A summary of:
‘A Vision for Adult Social Care: Capable Communities and Active Citizens’
Dept of Health, Nov 2010

Introduction
This is a summary of the Government’s new vision for adult social care which can be downloaded in full. Alongside that document, the Government also published the following documents that are not summarised here:

- Think Local, Act Personal which is a partnership agreement between many in the voluntary sector and statutory sector on the future of adult social care.
- Guide to improve lives of disabled and older people by building stronger communities
- Guide to market and provider development
- Guide to co-production
- Guide to safeguarding and personalisation
- Personal budgets – checking the results
- Guide to enable risk and ensure safety in self directed support

Values of the Adult Social Care Vision (pgs 4-5)
The Foreword contains three values that underpin the Government’s vision for social care: freedom, fairness and responsibility.

Freedom is achieved by making everyone eligible for personal budgets within the next two years and by giving professionals freedom from procedures and to work more closely with service users. We are concerned that the Government advise that Direct Payments are preferable to personal budgets, which generally create higher administrative burdens which often fall on carers. We will raise this with the Department of Health.

It is clear that increased use of personal budgets and Direct Payments will increase the number of carers managing these for the service user resulting in greater demand for services that help carers to manage personal budgets/Direct Payments. Carer services could consider how they respond to this.

Fairness is achieved by creating a lasting settlement on how care is paid for and by whom. Recommendations from the Law and Funding commissions will form the basis of
a White Paper, likely to be autumn 2011. The Government advises that part of fairness is supporting carers and giving more carers "direct payments for breaks from care". Again, we are concerned at the sole mention of direct payments as we have heard that carers are not happy at having to become the employer of a personal assistant to provide replacement care if that is what they choose to do with their direct payment.

Responsibility refers to communities and civil society having a responsibility for the well-being of the whole community and the promotion of independence. Community networks of support should be built with Southwark Circle mentioned, as well as time-banking and complementary currency schemes.

**Principles of the Vision (pg. 8)**
The Government lists seven principles:
- Prevention
- Personalisation,
- Partnership – among individuals, communities, voluntary and private sectors, and the NHS and councils
- Plurality – diverse market of high quality service providers
- Protection – safeguarding and risk management
- Productivity – measured against outcomes to improve transparency
- People – skilled workforce given the freedom to provide support alongside carers and service users

**Prevention**
Maybe more suited to the Partnership section, the Government here discusses the role that communities can play in assisting people who need support (pgs 9 – 11). They also mention a “scheme in Japan which allows people who live too far from their elderly relatives to care for them to partner with other families in the same situation and ‘adopt’ each other’s responsibilities” (pg. 10). We proposed creating and supporting such a network in our responses to the Carers’ Strategy refresh Sept 2010.

The Government declares that “carers are the first line of prevention” and as such need to be properly identified and supported. Councils should offer support to prevent needs and demand on statutory services escalating. They also advise that young carers should not be asked to provide inappropriate levels of care. (pg. 11)

Technology and re-ablement are also mentioned as parts of prevention. The Government has given the NHS £70m in new money for 2010/11 to expand re-ablement and has “earmarked” (i.e. not ring-fenced) approximately £300m p/a for re-ablement in the Spending Review (pg. 13). Services could use evidence to argue for investment in
supporting carers in the re-ablement process as researchers of four re-ablement programmes in England found that carers play a crucial role and that involving and supporting them can improve chances of long-term patient re-ablement.¹

The Government advises that councils should take leadership for health and wellbeing in their area working in partnership with the NHS to commission early intervention services such as re-ablement and telecare. They cite North Yorkshire Council has embedded telecare services in social care saving around £1m p/a (pg. 30).

**Personalisation**

People should get personal choice and control over their services - from supported housing through to personal care. Personalisation requires a cultural change in councils. The Government advises that there are five groups of people who will need more support to “manage a direct payment” (pg. 16):

- Older people
- People with learning disabilities
- People with mental health conditions
- People in residential care
- People who lack mental capacity – working with those close to them

There is only one sentence on individuals pooling budgets into a co-operative, although this method may be the way for people to retain control whilst still enjoying services with other people.

The Government want to see greater portability which they will consider in next year’s White Paper. (pg. 18)

The Government recognise that real choice requires information and advice which should include: good council information; user and carer-led organisations to provide support, advocacy and brokerage; information services that are available to all including self-funders (pg. 18). Harrow Council and shop4support are highlighted for their provision of information to enable choice (pg. 19).

Government want councils to:

- Provide personal budgets for everyone eligible for social care, preferably as a direct payment, by April 2013.
- Emphasise outcomes and choice in assessment and care management
- Improve range, quality and accessibility of information, advice and advocacy

¹. Reference to the research should be included here.
The Government want to increase numbers using personal health budgets and make it possible to combine health and social care personal budgets. (pgs 19 & 20).

**Plurality and partnership**

Councils have a role in stimulating, managing and shaping the market of providers, supporting communities, voluntary organisations, social enterprises and mutuals to develop innovative and creative ways of addressing care needs (pg. 21). There should be a fair playing field for providers, particularly for small providers who often struggle to engage with formal tendering processes but can offer individualised solutions. The Government suggests social impact bonds can be used to stimulate the market, which rewards the provider based on results. (pg. 22)

Joint Strategic Needs Assessments (JSNAs) should form the basis of commissioning strategies. Councils, NHS and other partners should jointly commission services, pooling budgets and use place-based budgets to co-ordinate activity. Local councils should also work with providers, charities, social enterprises and user-led organisations to deliver services (pgs.23 & 24).

