CHAPTER 1

Our ambition for community-based care
This chapter on our strategic direction includes:

• what we heard people say in *Independence, Well-being and Choice* and in *Your health, your care, your say*;

• the challenges we face:
  – demographic change;
  – the need to radically realign systems;
  – the need to work with people to support healthier lifestyles;

• the new strategic direction:
  – more services in local communities closer to people’s homes;
  – supporting independence and well-being;
  – supporting choice and giving people a say;
  – supporting people with high levels of need;
  – a sustained realignment of the health and social care system;

• support for the active, engaged citizen: making our vision a reality.
Our vision

1.1 People in the 21st century expect services to be fast, high quality, responsive and fitted around their lives. All public services should put the person who uses them at their heart. This applies especially to health and social care because all care is personal.

1.2 The care and support that we provide for people should enable them to make the most of their lives. The core values of the NHS and of social care already embody this principle.

1.3 In relation to social care, these values were clearly set out for adults in *Independence, Well-being and Choice* as more choice, higher-quality services and greater control over their own lives. For the NHS, fair access to individual health care at the point of delivery, irrespective of ability to pay, has been its guiding theme since its foundation in 1948. But stating values is not enough.

1.4 This White Paper puts those values into practice in a modern world. For values to be relevant they must reflect our changing society; to be at all effective they have to be part of people’s experience of care.

1.5 Our vision is of a new strategic direction for all the care and support services that people use in their communities and neighbourhoods. There are three simple themes, which came from people themselves.

- **Putting people more in control of their own health and care**
  People want to have more control of their own health, as well as their care. There is solid evidence that care is less effective if people feel they are not in control. A fundamental aim is to make the actions and choices of people who use services the drivers of improvement. They will be given more control over – and will take on greater responsibility for – their own health and well-being.

- **Enabling and supporting health, independence and well-being**
  We know the outcomes that people want for themselves: maintaining their own health, a sense of personal well-being and leading an independent life. *Choosing Health* laid down the Government’s broad programme for health improvement and this White Paper builds on that. Services in the community are at the frontline in delivering this programme.

- **Rapid and convenient access to high-quality, cost-effective care**
  When people access community services, they should do so in places and at times that fit in with the way they lead their lives. Organisational boundaries should not be barriers. Furthermore, services that would serve people better if they were placed in local communities should be located there and not in general hospitals. This will mean changes in the way in which local services are provided.
Listening to people

1.6 We set out to ensure that our proposals truly reflected the views of fellow citizens. Putting people more in control means first and foremost listening to them – putting them more in control of the policy setting process itself at national and then local level.

1.7 We therefore committed ourselves to two major consultation exercises designed to give people a genuine chance to influence national policy. The policies set out in this White Paper stem directly from what people have told us they want from health and social care in the future.

1.8 The consultation Independence, Well-being and Choice set out our aims for adult social care services. Around 100,000 people were involved. We published the results of that consultation in October 2005. Our proposals received very strong support.

1.9 To understand more fully what people want from health and social care services working together, we commissioned a large, research-based consultation using an approach not tried before in England. The views of over 40,000 people were heard through questionnaires and face-to-face debate by people randomly selected from electoral registers and

Figure 1.1 Sources of participation in Your health, your care, your say

Source: Opinion Leader Research
Note: On-line survey totals include hard copy submissions as well as electronic
42,866 took part in total:
• 29,808 people filled in the core questionnaire (on-line and paper versions);
• 3,358 people filled in the magazine surveys in Take a Break, Fit and Prime;
• at least 8,460 people took part in local listening exercises;
• 254 people took part in the four regional deliberative events;
• 986 people took part in the national Citizens’ Summit.
in local public meetings. The full report of this consultation – *Your health, your care, your say* – is published at the same time as this White Paper.

1.10 In both consultations we paid particular attention to engaging with people who are heard less often. We worked with the voluntary sector to consult people from black and minority ethnic groups, older people and people with mental health problems, and developed text in ‘easy-read’ format and different languages. These proved popular – 28 per cent of all submissions received on *Independence, Well-being and Choice* used easy-read versions.

