

White Paper Impact Assessment

Published on 10th March, this partial regulatory impact assessment (RIA) provides the Government's early assessment of the likely impact of the policy initiatives set out in the 'Our Health, our care, our say: a new direction for community services' White Paper. The costs are preliminary estimates. What follows has been abstracted from the RIA document and refers only to the proposals for Social Care.

Background

The White Paper sets out the Government's proposals to improve social care and tackle the deficiencies that exist in the coordination of social care and health care services and other local services. The main elements of the proposals are:

1. The outcomes framework for social care services will form the basis of the future performance assessment framework for social care. This will clarify overall expectations of social care services and enable inspection and performance frameworks to be developed and to focus more systematically on benefits for people who use services.

2. Introduction of individual budgets (IBs) that will bring together a number of existing funding streams and allow individuals greater control over the resources they need to manage their care needs. The sites for 13 cross - Government pilot IBs for older people and disabled people were announced in November 2005

3. Extension of direct payments (DPs) to groups who currently do not have access to them. DPs are cash payments made in lieu of social services to those assessed to be in need of services. Proposed primary legislation would, for the first time, give some client groups, such as people who use mental health services, access to DPs.

4. Offer care plans for people who have both a long-term condition and a social care need, but who do not currently have access to them. These care plans will be produced by social care workers and will involve identification of an individual's key worker, agreeing desired outcomes and ways of achieving these, provision of information and advice, identification of preventive or health promotional action and establishing medicine review procedures where appropriate.

5. Pilot a common assessment framework that will ensure less duplication across different agencies and enable people to self assess where possible.

This will build upon the

Single Assessment Process (SAP) developed for older people and will help in consolidating the current assessment process and thus in reducing the total burden on local authorities and other providers.

6. Proposals to take forward development of the planning and performance assessment and management systems for social care and the NHS, so as to achieve greater alignment of the systems, and to develop Local Area Agreements (currently being piloted) as a means of encouraging joint planning in local areas.

7. Proposals to establish a new dedicated helpline for carers and allocation of money to councils to commission training for carers. Furthermore, we will ensure that in each council area, short-term, home-based respite support for carers in crisis or in emergency situations is established.

Anticipated Costs

The Government estimate that the annual costs (from 2008/09) associated with

White Paper Impact Assessment cont.

the proposals in the White Paper for ongoing integrated support for those in greatest need will be around £164m.

Proposals to improve end of life care are estimated to cost £54m in 2007/08 and £64m in 2008/09.

Long-term conditions demonstrator sites will cost around £15m in 2007/08 and 2008/09.

Establishing joint health and social care teams to support those with complex needs will require £4m per year to support team development and facilitate social care input.

Provision of an "information prescription" will cost around £5m in 2008/09 (£2m of which is covered by the Information for Choice programme) but this cost should fall over time. This information prescription will usually be filled in by health or social care professionals (e.g. GPs, social workers or district nurses). It is envisaged that the prescription will be provided during consultations that people with long-term conditions already have with these professionals.

Improving self care support in the ways outlined above will cost around £5m per year, in addition to a further £12m to extend the Expert

Patients Programme, as signalled in the Manifesto. Any care plans provided through a Directed Enhanced Service (DES) will be subject to negotiation.

Costs of demonstrator sites for psychological therapies is likely to be in the region of £3.5m.

Enforcement, Sanctions and Monitoring

To underpin the implementation of these proposals the Government aims to develop a balanced scorecard approach that will provide an assessment of progress by local authorities and health partners. The assessment will draw upon feedback from service users with the aim of developing user reported outcome measures that will help to assess the effectiveness and cost-effectiveness of new services and new services models.

The Commission for Social Care Inspection (CSCI) Performance Assessment Framework (PAF) will also be used to monitor progress, including the implementation of care plans for all those who want them.

A commissioning toolkit will be developed that will provide a framework for

commissioners to implement the changes developed in the White Paper.

Commissioning will be a more important part of performance assessment. Working with SHAs, the Healthcare Commission and CSCI, the Department of Health will develop during 2006 a revised assessment for PCTs and local authorities to focus on how well they are discharging their commissioner functions, separately and jointly. CSCI and the Healthcare Commission will also inspect local commissioners to ensure joint commissioning becomes a major part of commissioning work.

The full report is available at:

www.dh.gov.uk/assetRoot/04/13/13/78/04131378.pdf