

Caring For Our Future- Shared ambitions for care and support

This briefing aims to set out the main points in the Department of Health engagement exercise, Caring for our Future. It also aims to outline an initial response from the voluntary and community sector (VCS) to the most relevant issues raised- in order to spark debate and further input into a coordinated VCS response to the engagement exercise. The briefing should be read in conjunction with the questions specified by the Department of Health:

<http://caringforourfuture.dh.gov.uk/caringforourfuture/files/2011/09/SocialCareFeedbackForm.pdf>

If you would like to feed your thoughts, those of your organisation or the people you support, into our response to the engagement exercise- do contact us [using the details below](#).

Introduction to Caring For Our Future

The Government is committed to reforming the care and support system. The programme of reform started in November 2010 with the publication of the Vision for Social Care. In May 2011, **The Law Commission** recommended bringing together all the different elements of social care law into a single, modern, adult social care statute. Two months later the independent **Dilnot Commission on the Funding of Care and Support** reported its findings, making recommendations on how to fund care in the future as a partnership between the state and the individual. This engagement exercise, **Caring for our Future**, is being seen as the next step in getting reform right and the discussions will inform proposals that will go into the **Care and Support White Paper** in the spring.

Caring for our Future aims to discuss the priorities for improving social care with people who use care and support services, carers, local councils, care providers and the voluntary sector. Paul Burstow, Minister of State for Care Services, described this engagement exercise as being “about laying the foundations for fundamental reform of social care”.

The key things that the Government wants to hear from this engagement exercise are the priorities for the care and support system- what the VCS and the people we represent think are crucial to effectively reform social care. Conversations around the engagement exercise so far have highlighted that they would like to hear solutions to any issues raised- or at least suggestions for how to develop solutions.

Priorities for Care and Support

The Government has identified six areas that they think have the greatest potential to make improvements to the care and support system: quality; personalisation of care; integration; prevention and early intervention; shaping local care services; and the role of financial services. Each area for discussion is being led by a leader of the care and support community. The Government also wishes to engage its stakeholders around the findings from The Dilnot Commission on the Funding of Care and Support.

The next section of this briefing gives a short overview of each of the discussion areas and an initial response from the VCS, in order to start discussions about our priorities for reform and build a collaborative sector response to this engagement exercise.

1. Improving quality and developing the workforce

Quality of care is a central issue for service users, their families and the public. The Government aims to guarantee essential standards of safety and quality and make quality the guiding principle for adult social care. They want to agree what the priorities are for improving quality and supporting the workforce in future, including the roles and responsibilities of users, their families, staff, local authorities, providers and regulators in improving quality. The workforce is central in delivering quality services- including carers and volunteers.

In light of the fact that increasingly people will be making their own decisions about their care, using personal budgets, the kind of issues the Government wants to discuss include:

- how people are empowered to make choices about the care they buy and the kind of support they want from the social care workforce.
- what is the right approach to risk management? Getting the balance between enabling people to manage their own risks and protecting vulnerable people.
- how service users, their families and staff can raise concerns if they are not happy with the quality of care and to feel supported to speak out.
- what the balance should be between a national and local approach to improving quality and supporting the workforce.

Initial Response of the Voluntary Sector:

Measure of quality: quality is a much used concept in service delivery but there is no definitive system that assures the quality of provision. In the light of recent revelations about the abuse of people with a learning disability at Winterbourne View all provider organisations need to consider how they can ensure that the services they provide are of the highest quality. Provider organisations have to complete a myriad of processes to demonstrate “quality” including: contracting criteria, Supporting People Quality Assurance Framework, National Minimum Standards, REACH standards and other quality assurance systems and models such as ISO and Picasso. These measures need reviewing, from the perspective of the service user (user led initiatives) and the organisation, and a more sensible, all encompassing, easy to understand, less bureaucratic measure of quality developed.

This discussion area is being led by Imelda Redmond of Carers UK. More information about this discussion area: <http://caringforourfuture.dh.gov.uk/2011/09/15/quality/>

2. Increased personalisation and choice

Everyone lives in different circumstances which impacts on their care and support needs; we are all unique. The Government is aiming for everyone to have choice and control over the services they buy/receive, whether they fund their own care or receive a personal budget- the power should be in the hands of service users.

