

AGENDA ITEM: 6 Page nos. 26 – 36

Meeting Cabinet
Date 15 January 2007
Subject **Choice and Independence – A Vision for Adult Social Services**
Report of Cabinet Member for Community Services
Summary This report presents the vision for the future of Adult Social Services for the London Borough of Barnet. It proposes a radical shift toward giving more choice and control to the individual service user.

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Status (public or exempt) Public
Wards affected All
Enclosures None
For decision by Cabinet
Function of Executive
Reason for urgency / exemption from call-in (if appropriate) Not applicable

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1. RECOMMENDATIONS

- 1.1 That the strategic vision and direction for Adult Social Services set out in this report be adopted as the most effective way of meeting the changing aspirations of vulnerable Barnet residents by offering them and family and informal carers control and choice over their respective needs.**
- 1.2 That the Director of Adult Social Services be instructed to initiate a further report to Cabinet with a timetabled costed change plan, including a full risk assessment, for the operational delivery of this vision.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 The Council's *Joint Plan for Older People and their Carers, Living Longer, Living Better in Barnet* was agreed by Cabinet 3rd April, 2006 (decision item 9).

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Council has an overarching Corporate Plan which commits the Council to Supporting the Vulnerable in our Community with a specific objective to help people stay in control of their lives.
- 3.2 Our vision in Barnet is to be a successful suburb in a successful London. All our activities are based on five core values
 - Customer care
 - Local choice
 - An active community
 - Value for money
 - Facilitating success
- 3.3 The Sustainable Community Strategy for Barnet (2006-2016) identifies four themes and 13 ambitions, to be delivered in partnership. The Council's Key Priorities Plan sets out the detail of how Barnet's vision to be a successful suburb in a successful London will be delivered.
- 3.4 These strategic documents all strongly emphasize the Council's commitment to enabling Barnet's residents to live active, inclusive and safe lives, ensuring that they are well served and that services are fair for everyone.
- 3.5 Increasingly the aspirations of our citizens will mean that public services will need to offer highly individualised and personalised arrangements, rather than the more traditional approaches. Common themes in recent national policy documents have a strong focus on developing social care commissioning approaches which enable citizens to increase the influence they have over the services they receive by directing and purchasing their own care arrangements.
- 3.6 Recent policy developments such as the *Guidance on the statutory post of the Director of Adult Social Services*, Department of Health May 2006, and the recent Local Government White Paper *Strong and Prosperous Communities*, DCLG October 2006, set a policy direction which emphasizes Councils' leadership role to deliver strategic needs analysis, commissioning and market

development to meet the needs of vulnerable people and their family and informal carers.

- 3.7 In May 2006 the Audit Commission published a national report analysing the costs and benefits of choice in local public services, *Choosing well*. In this report, the Audit Commission clearly assert that “*the public wants more choice and has a clear view of the services in which more choice should be provided*”. Their report finds that the areas they examined “*suggest that choice can lead to higher-quality public services*”.
- 3.8 Significantly in our context, *Choosing well* references work undertaken by the Audit Commission in 2004 which showed that the public places different values on different kinds of choices. The two top choices expressed by just under 80% of the survey respondents were special needs education and choice of care for older people.
- 3.9 CSCI’s document *Relentless Optimism, Creative Commissioning for Personalised Care*, takes the principles of *Our health, our care, our say: a new direction for community services* and highlights that the introduction of the concept of personalised care services requires councils and their partners to reconsider the effectiveness of their public consultation and involvement strategies, and how they design services following consultation. “*The needs and expectations of people who use social care services should drive changes in the way that services are commissioned and delivered. Commissioners will need to make it a priority to find out what people want and need and involved them in considering how services can be developed based on their lived experience rather than on organisational systems and process.*”
- 3.10 This Cabinet paper sets out a vision for Adult Social Care which would set the policy framework for taking this agenda forward in a systematic way over the coming years. The vision responds directly to the challenge to increase the influence that that Barnet citizens have over the services they receive.
- 3.11 There are a number of Adult Social Services care group specific strategies developed by the various Partnership Boards.
- 3.12 The Council’s Joint Plan for Older People and their Carers, Living Longer, Living Better in Barnet’ agreed by Cabinet 3rd April, 2006 is evidence of the Council’s policy commitment to this agenda. The plan addresses the need for a wider approach to facilitate choice and independence, for example improved access to universal services such as leisure, libraries, volunteering, transport and income maximisation. It acknowledges the need for whole systems models to facilitate independence and the imperative for a joint approach with health to develop systems to support independence.
- 3.13 In August 2006 Barnet’s Learning Disabilities Partnership Board launched *A small plan to make a Big difference* (August 2006). This plan has six main themes – the “six big ideas”: Including Everyone to have a Real Say; Supporting Carers; Day and Employment Opportunities; Housing and Support in Barnet; Improving Health in Barnet and Working in Partnership.
- 3.14 Work is underway in the Partnership Boards to develop joint commissioning strategies with the PCT for Older People, Learning Disabilities, Physical Disabilities and Mental Health services. As this work progresses it will be reported formally to Cabinet.

