

**Health and Social Care White Paper (*Our health, our care, our say: a new direction for community services*):  
Implications for Local Government**

The Health and Social Care White Paper signals the Government's strategic intention to shift the emphasis of health and social care from acute and intensive interventions, towards community and preventative services. It is also unprecedented in that it addresses these issues across health and social care in the same white paper. This briefing note considers the implications for local government.

For councils the key themes of independence, choice, diversity of providers, and wellbeing are not new. They underpin the direction that social care has taken since the mid-1990s, reinforced by previous legislation to expand independent sector involvement, introduce direct payments, develop community care, promote the rights of people with disabilities and of carers, and secure value for money. They were central to the green paper, 'Independence, Well-being and Choice', and the white paper confirms that vision for social care and outlines practical steps to turn it into reality.

This white paper also incorporates specific actions relating to better health and reducing health inequalities, the key themes of 'Choosing Health', the Public Health White Paper. IDeA will be helping councils develop this work, in partnership with the NHS and local communities, as a key part of our work programme over the next two years with funding from the Department of Health.

There are no plans for legislation following the white paper except in relation to the extension of direct payments to individualised budgets. The Department will watch the outcome of the local government consultation on strengthening local strategic partnerships before considering whether there should be a duty to cooperate in promoting health placed on councils and the NHS.

Media coverage of the white paper has concentrated on a small number of high profile proposals: improving access to GPs; the development of NHS Life Checks (initially only via web-based self-assessment); campaigns to improve the level of fitness of the population by 2012 when London hosts the Olympics; new roles and a smaller number of Primary Care Trusts; a new role for community hospitals (but not simply a reprieve); and more programmes that promote self-care and expert patient programmes.

The messages for local government are spread throughout the white paper and focus on access to services, how they can be more closely integrated, and the leadership challenges of shifting the emphasis towards community services. They are not startling or new, but offer a welcome reassertion of the direction of travel most councils are adopting.

Equally welcome, and again unprecedented, is the official acknowledgement of the funding and coverage issues surrounding social care and how they differ from those of the NHS. This analysis of the differences between a targeted and means-tested service and a universal service free at the point of delivery is an important precursor

to policy developments proposing further integration with mainstream services. The declared willingness to take seriously the findings of the Wanless study of the funding of care for older people, and the invitation to the Lyons Review of local government funding to consider this dimension further, are important signals of intent in the run up to the next Comprehensive Spending Review.

The appointment of a Board level director in the Department of Health, and an undertaking to review the resources allocated to support social care and its integration are both further important recognition of the complexity of this agenda and how central it is to the Department of Health's overall responsibilities. There has not been such a senior post since the Chief Inspector function and the former Social Services Inspectorate were changed and inspection and regulation moved to the Commission for Social Care Inspection (CSCI). Having established the new post, attention will be given to strengthening the wider links across government that relate to quality of life for individuals and communities.

The Department intends to issue statutory guidance on the role of the Director of Adult Services (DASS). The status and reporting line of the DASS will not be prescribed (unlike children's services where the postholder must report to the Chief Executive and have core responsibilities) and there is no fixed structural options proposed. This reflects both the partnership nature of the post and the requirement to champion social inclusion across the council and the community. Further there will be joint responsibilities shared with the Director of Public Health to undertake a strategic assessment of the health and social care needs of the population to support commissioning.

The DASS will have other new duties beyond those of predecessor directors of social services. They will have responsibilities for both information and assessment and for the quality of services provided in the area, for all potential service users, including self-funders. This acknowledges the CSCI's concern about the anomalies between the performance rating of councils and the quality of some regulated services in that locality; and the Office of Fair Trading's concern about support for those navigating services using their own resources.

The white paper takes a number of steps to bring the infrastructure of local government and the NHS closer together. The reorganisation of Primary Care Trust (PCT) boundaries will bring a greater (if not complete) alignment of NHS and top-tier council boundaries. Steps will be taken to promote the greater engagement of PCTs in local strategic partnerships and to use local area agreements to improve health outcomes in local communities. Steps are also proposed to align the budget and planning cycles of PCTs and local authorities to assist partnership working. It is recognised that the profile and coordination of this activity is hampered by the absence of an adult social care presence in Government Offices for the Regions.

Performance assessment of councils and NHS organisations will be rearranged to support the outcomes framework set out in the white paper, and new frameworks will be developed, although not until 2008.

