

The ADASS response to the Pause



Association of Directors of Adult Social Services- background:

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children Social Care within their Councils.

ADASS members are jointly responsible through the activities of their departments for the well-being, protection and care of their local communities and for the promotion of that well-being and protection through the use of direct services and the co-ordination of, and liaison with the NHS, voluntary agencies, private companies and other public authorities, as well as close working with the relatively newly transferred posts of Directors of Public Health.

Introduction:

We welcome the Government's decision to pause and listen and we remain wholly committed to working closely alongside all stakeholders in shaping and implementing the reforms critical to improved outcomes (as articulated in the Government's vision for Adult Social Care) set against a backcloth of increasing demands and rising pressures upon public finances.

Localism:

We fully support the statutory status afforded to the **Health and Wellbeing Boards**, bringing together politicians and clinicians in a meaningful strategic partnership, and we note that we have already made great strides towards realizing this opportunity through the establishment of over 130 Health and Wellbeing Boards "early implementers" delivering joined up solutions to local communities.

We wish to build upon these successes ([DH Website H&WB Early Implementers- case studies](#)) and urgently seek further amendments to improve local accountability, efficiency and transparency in delivering a modern, integrated health and social care service.

- Health and Wellbeing Boards must be given the responsibility for a strategic overview across the "area", holding commissioners locally to account, safeguarding citizen rights and leveraging improved outcomes for individuals and local populations

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- Health and Wellbeing Boards should ensure that commissioning plans are aligned to local health and wellbeing strategies, underpinned by local Joint Strategic Needs Assessment, creating synergy, integration and focus upon improved shared outcomes.
- We want to see clear and sensible alignment between the Health and Wellbeing Boards, the National Commission Board and Public Health England, creating a transparent local accountability framework that resists burden and increases effectiveness of local decisions in response to both national and local imperatives.
- A framework which encourages local arrangements to flourish, both releasing and harnessing local capacity in response to local conditions.
- We want Health and Wellbeing Boards to be given the responsibility for local public engagement, and in particular that all citizens are engaged through a range of local networks, including but not exclusively that of Healthwatch.
- We would like to see development of accountability locally, including developing the role of Scrutiny consistent with the development of integrated and joint health and care systems.
- Integration around the “individual” must be fully inclusive across the “patient pathway”, covering the NHS, hospitals, GPs, councils and providers.

Public Health:

We strongly support the transfer of public health responsibilities to local government, who are well placed, and experienced, to deliver localised integrated early intervention and prevention approaches to tackle health inequalities and promote healthier lifestyle choices.

Local Government is able to provide the strategic leadership for public health and within these new dynamic arrangements; we seek further amendments to the Bill as follows:

- A new focus upon those conditions, like strokes that have poor outcomes, with an adverse impact on people's independence.
- Clarity as to the Public Health funding allocation to support expectations set out in the Public Health White Paper
- Clarity as to the “dual accountability” of the Director of Public Health to both Public Health England and locally (to Health and Wellbeing Boards)

Nothing about us, without us:

Full engagement and partnerships with those individuals and local communities that benefit from health and social care is non-negotiable and is the foundation for holistic, integrated solutions to improved outcomes. With this in mind, we welcome the emphasis placed upon citizen representation and engagement but we seek further amendments to the Bill to fully ensure these ambitions:

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- The role of Healthwatch is welcomed and we seek assurances that all local people are represented in local commissioning decisions including those from other representative and advocacy groups in a meaningful way.
- The engagement role of Healthwatch must be effective and fully integral to local accountability.
- As previously stated, we urge that the health and social care service is designed around individuals and improving outcomes, built around the integrated outcomes framework.
- Social Care moves beyond the more traditional medical model of treatment and we seek commitment that the contribution of social care is clearly recognised and established within local commissioning decisions. This requires the need to build up models that support reform of social care both in its funding and delivery.
- The vital role of carers is clearly recognised and funding support is transparent to support carer breaks etc.
- Building “community capacity” is one of the bedrocks to an integrated and sustained solution and we welcome further explicit commitment by the Government to support this.
- The health and social care system is a people’s business and alongside structural reform the Government needs to pay due regard to workforce development, skills and competencies.

Sustainable Social Care Offer:

The significance of the long term funding of social care cannot be underestimated. We strongly welcome the widespread recognition of the importance of integrated commissioning and delivery. Growing demographic pressures against financial restrictions mean that the social care system which has been recognised as integral to the health system is under severe strain and not sustainable.

- We have welcomed the reviews of the legal framework for adult care and the funding of adult care.
- We strongly believe that all of government must pay due heed to the importance of the forthcoming review of care funding due to be published in July by Andrew Dilnot and that a cross government commitment is made now to a long term, sustainable social care offer is universally agreed and taken forward. Without such a commitment those that start to take forward bottom up integration of care and health will find themselves seriously disappointed and disillusioned as they meet barriers that only reform can move.
- We think that it will take time to build upon the reviews to create the modern framework for social care to play its proper part complementing the work of the NHS. The current pause has allowed broader public and professional reflection on the nature of change. We know that the public have a low understanding of social care and that there is a need to set out anew understanding of the responsibilities that are held by individuals, families and the state. ADASS is

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prepared to support that debate, so that we see the single, simple and modern system of social care would follow successful reform. We would welcome Government initiating some discussion about how we can develop that debate together.

- We acknowledge and welcome competition with the health and social care service where it drives up quality, but we also wish to see stronger emphasis upon choice.

Pace:

Finally, whilst we welcome this time to reflect, we also urge the Government not to lose momentum, but rather pace the reforms to address and synergise the pressing issues, such as Dilnot, whilst at the same time allowing for local arrangements to evolve and flourish.

Local authorities are at the forefront of reform and already work in close partnership across health and local providers in providing and seeking innovative and sustainable solutions to improved outcomes. We acknowledge the significance of the Health and Social Care Bill in the reforms, but it is also important to recognise that much progress is already happening beyond the boundaries of the legislation and that this should be allowed to evolve as local conditions dictate.

Conclusion

There is much that is good in the current health and social care system, but there is no ground for complacency. ADASS notes with concern the reports of the Ombudsman, and the work of CQC on the standard of hospital care for older people. These are signs of a system that is in urgent need of reform to cope with the new demands of an older population, living with long term conditions and a higher incidence of disability, we welcome a new integrated system with reformed care at the centre of a social model that allows everyone to enjoy the success of modern healthcare in longer life, with the joy of quality of life.

Peter Hay

President Association of Directors of Adult Social Services

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