The main issue in this discussion area is how people, local authorities and providers can be encouraged to make “choice” meaningful. They want to understand what the priorities are for a truly personalised approach, so that it is the individual and not an organisation who decides the outcomes that matter most to them and how they are met, for example:

- what information and support people need to be empowered users and consumers of care.
- how people access services.
- how the care market can develop to offer a range of high quality services to meet people’s needs.
- how to support people make realistic and safe choices about the support they need.

Initial Response of the Voluntary Sector:

Although personalisation agenda is something greatly pursued by the voluntary sector, in the context of a restrictive economic climate, the experience of personalisation on the ground is not entirely positive. There are fears that this agenda aims to reduce costs more than to increase quality.

Able to buy less support: Experience of many people to date is that they are able to buy less support with a personal budget than they were able to before they were reassessed. This danger is not being explained before they are entered into the system. Some service users with a learning disability are also reporting being poorer than before as are having to use their own, limited funds, to subsidise care and support.

Access to information and advice: Brokerage and advocacy need to be funded to support people to access personal budgets and direct payments. User-led organisations have an important role in this, to offer peer support, positive role models and frank discussions about safety and risk. Care managers and key workers need to gain knowledge and confidence around personalisation in order to be able to accurately advise.

Issues in mental health: There have tended to be low uptake of direct payments, self directed support and personal budgets in mental health. Where people with mental health needs have used direct payments, research shows the impact has been positive. Many people who use mental health services, and their carers, are still unclear about personal budgets and direct payments- the implications for them. They have concerns are around the future stability of the support they depend on. Some people with mental health needs who want to consider a direct payment have found it difficult to get advice and information,

this may be due to lack of knowledge of care managers or due to stereotypes about individual capacity. More information can be found about these issues in Mental Health North East's report- Chaos or Empowerment: <http://www.mhne.co.uk/files/MHNE611.pdf>

Market transformation: For smaller voluntary sector organisations in particular it can be difficult to have the capacity to develop a business model that will help them to smoothly transition to more personalised funding. Thus there is a threat to continuity of care for service users, as the services become at risk of closure. What would help, as well as good communication for timelines of progression towards personalisation, is targeted business support for high quality provider organisations struggling to make the change. If an initiative such as the Transforming Adult Social Care Programme were planned to help transform the market- that support must be shared and not just be kept for internal local authority transformation. There are reports that some local authority areas have rarely signposted of personal budget holders to non local authority services. Choice has not been offered.

This discussion area is being led by Jeremy Hughes from Alzheimer's Society. More information about this discussion area:

<http://caringforourfuture.dh.gov.uk/2011/09/15/personalisation/>

3. Ensuring services are better integrated around people's needs

People's lives rarely fit into neat compartments. Getting the care we need may involve several different services and agencies. The Government wants to discuss how local services can work better together to meet people's needs, taking a wide view of what contributes to wellbeing including health, social care, housing, leisure, public transport and education. The aim of this discussion area is to come to an understanding of what the priorities should be so that services are designed around individuals, not organisations.

They want to hear our thoughts on the role of national and local government, the NHS and voluntary and community organisations in helping services join up around people, particularly how the right environment can be created to allow new local approaches to flourish in meeting local needs.

Initial Response from the Voluntary Sector:

Greater emphasis on prevention is crucial: it seems that the majority of funds are currently focussed on treating ill health rather than embedding wellbeing. When social care needs are met from the onset and health needs dealt with as soon as possible, people can lead the lives they choose, remain economically active for longer and cost the system less in terms of health and care services. This is the benefit of integration.

Communication: we need better systems for communication, learning and sharing information between communities and service providers and between different service providers and between the VCS and public sector). We should learn from where there is good cross sector communication- how to make it happen. It feels like some organisations hide behind data protection.

Workforce training should centre on building collaborative skills and effective commissioning skills, aiming to reduce silo-thinking. To integrate sectors- health and care workers and commissioners need to better understand the voluntary sector, which should be incorporated into training. Regional Voices offers to support the development of any such training. Workers in care and in health need the knowledge and the skills to raise service users' and patients' expectations; to drive change. Workers need to work with the social model rather than the medical model.

Engagement of service users should be central to the development of better and more coherent service user pathways.

