June 2005.
- **On control and choice** - extending direct payments and piloting individual budgets to give people greater freedom to choose the support they want. This links to work being done to increase the life-chances of disabled people.
- **On local services** –
 - more personalized care, information and support that is convenient to patients and service users e.g. more convenient opening hours at primary care centres, new locations for GPs such as supermarkets, more NHS Walk-in Centres, NHS Life Checks, Fitter Britain by 2012
 - making it the responsibility of Directors of Adult Social Services (DASS) to work with the Director of Public Health to assess the needs of Dudley's population in order to plan services for the next 10-15 years. The process and outcome of this work may also assist the GHSC in determining its priorities for health scrutiny in Dudley.
- **For carers** – suggested initiatives include establishing an information service/helpline for carers; establishing short term, home-based respite support to carers in crisis or emergency in each area allocating funding to train carers; encouraging councils and PCTs to nominate leads for carers' services. The Government's Carers Strategy will be up-dated and our own local Strategy will need to take account of that.
- **For people with long-term conditions** - ensuring all people with long-term or complex needs have access to a case manager who can coordinate the services they need; expecting all PCTs and local authorities to establish joint health and social care teams to support people with long term conditions and providing them with an integrated care plan by 2008. It is expected that there will be continued use of the Health Act 1999 "flexibilities" to help achieve this.

- **On strengthening commissioning** - strengthening PCTs, through their current development and reconfiguration, to encourage greater focus on developing community-based preventative services; ensuring universal coverage of practice-based commissioning during 2006; developing guidance on joint commissioning for health and well being, and also for those people with long-term needs (80 per cent of those using social care). Commissioning will be more focused on health and well-being. There is also indication of an increased emphasis on the need to practice commissioning in a more regional way to support the Gershon efficiency drive.
 - **On the “third” (voluntary and community) sector** – there is continued interest in the contribution that the “third sector” can make to high-quality health and social care provision and this will be the subject of further work (7.93 ff.)
 - **On workforce** - integrating NHS and local authority workforce planning by 2008; building up skills in social care and taking action to address recruitment and retention problems.
 - **On planning, performance management, inspection and regulation** – there is a similar drive to integrate the planning cycles of the NHS with those of Local Authorities to ensure that we are working to the same planning timetables. Likewise, there will be a more integrated approach to performance management and inspection with shared outcomes as a basis for good commissioning by 2008. The integration of the Commission for Social Care Inspection and the Health Care Commission which had already been announced will support this process.
6. **Challenges:** In relation to its health scrutiny role, GHSC may wish to note that many welcome the White Paper as an “exceptional opportunity” (Julie Jones, ADSS President) but one which is the responsibility of all with some potential challenges such as:
- **Community focus** – how the provision of hospital services through Foundation Trust approaches such as that being undertaken by Dudley Group of Hospital and considered by the GHSC in February 2006, GOP commissioning and Payment by Results links to the emphasis on provision of care away from hospital settings is something that the GHSC may wish to note.
 - **Resources** – Community based resources are not always cheap and resource challenges in the provision of social care are the subject of national interest through the work of Sir Derek Wanless which is expected to report shortly.
 - **Governance** – At present there is no mutual duty to co-operate between the NHS and Local Authorities although it is thought that LAA’s will provide some context for this. The accountability link of the PCT to local as well as national democratic processes is likely to remain a key theme.
 - **Workforce** – As a joint Workforce Strategy is developed between the PCT and the Local Authority, tensions between
 - the context in which social care is provided e.g. the national picture of social care (1.6m employees, 85% female, shared amongst 25,000

- employers) is reflected locally in the activity of the Local Authority and other providers as well as the contribution of carers
- comparative qualifications and pay of the health and social care workforce.

7. Local context for action:

- GHSC will know that there is a strong local infra-structure from which the Council, Dudley PCT and other partners can deliver on this agenda for health and social care and the wider health and well-being agenda in the Dudley Health and Well-Being Partnership (DHWP) and its Health Improvement Modernisation Management Team (HIMMT) which will oversee implementation.
- From the point of view of the GHSC, this work also needs to be seen in the wider national and local context of the development of Dudley's Health Inequalities Strategy (considered by GHSC in June 2005, an Obesity Strategy for Dudley and the potential use of the Local Area Agreements (LAAA) framework alongside other mechanisms such as the Health Act 1999 for health and Council services to work even more closely to meet the aims of the White Paper where we already have a number of established schemes.
- A local Conference to launch our approach is also planned for April 2006.

Finance

5. There are no immediate financial implications of this report although over time new ways of working under Local Area Agreements may be considered in more depth as required.

Law

6. Although it is a White Paper, *Our health, our care, our say* is seen as a "flagship" Government initiative and law may be required as parliamentary time allows. Its contents need to be set alongside other probably legislative developments such as the enactment of parts of the Choosing Health White Paper.

Equality Impact

7. The aims and principles of the White Paper can be seen as contributing 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

Recommendation

8. That GHSC note these initial considerations of the contents and aspirations of the Health and Social Care White Paper and continue to scrutinise further work in the local health and social care community in the light of this Report. .

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List of Background Papers

Our health, our care, our say: a new direction for community services – DHN Executive Summary attached