

**Joint Response by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) to the Department of Health engagement on the draft Long Term Conditions Strategy**

**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 the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils.

The Local Government Association's (LGA) mission is to support, promote and improve local government. We work with councils to achieve our shared vision for local government by focusing our efforts where we can have real impact, being bold and ambitious, and supporting councils to make a difference, deliver and be trusted.

**Key Points:**

We welcome the opportunity to contribute to the early development of the Long Term Conditions Strategy. The response to long term conditions must be fully inclusive across the whole spectrum of conditions and as such is central to the overall reforms of health and social care, and with long term conditions policy transcending NHS, Public Health, Adult Social Care and the wider care sector, this proposed Strategy can provide a focus for integrated commissioning and service provision based around improving individual health and wellbeing outcomes and increasing personalisation and individual responsibility. This is vital to ensure that a social model of disability is adopted, as opposed to the medical model, which does not fully take into account the wider wellbeing needs of individuals.

It will be important that the development of this strategy is closely aligned to the overall health and social care reforms and included within the widely anticipated White Paper, and importantly, that the implications of developing and delivering the Strategy are fully costed and reflected in the funding settlement for adult social care (and the wider health economy). Adult social care is experiencing unparalleled demographic pressures upon its budgets (particularly driven by more people experiencing long term conditions) against a context of austerity measures and welfare reforms, and whilst reform is welcomed and embraced, the urgency for a sustainable long-term funding solution is paramount in taking these reforms forward - we can all agree structures, principles and policies but without proper sustainable funding they cannot be properly effective.

We welcome the draft "shared goals" of the Strategy (see below). These provide a very useful commentary on how services and support can be planned and commissioned to create joined-up integrated approaches that addresses improved individual outcomes and supports greater choice and responsibility. It is noted that these goals are already being applied across local services particularly through increased personalisation (both in social care and increasingly in the NHS), and integrated approaches to reablement and early intervention and prevention (including predictive modelling and risk stratification and the extended use of telehealth and telecare).

- People will be supported to stay healthy and avoid developing a long term condition, where possible.

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- People will have their conditions diagnosed early and quickly.
- Services will be joined up and based around individuals' biological, psychological & social needs.
- People with long term conditions will be socially included, including succeeding in work and education.
- People with long term conditions will be as independent as possible and in control of their lives (up to and including their end of life).
- People with long term conditions will be supported to stay as well as possible.

Councils are well placed and proactive in coordinating and addressing activities that support and enhance improved health and wellbeing outcomes for people with long term conditions. Councils have a broad portfolio of (personalised) universal services and support that focus upon tackling health inequalities, improving access for the most marginalised groups and encouraging increased use of community settings for care and treatment, whilst also supporting greater independence and choice of individuals and carers self managing their conditions, particularly as a results of good quality, timely and accessible information, advice and guidance. Councils also recognises the significance of accessibility to decent and warm housing for people with long term conditions and the impact this plays upon their health and wellbeing, and councils are working in partnership to improve access and availability to such housing. Finally, it is noted that Personal Health Budgets will also have the potential to empower people with long term conditions alongside Personal Budgets in adult social care. It is considered important that all these elements are reflected in the Strategy.

The Department of Health's own workforce strategy, 'Working Together to Put People First', and the joint work between Skills for Care and Skills for Health on developing the Common Core Principles for Self Care, all support the achievement all of the six shared goals.

In terms of greater cohesion and integration across health and social care, we note the importance of linking the delivery of the Long Term Conditions Strategy with the Integrated Outcomes Framework. We are working closely with the DH in the development of this framework and it is suggested that the Long Term Conditions Strategy includes a number of shared outcome indicators that will help align commissioning and service planning. Alongside the alignment of shared outcomes, we note the importance of inclusion of long term conditions outcomes / measures within the JSNAs (and NHS Operating Plan) and the corresponding local Joint Health and Wellbeing Strategies. These strategies drive integration at the front line, bringing together commissioning focus across health and social care, to be overseen by the Health and Wellbeing Boards. It will also be important that the national commissioning strategies of the NHS Commissioning Board (and its sub-national structure) and Public Health England align fully to the Long Term Conditions Strategy and the focus of these local Joint Health and Wellbeing Strategies.

This alignment with the Strategy should also be extended to the current implementation of the DH Mental Health Strategy and the emerging work of the Dementia Challenge. Both represent significant areas of long term conditions "activity".

Finally we note the continued existence of the National Service Framework (NSF) for Long Term Conditions and the NSF for Neurological Conditions, both of which have already set out priorities and principles relating to how the health and social care sector responds to improving outcomes for people with long term conditions. It will be important that the proposed Long Term Conditions Strategy builds upon these frameworks and the momentum that they generated so far.