1.11 We established five policy task forces to reflect on what people were telling us in these consultations, and a wide range of stakeholders from all sectors also contributed.

1.12 The messages from these separate consultations were wholly consistent. People had a lot to say that was good about the services available now.

1.13 They praised the broad range of services free at the point of need. They praised a wide range of professionals for their expertise and care. They praised service innovations such as direct payments in social care, NHS Direct, NHS Walk-in Centres and one-stop shops, on-line booking of appointments and text message appointment reminders. They praised the shift towards earlier preventative services and greater personalisation of care.

1.14 However, the public were also clear that they want and expect to see improvements in primary and community services. Those who are satisfied say they think they may have been lucky and do not think the

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**Figure 1.2 The public’s priorities**

People said they want services that are based around their needs and that:

- help them to make choices and take control of their health and well-being by understanding their own health and lifestyle better, with more support on prevention and promoting their independence;
- offer easy access to help when they need it, in a way that fits their lives. To get the service they need, people want more information about where it is best for them to go;
- meet the whole of their needs, particularly if these are ongoing, and support their well-being and health, not just focusing on sickness or an immediate crisis; and
- are closer to where they live, provided these services are also safe and cost-effective.

Source: Opinion Leader Research
system consistently delivers a satisfactory service.

1.15 They believe that they should be able to rely on the quality of statutory services, but their experience does not always bear this out. Because they pay for them – either through taxation or local authority charges – people should have a say in how they are designed and delivered.

1.16 They were also realistic about resources. They acknowledged that finance is limited and that staff who do their best can be hard-pressed. But this did not mean that services could only get better if there was more money.

1.17 People were clear about what improvements they would like to see. These are summarised in Figure 1.2 – and a more complete description of what was said is given in Annex A.

Our challenge

1.18 What people think is important in itself – but even more so given what we know of changing needs over the next 10 to 15 years and beyond.

1.19 One of the greatest long-term challenges facing the health and social care system is to ensure that longer life means more years of health and well-being. Most illnesses are avoidable. The Government has a duty to help people maintain good health and to avoid disease and poor health. Unless we act, longer life could mean more years of ill-health and distress.

1.20 It has been estimated that the number of people over 65 years old with a long-term condition doubles each decade. The number of people over 85, the age group most likely to need residential or nursing home care, is expected to double by 2020.

1.21 Furthermore, 6 million people in this country care for family or friends. About 1.25 million of them provide care for over 50 hours each week. People who provide these long hours of care are twice as likely to be in poor health themselves, and need to be supported both in their own right and in their role as carers.

1.22 These estimates show not only that the burden of ill-health could significantly worsen but also that the pressure of demand on a tightly stretched NHS could increase severely. A system like today’s NHS – which channels people into high-volume, high-cost hospitals – is poorly placed to cope effectively with this.

1.23 For people to receive responsive care and for resources to be more efficiently used, we need to realign the system radically away from its current pattern. Our collective challenge is to do all three of these:
- to meet the expectations of the public;
- The burden of ongoing needs is set to increase significantly. Already almost a third of the population have such needs.
• to do so in a way that is affordable and gives value for money for the taxpayer; and
• to shift the system towards prevention and community-based care.

1.24 The challenge is also for each of us as individuals to take responsibility for our own lifestyles and aim for a healthy and fulfilling old age. We know that there are people who will find this more difficult than others, including those suffering from limiting long-term illness, disadvantaged groups such as homeless people and those living in areas of multiple deprivation. We will ensure that people who are disadvantaged are supported to meet this challenge and live healthy and fulfilling lives.

1.25 Some have argued that it is impossible for health and social care services to meet the collective challenge. Certainly, a health and social care system that fails to tackle the shortcomings identified by people during our consultations will not do so. There has to be a profound and lasting change of direction.