Signposting: point of entry to care services is critical – who does the initial signposting to services and the knowledge and skills of that service will have massive implications for the resulting outcome. People need speed of access. If someone is in need then they should be able to get details immediately/accurately signposted. If decision making cannot be rapid then there needs to be an interim service available. Care needs to be long term, not just looking at immediate needs.

Health and Wellbeing Boards: Regional Voices welcomes the development of Health and Wellbeing Boards to lead on integrated commissioning in local areas. The joint strategic needs assessment and the joint health and wellbeing strategies need teeth! For example, if adult social services cut funding to disabled people, then the impact is measurable in terms of outcomes for individuals and greater reliance on health services. The public purse is not served. The Health and Wellbeing Board will need to lead on *preventative* commissioning.

Conflict of agendas: in mental health, where personalisation is being brought in for social care and payment by results is being brought in in health services, integration between health and social care suffers in consequence. Both agendas are hard to manage from a business perspective in a voluntary organisation- however together there is a conflict.

This discussion area is being led by Geoff Alltimes from Hammersmith and Fulham Council and Dr Robert Varnham, in conjunction with the Future Forum's workstream on integration. More information about this discussion area:
<http://caringforourfuture.dh.gov.uk/2011/09/15/integration/>

4. Supporting greater prevention and early intervention

The Government aims to focus on prevention and early intervention, across health, social care and public health, in order to help people maintain their independence and improve their health and well-being. This discussion area is aiming to take a holistic look at prevention and early intervention- wider than just social care. It encompasses physical and mental health, housing, benefits, employment and the impact of personal choice on health and wellbeing. It asks the question "can we create a world in which I have the right and the responsibility to co-design a better outcome now, rather than having to wait for a limited choice of crisis services later."

This discussion area aims to:

- balance funding to meet people's needs in the short term against funding more long term preventative measures.
- understand the business case for local partners and individuals themselves to invest in prevention and early intervention, including in technological innovation.
- as investment by one organisation in prevention may deliver savings to another, they want to think about how organisations can be encouraged to work together, what might stop them and what success means – e.g. reduce uptake of expensive services, reduce hospital readmissions etc
- think about how people can work together in new ways within local communities to build support networks and work alongside organisations to improve health and wellbeing.
- would a duty to have a range of preventative services in an area, compete with the duty to meet individual need at the high end?

Initial Response of the Voluntary Sector:

The VCS is well placed to demonstrate examples of preventative work saving problems later on.

Criteria for Funded Support: Currently assessment for local authority support for social care is anti-preventative. At lower levels of support needs, people either need to pay for support themselves or wait until the situation deteriorates until they are eligible for support. Thus individuals with less funds cannot pay for support they need to live the lives they wish to lead, placing a greater reliance on health services and thereby increasing health inequalities.

Clarity in the local offer in prevention and early intervention: it seems that some VCS provision will continue to be grant funded as part of a local authority's prevention and early intervention duty. Clarity in what falls under this offer would improve stability both for providers and for service users.

Interventions need to be long term: there are many examples of projects being funded, proven to be successful, then funding discontinued. This results in lack of stability for providers and service users.

Local and regional forums: investment should be made in encouraging providers to come together to share expertise and solve problems together. Both within and between local authorities. For example, to inspire each other about assistive technology solutions- which improve lives and make savings. [Local support and development agencies](#) and [regional networks](#) can support this sharing.

This discussion area is being led by Alex Fox of NAAPS. More information about this discussion area: <http://caringforourfuture.dh.gov.uk/2011/09/15/intervention/>

5. Creating a more diverse and responsive care market

The Government is committed to giving people choice and control over their care and support, so they can receive the services which best meet their needs. Individuals are increasingly purchasing their own services, either with their own funds or with personal budgets.

The Government is interested in our views on how diversity of supply, quality and innovation in the market can be encouraged. And also how to ensure service continuity should providers fail- how much market oversight there should be for care and support services.

They want to consider:

- how individuals can be supported to make decisions about the services they want to buy
- how the market can develop to respond to their choices.
- how they can support the growth of the care market to rise to challenge of increased demand and deliver responsive, high quality, efficient and innovative services
- whether better payment mechanisms for care providers can be designed and implemented.