4. RISK MANAGEMENT ISSUES

- 4.1 There are a number of risks associated with the implementation of this approach.
- 4.2 The Council currently commissions approximately 85% of social care from a range of independent sector providers; the balance of services currently delivered directly by the Council. Moving to arrangements where care packages are self-directed could result in customers choosing to purchase very different services.
- 4.3 Officers will need to work closely with service providers to enable them to position their businesses to respond to customer choice. In many cases this will mean re-negotiating existing contracts. Where providers are unable to respond to customer choice, their future viability may be in question. This will be equally true of adult social care services that are currently directly provided by the Council.
- 4.4 A recent Audit Commission Report, *Choosing Well*, comments that users greatly value how and when services are offered. Choice can give users more control and therefore increase their level of satisfaction with local services. They also found that choice might not improve the quality of services if the Local Authority lacks the capacity to implement it effectively. A careful long-term plan is therefore needed to ensure that the increased choice is beneficial to all those wishing a service, and to implement changes so that where necessary individuals and carers have the help to engage their choices.
- 4.5 Making significant changes in service design and approach often results in additional transitional and set-up costs. In *Choosing Well*, the Audit Commission sets out some of the costs and benefits of providing a broader range of service choice. The Audit Commission found that “for some local authorities, there is potential for greater choice to increase value for money, if they adopt a cost-effective approach.” Their report does conclude that there may be potential for efficiency gains, but that moving to a choice-base approach is likely to incur initial set-up costs.
- 4.6 Some of the services that people will choose to buy are independently regulated by CSCI. Others will not be. Self-directed care does mean that customers can make choices about how to manage risks associated with their individual lifestyle choices. This may feel uncomfortable for both members and officers used to the Council carrying much of this risk through controlling the service that is provided.

The discussion paper, *Making Choices: Taking Risks*, issued by CSCI this month, draws on the experiences and views of older people using social care in relation to staying independent and taking risks. Older people told the Commission that like other people, if they are to “have a life” they expect to

take some risks. The report highlights some of the risk-related factors that may prevent older people from living the way they choose and proposes some ways that social care can support people's aspirations and choices. These are very much in line with the thinking behind the vision proposed in this Cabinet Report. The paper will be used to inform the Action Plan which will take the vision of increasing choice forward

- 4.7 Some people who use our adult social services may have conditions which have reduced their cognitive capacity. It is important in moving to a set of arrangements where people have more power and choice to direct their own care that they are supported by access to personalised advocacy and support arrangements.
- 4.8 The Department of Health has been working on draft best practice guidance document on risk which it has indicated will be published in the spring. This is likely to draw on the work of the Better Regulations Commission who published a report on this topic earlier this year. *Risk, Responsibility and Regulation - Whose Risk is it Anyway?* Better Regulations Commission, 2006
- 4.9 The Department of Health, The Department for Communities and Local Government (formerly the Office of the Deputy Prime Minister), The Department for Work and Pensions and The Office for Disability Issues are working with 13 Local Authority pilot sites trialling a more personalised care approach. This approach offers people who use services and their family and informal carers opportunities to pool benefits and social services funding to arrange bespoke care arrangements. The Council would seek to learn from the findings of these pilots in preparing a full risk assessment of the operational implementation issues.
- 4.10 A different area of risk in developing the approach set out in this paper is the impact that it would have on the current performance assessment regime. National Adult Social Services performance indicators are based largely on traditional models of service. The Commission for Social Care Inspection is working actively and consulting on developing a performance assessment framework that is consistent with the values set out in the White Paper, *Our Health, our care, say*. It will be important for the Council to evaluate the likely performance impact that doing nothing would have when CSCI move to the new arrangements; and conversely the likely impact of changing an approach if the current performance regime remains in place for a while longer.
- 4.11 Any future Cabinet papers on operational delivery of this vision will explore and evaluate the risk issues more fully.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The Council has statutory duties to:
- Eliminate unlawful discrimination and harassment
 - Promote equality of opportunity
 - Promote good relations between people