A new strategic direction

1.26 Our vision is to translate what people have said into a new strategic direction. A strategic shift that helps people to live more independently in their own homes and focus much more on their own well-being. A strategic shift aimed at supporting choice and giving people more say over decisions that affect their daily lives. The more people have the right to choose, the more their preferences will improve services.

1.27 This will not, however, be at the expense of those with high levels of need for whom high-quality services – and, where necessary, protection for those unable to safeguard themselves – must be in place. In delivering this strategic shift, we are committed to a health and social care system that promotes fairness, inclusion and respect for people from all sections of society, regardless of their age, disability, gender, sexual orientation, race, culture or religion, and in which discrimination will not be tolerated.

1.28 Our longer-term aim is to bring about a sustained realignment of the whole health and social care system. Far more services will be delivered – safely and effectively – in settings closer to home; people will have real choices in both primary care and social care; and services will be integrated and built round the needs of individuals and not service providers. Year on year, as NHS budgets rise, we will see higher growth in prevention, primary and community care than in secondary care, and also resources will shift from the latter to the former.

1.29 It is important to be clear from the outset that we see a new direction for the ‘whole system’. This refers to all health and social care services provided in community settings. Specifically, these are:
• social care: the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships;
• primary care: all general practice, optician and pharmacy-based services available within the NHS (this White Paper does not include dentistry);
• community services: the full range of services provided outside hospitals by nurses and other health professionals (for example physiotherapists, chiropodists and others);
• other settings including transport and housing that contribute to community well-being.

Making our vision a reality

1.30 The purpose of this White Paper is not merely to provide a vision of what needs to be done, but to provide the means for achievement. Governments in the past have promoted elements of this vision. But this is the first time that a government has both laid out a compelling vision of preventative and empowering health and social care services and has put in place the levers for making this change happen.

1.31 Independence, Well-being and Choice set out a clear vision for adult social care which was overwhelmingly supported in the consultation (see Annex B). This White Paper confirms that vision and puts in place practical steps to turn it into a reality.

1.32 A powerful force for change in the NHS will be the reform framework, described recently in Health reform in England: Update and next steps. There, we laid out how greater patient choice and control, a wider range of providers with greater freedoms, stronger commissioning, new payment mechanisms and better information and inspection will all underpin the changes we are making.

1.33 For the NHS, between now and 2008 there will be a major continued focus on improving access to hospital care through the 18-week maximum wait target. With the quality of secondary care assured in this way, this White Paper moves on to the opportunities opened up by Practice Based Commissioning (PBC) and the new tariff (Payment by Results).

1.34 GPs and community-based professionals are closest to individual users and patients and, together with them, make the key decisions. So under PBC, GPs and primary care professionals – working closely with Primary Care Trusts (PCTs) – will have greater capability than ever before. They will have greater freedoms than ever before to commission health and social care services for the individual person.
In the past – and even under GP fund holding – primary care professionals controlled just a fraction of health resources. Under PBC, primary care practices will control the bulk of local health resources and will be able to use them to bring decisions closer to people.

The impact of choice and stronger commissioning will be greatly enhanced by the Payment by Results (PBR) reform. This sets a tariff that all providers receive for NHS work. The tariff provides powerful incentives for change.

It makes real to commissioners the benefits of promoting health or improving care for people with long-term needs, by making clear the costs of preventable illnesses, avoidable emergency admissions, poor medication prescription and use or lack of preventative investment in social care.

Given that the tariff is fixed, it also encourages commissioners to seek out providers who offer better quality care, or develop local alternatives that deliver, safely and effectively, the services that people want to use. It was first introduced in the context of the reform of the hospital sector. For this reason, not everything about the current structure of the tariff aligns with the radical shift that this White Paper seeks to achieve. So we will improve it.

Social care and primary health care services are embedded in our communities. They are part of the pattern of our daily lives. We will shift the whole system towards the active, engaged citizen in his or her local community and away from monolithic, top-down paternalism.