Initial Response from the Voluntary Sector:

Signposting: There are interesting models developing of systematic signposting voluntary sector services (e.g. in Bradford, Cockermouth, London and North Tyneside). Good practice needs to be shared and built on, and there needs to be investment in further development in other areas. Linked to quality discussion streams- commissioners and personal budget holders need assurance that the services available are of sound quality.

Changes in contracting: commissioners need to work closely with service providers to transform local services to more personalised approaches. Simply ending block contracts and hoping the market will drive new service development wipes out services and therefore choices for service users.

Co-produce solutions: where difficult decisions need to be made about cuts to the cost of services, then there should be open discussions with providers about where savings can be made. Decision making should not be top down. Communicating issues well in advance of decisions being made and talking with local providers and their service users should lead to more creative solutions. Link to further resources- Towards More Effective Commissioning: <http://www.vsnw.org.uk/activities/health/commissioningproject>

Diversity: Good systems are patient/service user centred. This can be more difficult to achieve for hard to reach groups in mainstream service provision. The VCS is experienced at working with people with protected characteristics and responding to

individual needs. In this time of cuts, such services are being cut, meaning that more marginalised people are finding it difficult to have their specific care needs met.

This discussion area is being led by Peter Hay from the Association of Directors of Adult Social Services (ADASS). More information about this discussion area:

<http://caringforourfuture.dh.gov.uk/2011/09/15/care-market/>

6. The role of the financial services sector in supporting users, carers and their families

The Government aims to make planning easier for care and support needs in older age. The financial services industry may have a more important role to help people plan and prepare for the costs they will face in older age. Currently, the choice and range of financial products, such as insurance, to help people pay for care is very limited. It is hoped that reform of social care may make it easier for the industry to develop and sell affordable products.

This discussion area aims to understand how a more diverse financial services market could work alongside the state system to give people affordable choices to plan for the future costs of care and reduce the uncertainty and risk of very high care costs that they currently face. The Government want to see how the recommendations from the [Dilnot Commission](#) could be supported by the financial services industry. They want to see how a range of products (e.g. savings, pensions, insurance, equity release, annuities) might help people in a range of circumstances (e.g. different ages, levels of wealth or good health).

Initial Response from the Voluntary Sector:

Discrimination: the cost (and related quality) of insurance products tends to be proportional to the risk of cost to the insurance company. People who are more likely to experience higher care costs, such as women who tend to live longer, or those at genetic risk of specific conditions, may be excluded from some financial products and thus not be able to plan so effectively for their future. Government needs to ensure that people with protected characteristics are not discriminated against by any new system and are able to plan for a healthy and well supported older age.

National Care Service: when asked to feed into the Big Care Debate, in 2009, many members of the VCS considered the proposal fair, to raise taxation/national insurance contributions to pay for improvements in the care system. This would mean that all members of society would share in the cost of social care, and would benefit from this safety net for our society. This may reduce the risk of discrimination to specific groups from the financial service industry, as mentioned above.

This discussion area is being led by Nick Kirwan from the Association of British Insurers (ABI). More information about this discussion area:

<http://caringforourfuture.dh.gov.uk/2011/09/15/financial-services/>

7. Your views on the recommendations made by the Commission on Funding of Care and Support

Key to getting care and support right is developing a fair and workable funding system. The Government established an independent commission, [the Dilnot Commission](#), to examine the current funding system and to make recommendations about how to improve the funding of social care.

The main proposals included:

- Individuals' lifetime contributions towards their social care costs – which are currently potentially unlimited – should be capped. After the cap is reached, individuals would be eligible for full state support. This cap should be between £25,000 and £50,000. We consider that £35,000 is the most appropriate and fair figure
- The means-tested threshold, above which people are liable for their full care costs, should be increased from £23,250 to £100,000
- National eligibility criteria and portable assessments should be introduced to ensure greater consistency
- All those who enter adulthood with a care and support need should be eligible for free state support immediately rather than being subjected to a means test.

As part of the Caring for our Future engagement process, the Government wants to hear your views on the recommendations made by the Commission on Funding of Care and Support and how they should assess the proposals in relation to other priorities for social care reform.