- 5.2 The Audit Commission's report *Choosing Well* specially considered the relationship between equity and the effect of offering greater choice in the services they studied. They concluded that no clear picture had yet emerged and recommended further research.
- 5.3 The Audit Commission did analyse some of the findings of most recent British Social Attitudes Survey which in their view confirm "the conclusion the [Audit] Commission reached in 2004 based on public opinion research carried out for them by MORI: *"Those most reliant on public services are most in favour of choice; namely, women, those from lower socio economic groups, and black and minority ethnic respondents. More recently an evaluation of the London Patient Choice pilot in the NHS showed that actual take up of choice (as opposed to opinions collected through sample surveys) was as high among disadvantaged groups as among the more affluent, albeit with additional support, such as transport, to do so."*
- 5.4 CSCI emphasize the continuing role for Local Authorities in the development of personalised care to commission for the whole community and ensure a sufficiency of supply of care and support services for the diverse populations within the area they serve.
- 5.5 Enhancing user choice is a very strong lever for promoting equality of outcome based on tailored packages of support that address people's needs and preferences.
- 5.6 There are both threats and opportunities in relation to equalities and diversity in adopting this vision.
- 5.7 As part of the preparation of a timetabled costed change plan for the operational delivery of this vision, Adult Social Services would carry out an Equalities Impact Assessment which would explore the equality issues more fully, quantifying and describing the anticipated differential outcomes for our different communities and bring forward a change plan that exploited the opportunities and mitigated the risks.

6. FINANCIAL, STAFFING, ICT AND PROPERTY IMPLICATIONS

- 6.1 The Council's Medium Term Financial Strategy for Adult Social Services which Council will consider at the 19 December 2006 Council Budget meeting, supports the changes needed to deliver the vision outlined in this paper.
- 6.2 Officers would bring forward detailed financial implications papers as part of any future papers to Cabinet on operational delivery of the vision set out in this paper.
- 6.3 The approach set out in this paper would require a reorganisation of current Adult Social Services functions. We would anticipate developing a model of

service that established a “Creative Solutions” function where skilled and experienced staff would help customers put together a bespoke set of arrangements that are right for them and their families.

- 6.4 These “Creative Solutions” staff would be assisted by a Resource Allocations System that would allocate resources according to identified needs and risks and a means-test akin to the current Fairer Charging assessment.
- 6.5 Over time stronger choice and the purchasing power exercised directly by customers would promote greater flexibility of supply in the local care market.
- 6.6 The approach set out in this report does have significant training implications for social care staff both within the Council and in the independent sector. Much of the principles underpinning this approach are now being included in pre and post qualification professional training programmes as they reflect national and international social care policy developments. Nevertheless, the Council will need to ensure that local staff understand the vision and can work with stakeholders on its implementation.
- 6.7 As the use of ICT becomes more extensive in society, increasingly Adult Social Services customers and staff are developing their ICT skills as well as having very extensive access to ICT at home and in the community at large. The implementation of this vision assumes that this trend will continue, and the Council will be able to respond to citizens who wish to use ICT much more extensively.
- 6.8 Furthermore the vision set out in this paper of enhanced user choice and self-directed care requires much more sophisticated use and analysis of customer data in order to aggregate up individual need into strategic commissioning approaches.