We see the foundation of this beginning at pre-birth, through infancy and childhood, and extending throughout people’s lives into old age. Making sure that from the beginning we give our children the right start in life is particularly important to achievements.

For the first time, patients and primary care professionals will be in the driving seat of reform, using local resources to invest in services and shape care pathways which are most appropriate for local people. As a result, the vision and reforms laid out in this White Paper will ensure that we achieve the best possible outcomes for the whole of the NHS budget by reshaping the way the whole system works.

We will also redesign the system ‘rules’ so they push decisions closer to the communities affected by them. The framework of priorities for the NHS and social care – set out in National Standards, Local Action and in the new Public Service Agreements – emphasises four main areas: public health, long-term conditions, access and patient experience.

Our ambition for community-based care
1.43 We will be taking work forward to relate these closely to the seven outcomes of adult social care (see paragraph 2.63). We will aim to produce a single set of outcomes across both social and health care which are consistent with those being consulted on in 2006 for use across all of local government.

1.44 There will be a new partnership between local authorities and reformed PCTs. They are both ‘commissioners’. This is the term we use to refer to the full set of activities they undertake to make sure that services funded by them, on behalf of the public, are used to meet the needs of the individual fairly, efficiently and effectively.

1.45 Commissioning has to be centred on the person using the service. Local authorities and PCTs together will focus on community well-being, with much more extensive involvement of people who use services and surveys of their views. They will take action when services do not deliver what local people need or if there are inequalities in quantity or quality of care. Together, they will drive the radical realignment of the whole local system, which includes services like transport, housing and leisure.

1.46 We need innovative providers – whether state-owned, not-for-profit or independent businesses, like primary care practices, pharmacies and many social care providers – that work together as part of a joined-up system. We also need to support different approaches from non-traditional providers. We will encourage the independent and voluntary sectors to bring their capabilities much more into play in developing services that respond to need.

1.47 We need strategies for workforce development that support radical shifts in service delivery and equip staff with the skills and confidence to deliver excellent services, often in new settings. Staff will increasingly need to bridge hospital and community settings in their work. And we will work with staff organisations to make sure the changes are implemented in a way that is consistent with good employment practice.

1.48 We need robust systems of independent regulation that guarantee safety and deliver assured quality while identifying areas for improvement.

1.49 Importantly, we need to ensure that there is a strong voice for people using services and for local communities in the way in which the whole health and care system is designed and works. This may well involve looking afresh at where services are best provided locally and making changes, after full consultation, to the balance between hospital and community settings.
Resources

1.50 The funding arrangements for the NHS and local authorities are different, reflecting their different roles as set out in Chapter 4. The majority of this White Paper’s proposals for local authorities are about better partnership working with stakeholders to deliver more effective services, while also achieving better value for money from existing resources. However, where there are additional costs for some elements of the proposals, we will make specific resources available to fund them, without placing unfunded new burdens upon local authorities or putting any pressure on council tax.

1.51 We will consider with key stakeholders, including local government, the costs as policies are developed further. We will review the financial impact on local authorities after the changes have been implemented, to ensure that the correct level of funding has been provided and to test the assumptions made.

Our proposals

1.52 We set out in this White Paper how we will do all of this. The next chapters explain our proposals for:

- helping people to lead healthier and more independent lives (Chapter 2);
- more responsive and accessible care (Chapters 3 and 4);
- better support for people with ongoing needs (Chapter 5);
- a wider range of services in the community (Chapter 6);
- ensuring these reforms put people in control (Chapter 7);
- the underpinning changes required to implement these ideas (Chapter 8);
- the actions and timetable for implementation (Chapter 9).

References

1 Independence, Well-being and Choice: Our vision for the future of social care for adults in England (Cm 6499), The Stationery Office, March 2005
2 Choosing Health: Making healthier choices easier (Cm 6374), The Stationery Office, November 2004
3 Responses to the consultation on adult social care in England: Analysis of the feedback from the Green Paper, Department of Health, October 2005
5 Health reform in England: Update and next steps, Department of Health, December 2005