Implications for the Voluntary Sector:

Current strain on the system: The Commission has highlighted the issues of consistent underfunding of the social care system, even taking into account the additional funds for social care made available in the spending review (some of that funding did not go towards funding social care). Eligibility criteria have become more restrictive and care packages much reduced. Regional Voices agrees with the Commission that funding for care and support needs to be substantially increased and also targeted more effectively so that it is spent on social care at a local level. If resources are not allocated to the care system, people with support and care needs may be likely to have no or reduced access to support, which puts pressure on their lives and also on public spending- as health and social care costs are likely to rise as a result.

Cap on costs: Regional Voices welcomes the proposed cap on care costs and for accommodation costs, for older people and those who develop care and support needs at a younger age. This should remove some of the stress from planning for care needs. However, we are wary that a two-tiered support system could emerge from these proposals; that only those with considerable resources can benefit from high quality care and support. It is imperative that the Government subsidised share of costs does enable individuals to have access to high quality care and support.

National eligibility criteria: The consistency that could be brought about with a national system of eligibility criteria and portable assessments would be most welcome. More welcome still would be portable *care packages* between local authority areas. The Commission suggests the national eligibility criteria being set at a minimum of “substantial” ([FACS Criteria](#)) initially. However, should the Government be serious about a prevention agenda, then eligibility criteria should be set at a lower level of care and support need.

Changes in benefits: Regional Voices is pleased that the Commission recommends retaining benefits like Attendance Allowance and Disability Living Allowance. However we are concerned about the replacement of DLA with the Personal Independence Payment and associated new assessment process. The reform of benefits looks set to cut 20% of the DLA budget which would result in many disabled people and carers having a seriously reduced income. As poverty was noted, in the [Marmot Review of Health Inequalities](#), as being the key driver for poor health and for widening health inequalities, it is essential that for the wellbeing of disabled people and carers that they are able to live on their state benefit entitlement. This links with the Caring for our Future priority around prevention-reduction in poverty for disabled people and their carers is an investment in the prevention of ill health- and a greater later cost to the tax payer.

More information about this discussion area:

<http://caringforourfuture.dh.gov.uk/2011/09/15/your-views-on-the-recommendations-made-by-the-commission-on-funding-of-care-and-support/>

Next Steps

This period of engagement runs until 2nd December. The Social Care White Paper is then due to be published in the Spring- probably April. If you would like to feed your thoughts into Regional Voices’ response to this engagement exercise- please contact us before the 25th November.

Ways to find out more/get involved:

Regional Voices will be compiling a response to this consultation for each of the 9 English regions- from the North East to the South West and pulling together a national picture of the voluntary sector’s priorities. If you wish to share your thoughts on the key issues in Caring for Our Future and priorities for the Social Care White Paper there are several ways you can get involved:

- (1) Talk to your regional third sector health and social care network-
<http://www.regionalvoices.net/the-regions/>
- (2) Contact Regional Voices directly on contact@regionalvoices.org or 0113 3942300.
- (3) Feed directly into the Department of Health’s engagement process:
 - The overview and easy read version of the engagement exercise can be found on:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129923

- The feedback form from the Government can be accessed on: <http://caringforourfuture.dh.gov.uk/get-involved/>

More Information

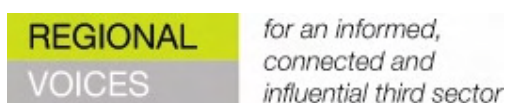
[Link to NAVCA/Regional Voices joint response to Transparency in Outcomes: A Framework for Adult Social Care](#) (February 2011)

[Link to Regional Voices briefing: A Vision for Adult Social Care: Capable communities and active citizens](#) (November 2010)

Link to Kings Fund briefing: [The Dilnot Commission Report on Social Care](#) (July 2011)

If you require this briefing in an alternative format or further information email or call:

Jo Whaley, contact@regionalvoices.org , 0113 3942300



In each of the nine English regions there is a network which champions the engagement of the third sector within the region. They provide the bridge between local and national policy and share good practice across the region. On a national level, Regional Voices connects each of the regional networks, enabling the critical connection between national, regional and local infrastructure. Regional Voices is funded through the Department of Health Third Sector Strategic Partners Programme to ensure input from the sector in developing health and social care policy and to support organisations to improve health and social care services. As one of the eighteen Strategic Partners, Regional Voices is strengthening links between the Department of Health and the third sector.

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