

Our health, our care, our say: a new direction for community services

Executive Summary

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Reforming health and social care

1. Over the last few years, we have succeeded in improving many people's experience of health and social care. Hospital waiting lists and maximum waiting times are down. More people are supported in their home through intensive social care services. Cancer and cardiovascular services have changed dramatically, resulting in improved health outcomes for people with these conditions.

2. These improvements have been achieved through increased investment and by reform.

3. In the NHS, patients now have more choice of the hospital that they go to, with resources following their preferences. Patient choices have begun to play a role in developing the secondary care system, including driving down maximum waiting times. Because NHS Foundation Trusts have increased autonomy, they now use this to improve their performance. These reform principles – patient choice, resources following those choices and greater autonomy where it matters for local professionals – will now help to create the further improvements outlined in this White Paper.

4. We want people to have a real choice of the GP surgery to register with. The right of patients to choose one surgery over another will help to ensure that those surgeries are open at times that are suitable for them. Once registered, their GP needs to be empowered to commission the right services for their health care needs. This is why we are developing Practice Based Commissioning (PBC). If patient choice and PBC are in place, then health services will develop that are safe, high quality and closer to home, in the community. This has been a goal of health policy for some time and now it will be these reforms that directly provide the incentive for the health service to move services from secondary to primary care.

5. In social care, we have modernised services: setting national minimum standards; developing more choice of provider; investing in workforce training and regulation; supporting people to remain active and independent in their own homes; integrating social care services for children

with other local authority services; and creating Directors of Children's Services to ensure a strong, co-ordinated focus. We have set out a future vision for adult services in our Green Paper *Independence, Wellbeing and Choice*.

6. This White Paper confirms the vision in the Green Paper of highquality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs. We will build on what we have done, putting people more in control and shifting to a greater emphasis on prevention

We will move towards fitting services round people not people round services.

The context of the White Paper

7. Britain today is a country of extraordinary opportunity. In an era of globalisation and rapid change, we are one of the world's most open economies and a technology leader. We have a world-class environment for e-commerce. Our biotech industry is second only to the US. There are more people in work than ever before after the longest unbroken record of economic growth since records began. We have never been better educated, better trained or better connected.

8. In the future, exponential advances in trade and technology hold the promise of a dramatically more productive economy and medical science offers us the prospect of living longer to enjoy it. Britain can face the future more ambitious than ever for a society in which each of us can fulfil our potential.

9. People are living longer. We need to ensure this means more years of health and well-being. Those aged over 65 with a long-term condition will double each decade. Healthy living starts early. Not being in work affects people's health. Feeling isolated or not supported affects people's health and well-being. And health inequalities are still much too stark – across socioeconomic groups and in different communities requiring targeted, innovative and culturally sensitive responses.

10. Medical science, assistive technology and pharmaceutical advances will continue to rapidly change the way in which people's lives can be improved by health and social care. It is important that the organisation of care fully reflects the speed of technological change. Procedures that could once only take place in hospital can now take place in the community. Assistive technology raises more possibilities and more people can be supported safely in their homes. Scientific advance will continue to challenge the way in which we organise our services. It would be wrong to allow a traditional method of delivery to hold back progress.

11. To keep pace with this ambition, our health and social care systems need to be able to improve to offer world class services designed to fit with people's changing lives, their new expectations, ambitions and opportunities.

What the White Paper will achieve

12. This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in our Green Paper, *Independence, Well-being and Choice*. There will be a radical and sustained delivered – ensuring that the are more personalised and that they fit into people's busy lives. We will give people a stronger voice so that they are the major drivers of service improvement.

The White Paper is aiming to achieve four main goals

13. Health and social care services will provide **better prevention services with earlier intervention**. GP practices and Primary Care Trusts (PCTs) will work much more closely with local government services to ensure that there is early support for prevention.

14. We will introduce a new NHS 'Life Check' for people to assess their lifestyle risks and to take the right steps to make healthier choices. This will be a personalised service in two parts. First, the assessment tool will be available either on-line as a part of Health Direct Online or downloaded locally in hard copy. Second, specific health and social care advice and support for those who need it will be available.

15. We will bring in more support to maintain mental health and emotional well-being – something people raised with us as needing more attention. We will develop a high-profile campaign encouraging everyone to contribute to the drive for a Fitter Britain by 2012.

16. People give a high priority to convenient access to social and primary care that they can choose and influence. We will give people **more choice and a louder voice**. We will give patients a guarantee of registration onto a GP practice list in their locality and simplify the system for doing this. To help them in making this choice, we will make it easier for people to get the information they need to choose a practice and understand what services are available in their area.

17. To ensure that there are real choices for people, we will introduce incentives to GP practices to offer opening times and convenient appointments which respond to the needs of patients in their area. In social care, we will increase the take-up of direct payments by introducing new legislation to extend their availability to currently excluded groups and will pilot the introduction of individual budgets, bringing together several income streams from social care, community equipment, Access to Work, Independent Living Funds, Disability Facilities Grants and Supporting People. We will develop a risk management framework to enable people using services to take greater control over decisions about the way they want to live their lives.