7. LEGAL ISSUES

- 7.1 The national choice agenda for service users is well documented in the policy documents referred to in the body of this report. Although the Council must take account of a service user’s preferences when assessing need and making service provision decisions there is no statutory basis save for the 2 examples below for complying with a service user’s choice.
- 7.2 The National Assistance Act 1948 (Choice of Accommodation) Directions 1992 give service users a legal right to express a preference for accommodation. Guidance (LAC(2004)20) issued in 2004 reinforced this right to express a preference for accommodation and provided clarification in respect of the type of placements and circumstances to which the Directions apply. The Directions are intended to ensure that when councils with social services responsibilities make placements in care homes or care homes providing nursing care, within reason, individuals are able to exercise genuine choice over where they live. The National Assistance (Residential Accommodation) (Additional Payments and Assessment of Resources)

(Amendment) (England) Regulations 2001 give individuals the right to enter into more expensive accommodation than they would otherwise have been offered in certain circumstances.

- 7.2.1 The Health and Social Care Act 2001 made provision for the Secretary of State to make regulations compelling local authorities to make direct payments in specific situations. Regulations were indeed issued in 2003 which impose obligations on local authorities to make direct payments in certain circumstances. The government has also issued detailed practice guidance and is eager to increase the take up of direct payments. Direct payments must obviously relate to the users assessment, the service user must consent to the arrangement and s/he must be capable of managing the payment. The recipient of the direct payment must ensure that it is spent on services to meet the assessed need and the local authority can require repayment if it believes that a payment has not been used to secure the provision of a service to which it relates.
- 7.3 Re-negotiating contracts and or truncating existing contracts could have significant cost implications for the Council and will require prior legal advice as well as careful management.

8. CONSTITUTIONAL POWERS

- 8.1 Constitution, Part 3 – Responsibility for Functions – Section 3 - Responsibilities of the Executive.

9. BACKGROUND INFORMATION

- 9.1 In summary this document seeks support to develop a strategy and a timetabled costed change plan to implement arrangements for Adult Social Services that significantly increase the numbers of customers who directly purchase their own care and support arrangements, increasing choice for local people.
- 9.2 The proposed strategy focuses on people who are vulnerable and need Adult Social Services as well as family and informal carers. Carers provide a significant amount of support to their relatives. In the ONS Census 2001 approximately 28,100 Barnet residents were identified as carers providing unpaid care. Of these 4,603 were providing 50 hours or more care per week. Increasing choice for carers could have a positive impact on supporting their capacity to care as support would be more tailored to their needs.
- 9.3 The future vision proposed for Adult Social Services in Barnet is one that is based on providing more choice, independence and control for local people both now and in the future.
- 9.4 The Department of Health's White Paper, *Our health, our care, our say: a new direction for community services*, (Department of Health, January 2006), which was developed in extensive consultation with users and carers, sets

out a policy framework for modern community health and social care services with a strong emphasis on self-directed care.

9.5 *Our health, our care, our say* establishes an outcomes framework for Adult Social Services. In future Councils who provide Adult Social Services will be measured on their delivery on behalf of their citizens against the following outcome domains

- Improving health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination
- Economic well-being
- Maintaining personal dignity and respect

Councils will also be assessed in terms of their

- Leadership
- Commissioning of Resources

9.6 We believe that by helping vulnerable people and their family and informal carers to arrange their own bespoke support and care, we can achieve these important outcomes.

9.7 This vision of Adult Social Services is one that is rapidly developing nationally and internationally driven by choice-based policy across a range of public services and by opportunities that arise from the expansion of ICT and assistive technology, such as “smart houses” where a range of technological solutions enhance safety, mobility, communication, the ability to call for help, and where appropriate, monitoring.

9.8 This vision is one that would establish a new type of partnership between the Council, people who need Adult social care support, people who provide adult social care, and our communities; a partnership built on the principle of customer empowerment and choice.

9.9 The professional policy detail of this approach is summarised in CSCI’s recent guide on commissioning, *Relentless Optimism, Creative Commissioning for Personalised Care (September 2006)*.