Proposals to develop more integrated services on the ground in the white paper are mainly incremental steps in the pre-existing direction of travel for most councils.

What are new are the expectations placed on the NHS to embrace the values they represent and to engage fully. The familiar themes that are restated include: self-care and self-managed care; common assessment frameworks; integrated networks and teams; assistive technology, and joint commissioning. New elements of these include the development of personal health and social care plans, particularly for those with complex needs. These will be developed separately at first but will be integrated by 2008, when there will be expected to be joint teams and/or networks. GPs and other primary care staff will be encouraged to write information prescriptions pointing people to further sources of help or information. Local authorities and their PCT partners will also be encouraged to explore how community hospitals in an adapted and developed form, might promote co-location and new service configurations.

A particular focus of the white paper is how the change in direction can be effected. There is little if any new money accompanying its publication, apart from some for pilot projects and additional capacity in the centre. The Secretary of State has talked about her wish to see a five per cent shift in funding from hospital to community services over time. The intention is that the existing and emerging commissioning arrangements should be further tuned to deliver. The greater and more systematic use of Health Act flexibilities will be encouraged to promote the pooling and transfer of resources. GPs will be supported, through their greater involvement in planning and commissioning via Practice Based Commissioning, to make proposals for all public services that help their patients and to develop more flexible local services.

There will be further work to develop the market for health and social care services, particularly community health services. A Social Enterprise Unit will be established in the Department of Health, together with a capital fund to assist social entrepreneurs. Work will continue on the greater use of community and voluntary organisations.

The proposals for joint workforce planning, in support of new joint teams, roles, skills and requirements, build on the previously announced Options for Excellence Review commissioned jointly by Liam Byrne and Beverley Hughes, responsible Ministers in the DH and DfES respectively.

The white paper reasserts the Government commitment to carers and promises a revision of the National Strategy for Carers published in 1999. Local authorities and PCTs will be required to identify nominated leads for carers. New access to advice (via a National Helpline) and to emergency respite care will be put in place.

The White Paper is built on wide public consultation undertaken by the Department on both the social care green paper and on the Your Health, Your Care, Your Say exercise. This is reiterated in proposals for continued public, community and local political engagement. Chapter 7 proposes the development of new best practice guidance from the Patient and public Involvement Centre, with the assistance of the Social Care Institute for Excellence, including social care. A single complaints procedure is proposed, together with strengthened advocacy support for complainants.

Councils will be encouraged to use Health Overview and Scrutiny Committees to understand the strategic needs of communities and to monitor and challenge progress. A “community call for action” is mooted, reflecting the arrangements proposed for community safety, together with the development of local triggers of cause for concern in communities about health and social care services and a requirement by agencies to act in response.

### **Next steps for councils**

Councils will need to look with their PCT(s) at the role of their Director of Adult Services and Director of Public Health in this context, including the possibility of a joint appointment.

Together they will need to begin their strategic assessment of the health and social care needs of the community and how services can be more closely integrated across the whole council in support of wellbeing, and particularly between children’s services, adult social care and the NHS.

Local Area Agreements will need to reflect the long-term strategy set out in the white paper, and propose action to promote better health and tackle health inequalities.

Health Overview and Scrutiny Committees can call for further monitoring and progress reports linked to the white paper.

### **IDeA activity in support of councils**

We will be working with the Department of Health, LGA, CSCI, SCIE and other partners to help disseminate the messages of the White Paper.

We will be working closely with councils and their PCT partners on the ‘Choosing Health’ Public Health issues as part of a programme of activity supported by the Department of Health.

We intend to bring Directors and Lead Members, and Chief Executives, together across the country to reflect on the challenges of the adult and children’s services agendas and share progress.

We will promote examples of good practice where we find them and help develop new materials to support change and improvement.

**For further information**

Visit the Department of Health website: [www.dh.gov.uk/ourhealthourcareoursay](http://www.dh.gov.uk/ourhealthourcareoursay)  
For the Local Government Association's analysis and views (set out in Briefing 234)  
visit [www.lga.gov.uk](http://www.lga.gov.uk)

**Andrew Cozens**  
**Strategic Adviser (Children, Adults and Health Services)**  
**Improvement and Development Agency**  
E-mail: [andrew.cozens@idea.gov.uk](mailto:andrew.cozens@idea.gov.uk)

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