18. We need to **do more on tackling inequalities and improving access to community services**. We will ensure that local health and social care commissioners work together to understand and address local inequalities. There will also be a clear focus on those with ongoing needs. We will increase the quantity and quality of primary care in under-served, deprived areas. And we will ensure that people with particular needs get the services they require – young people, mothers, ethnic minorities, people with disabilities, people at the end of their lives, offenders and others. In social care, we will develop new ways to break down inequalities in access to services, for example through Social Care Link.

19. There will be **more support for people with long-term needs**. People with long-term conditions will be supported to manage their conditions themselves with the right help from health and social care services. At the moment, half the people with longterm conditions are not aware of support or treatment options and do not have a clear plan that lays out what they can do for themselves to manage their condition better. If people have a clear understanding of their condition and what they can do, they are more likely to take control themselves.

20. We will support people to do this by trebling the investment in the Expert Patient Programme, developing an 'information prescription' for people with long-term health and social care needs and for their carers, and developing assistive technologies to support people in their own homes.

21. Many people with a long-term condition have social care as well as health care needs. To support a more integrated approach we will develop Personal Health and Social Care Plans and integrated social and health care records. To help people receive a more joined-up service, we will be establishing joint health and social care teams to support people with ongoing conditions who have the most complex needs. Carers are a vital part of the whole health and social care system – we will give them more support.

How are we going to achieve these improvements?

Practice Based Commissioning

22. Practice Based Commissioning will give GPs more responsibility for local health budgets, while individual budget pilots will test how users can take control of their social care. These will act as a driver for more responsive and innovative models of joined-up support within communities, delivering better health outcomes and well-being, including a focus on prevention. It will be in the interests of primary care practices to develop more local services, which will provide better value for money.

23. To assist this, we will explore changes to the Payment by Results (PBR) tariff to ensure it provides incentives to support the changes we want to see. PBC and changes to incentives together with pilots of individual budgets will together revolutionise the way care is provided with a much stronger focus on personalised purchasing.

Shifting resources into prevention

24. We must set out a new direction for health and social care services to meet the future demographic challenges we face. We must reorientate our health and social care services to focus together on prevention and health promotion. This means a shift in the centre of gravity of spending. We want our hospitals to excel at the services only they can provide, while more services and support are brought closer to where people need it most.

More care undertaken outside hospitals and in the home

25. We aim to provide more care in more local, convenient settings, including the home. Over the next 12 months, we will work with the Royal Colleges to define clinically safe pathways within primary care for dermatology, ear, nose and throat medicine, general surgery, orthopaedics, urology and gynaecology. We will achieve this partly by introducing a new generation of community hospitals and facilities with strong ties to social care.

Better joining up of services at the local level

26. At the moment too much primary care is commissioned without integrating with the social care being commissioned by the local authority. There will be much more joint commissioning between PCTs and local authorities. We will develop a procurement model and best practice guidance to underpin a joint commissioning framework for health and well-being.

27. To assist this, we will streamline budgets and planning cycles between PCTs and local authorities based on a mshared, outcome-based performance framework. There will be aligned performance assessment and inspection regimes. Local Area Agreements should be a key mechanism for joint planning and delivery. There will be a strengthened role of Director of Adult Social Care, a wider role for Directors of Public Health, and more joint health and social care appointments. Work by a new National Reference Group for Health and Well-being will provide a sound evidence base for commissioning, including evidence from the Partnerships for Older People projects.

Encouraging innovation

28. Innovation will be encouraged by greater patient and user choice. The more that people can ensure that services are provided to suit their lives, the more there will be innovative approaches to service development. In primary care, we will assist this process by introducing new 'local triggers' on public satisfaction and service quality, to which PCTs will be expected to respond publicly. In social care, direct payments and individual budgets will ensure that services have to develop in a more responsive way.

Allowing different providers to compete for services

29. In some deprived areas of the country there are fewer doctors per head of the population than in others. We will increase the quantity and quality of primary care in these areas through nationally supported procurement of new capacity with contracts awarded by local PCTs. To assist

this process, we will remove barriers to entry for the 'third sector' as service providers for primary care.

Conclusions

30. This all adds up to an ambitious set of actions for change. They will not happen overnight. But, as our investment in health grows, primary care and community services will grow faster than secondary care. Future investment decisions will have to be taken with that shift in mind.

31. Our strategy is to put people more in control, to make services more responsive, to focus on those with complex needs and to shift care closer to home. We will also get better value for money. The same procedure in primary care can cost as little as one third compared to secondary care. Wherever long-term conditions are well managed in the community, emergency bed days are diminished considerably.

32. People and patients want more safe health and social care in the community. That is not only better for people's health and well-being but provides better value for the public's money. This White Paper provides the framework to make that happen.