**Protection**

A modern social care system needs to balance freedom and choice with risk and protection (pg. 25). Local government should act as the champion of safeguarding within communities. In developing our plans for legislation we will consider whether this function should be placed on a statutory basis and will work with the Law Commission to strengthen the law in respect of safeguarding (pg. 26).

**Productivity**

The Department of Health will amend the ‘Payment by Results’ tariff from April 2012 so that the NHS pays for re-ablement and other post-discharge services for 30 days after a patient leaves hospital. From April 2011, NHS Trusts will not be reimbursed for unnecessary readmissions to hospital (pg. 29). Some Trusts have already employed people with specific remit to look at improve discharge processes and it could be that carers’ services could successfully push for hospital liaison funding.

The Government expects councils to look closely at reducing their proportion of spending on residential care through improvements to community-based provision (pg.31).

Previous guidance that we have issued provided evidence that admission to residential care were due to carer-related reasons in 38% of occasions\(^\text{II}\), and that supporting carers
with breaks and emotional support can delay the need for residential care admissions by as much as 20 months\(^{\text{iii}}\) and 500 days\(^{\text{iv}}\) in two studies.

You can find how much your council’s average spends on residential care, home care, day care and direct payments, and also by type of user (65+, physically disabled etc) at the NHS Information Centre. You can also find out the number of service users, and their type, receiving services from the NHS Information Centre; see Activity Data.

As an example, I have projected how much Halton local authority could save by reducing residential care admissions. This is only a guide and is not 100% prescriptive but carers’ services could use this for their own area to show what savings could be produced by supporting carers.

It is reasonable that somebody who would have been in residential care might need higher than average costs of home care support so in my example, I have estimated the home care costs for these people to be 25% above the average and shown what a 10% reducing in residential care weeks could achieve. You may decide to vary these percentages.

**Halton Council 2009/10:**

<table>
<thead>
<tr>
<th>Type of service user</th>
<th>Average home care cost p/w</th>
<th>Average residential care cost p/w</th>
<th>Current total of weeks (columns AD-AG)</th>
<th>Total cost of residential care</th>
<th>10% reduction in residential care weeks</th>
<th>Increase in costs of care at home*</th>
<th>Savings to the local authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older (65+)</td>
<td>£159</td>
<td>£392</td>
<td>15,000</td>
<td>£5,880,000</td>
<td>£588,000</td>
<td>£298,125</td>
<td>£298,875</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>£218</td>
<td>£571</td>
<td>475</td>
<td>£271,225</td>
<td>£27,122.50</td>
<td>£12,943.75</td>
<td>£14,178.75</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>£528</td>
<td>£773</td>
<td>2090</td>
<td>£1,615,570</td>
<td>£161,557</td>
<td>£137,940</td>
<td>£23,617</td>
</tr>
<tr>
<td>Mental ill health</td>
<td>£63</td>
<td>£514</td>
<td>1650</td>
<td>£848,100</td>
<td>£84,810</td>
<td>£12,993.75</td>
<td>£71,816.25</td>
</tr>
<tr>
<td>Average (a) or Total (t)</td>
<td>£187 (a)</td>
<td>£448.34 (a)</td>
<td>19,215 (t)</td>
<td>£8,614,895 (t)</td>
<td>£861,489.50 (t)</td>
<td>£462,002.50 (t)</td>
<td>£399,487.00 (t)</td>
</tr>
</tbody>
</table>

The Government advises that separating responsibility for commissioning and providing services should become the norm so councils with substantial in-house provision should look to social enterprises, mutual and voluntary organisations, to replace them as a
service provider (pg. 32). The Government will also consider whether the law could allow self-assessments and assessments undertaken by user led and community organisations rather than councils.

The remit of NICE will be expanded to cover adult social care and will produce quality standards that bring together best practice on achieving outcomes (pg. 33). CQC will continue to be able to inspect councils and local HealthWatch organisations will be able to report concerns to HealthWatch England, which could request CQC to undertake inspections where it has grounds for concern about the quality or safety of social care or health services (pg. 34).

People
The Localism Bill will give organisations the ability to challenge local authorities where they believe they could provide services differently or better. Social Work Practices (SWP) are one example of running mainstream social care functions differently. They are professional partnerships of social workers, voluntary sector organisations and private sector organisations independent of the council that operate as social enterprises. Existing pilots currently focus on looked-after children. We will invite councils and their social workers to extend this opportunity to adult services during 2011. (pg. 37)

The Government will make proposals regarding professional regulation in health and social care within in the year (pg. 38).

The summary was produced by Gordon Conochie, Policy and Parliamentary Officer: gconochie@carers.org, 07766 410885

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1. Pg 31, Homecare Re-ablement Workstream, Care Services Efficiency Delivery Programme, 2007
2. Care Homes for Older People Volume 2 Admissions, needs and outcomes. Bebbington, A, Darton, R, Netten, A. PSSRU. 1996