9.10 The current approach to commissioning and delivering social care services for adults in Britain is the same in virtually all Local Authorities with social care responsibilities: the Council undertakes an analysis of a person’s needs accordingly to tightly defined criteria. People are then matched to a limited range of existing services – typically residential care, home care or day care. The starting point tends to be the availability of existing services, rather than the individuals needs and wants. There is little emphasis on services being developed or adapted to meet people’s individual needs. Too often we do not

give sufficient attention to the outcomes that our customers might want from the social services support that is on offer.

- 9.11 The vision set out in this report would result in that traditional model being replaced by self directed support. A person who needed care would do an assessment of their own need and the outcomes they would like to achieve. For some this could be through a web-based tool. The services they need are then worked out through a resource allocation system and a system of support arrangements. Once the Council has confirmed an individual's choices, people can then construct their own care package. People can design their own arrangements choosing a range of services that may bear little relation to the traditional menu.
- 9.12 A simple example might be a group of house-bound older people who might previously have attended a Social Services funded day centre, being helped to arrange to travel together by taxi to an older people's fitness session and lunch at a leisure centre.
- 9.13 The Council will be able to assist people in making such arrangements by providing access to skilled and experienced staff whose function would be a bit like a travel-agent; helping customers put together a bespoke set of arrangements that are right for them and their families.
- 9.14 In Barnet, service users are involved in the planning, monitoring and delivery of adult social services as well as engaged in the overall work of the Council through, for example, the Community Strategy. If choice is to be a real option for them it needs to go further than the limited choices that currently exist and extend choice through a variety of systems.
- 9.15 Direct Payments already exist in Barnet. The Council was an early pioneer of this approach. The uptake of Direct Payments has been increasing enabling people to take the funds that they are eligible for and spend them in a way that will meet their needs. They spend the payment in the way that they choose rather than on traditional services provided or purchased by the council. The strategy set out builds on the Council's successes in this area and develops the approach in a more comprehensive and radical way.
- 9.16 As highlighted in the risk section, the implementation of this vision will require officers to work closely with service providers to enable them to position their businesses to respond to customer choice. In many cases this will mean re-negotiating existing contracts. Where providers are unable to respond to customer choice, their future viability may be in question. It will be important for the Council to influence where possible, the direction of local supply so that there is a sufficient range of choice to improve the services which individuals and carers currently receive.
- 9.17 If vulnerable people can be assisted to make greater use of community facilities and businesses, then we would expect to see some reduction in more traditional social care services and a transfer of activity into the broader range of service industries.

- 9.18 The Council would wish to conduct local research to understand the choices that our local communities and individuals want, how this might impact on their sense of satisfaction with the support they receive, so as to assess how much choice our communities want to develop and how they wish to influence the standards of care that are being provided.
- 9.19 This vision set out in this paper is one that would establish a new type of partnership between the Council, people who need Adult social care support, people who provide adult social care, and our communities; a partnership built on the principle of customer empowerment, independence and choice.
- 9.20 It is intended that an Action Plan in support of this vision will be submitted to Cabinet in April.

10. LIST OF BACKGROUND PAPERS

- 10.1 *Choosing well, Analysis of the costs and benefits of choice in local public services*, Audit Commission, May 2006
- 10.2 *Guidance on the statutory chief officer post of the Director of Adult Social Services*, Department of Health, May 2006
- 10.3 *Our health, our care, our say: a new direction for community services*, Department of Health, January 2006
- 10.4 *Relentless Optimism, Creative Commissioning for Personalised Care*, Commission for Social Care Inspection, September 2006
- 10.5 *Risk, Responsibility and Regulation - Whose Risk is it Anyway?* Better Regulations Commission, 2006
- 10.6 *Making Choices : Taking Risks – a discussion paper*, Commission for Social Care Inspection, December 2006
- 10.7 *Securing Good Care for Older People; Taking a Long-Term View*, Derek Wanless, King's Fund, March 2006.
- 10.8 *Strong and Prosperous Communities*, DCLG October 2006
- 10.9 *The Wellbeing of the Nation*, Conservative Party Public Service Improvement Policy Group, October 2006

Any person wishing to inspect these documents should telephone 020 8359 4704

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