Caring for our future

Summary of responses
Caring for our future – summary of responses

The engagement

To help decide the approach to reform and understand the breath and depth of opinion, the Government launched *Caring for our future: shared ambitions for care and support* in September 2011. This ran until 2 December 2011.

During this period, the Government together with leaders from the care and support community, led discussions with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support. Each discussion leader was supported by a small reference group.

The discussion was based on six areas identified as having the biggest potential to make improvements to the care and support system. The recommendations of both the Commission on Funding of Care and Support and Law Commission were considered as part of these discussions:

- **Quality and workforce**: how could we improve the quality of care and how could we develop the future workforce to do this?
- **Personalisation and choice**: how could we give people more choice and control over the care and support they use, and help them to make informed decisions?
- **Shaping local care services**: how could we ensure there is a wide range of organisations that provide innovative and responsive care services and that respond to people’s needs and choices?
- **Prevention and early intervention**: how could we support more effective prevention and early intervention to keep people independent and in good health for as long as possible?
- **Integration** (in partnership with the NHS Future Forum): how could we build better connections locally between the NHS and other care services?
- **The role of financial services**: what role could the financial services sector play in supporting care users, carers and their families?

Who contributed?

Together we were able to reach out to a broad audience across the country, using a range of mechanisms:

- over 300 engagement events took place with the care and support community, ranging from meetings to larger-scale events and conferences;
- we received more than 640 separate pieces of correspondence, in the form of letters, reports, feedback forms and website comments; and
- over 14,400 people visited the *Caring for our future* website [http://caringforourfuture.dh.gov.uk](http://caringforourfuture.dh.gov.uk).

The engagement generated extensive material in a variety of forms, much of which was rich and detailed feedback. We would like to thank those who took the time to contribute and work with Government in such a collaborative way. It enabled us to hear the many different perspectives on care and support and helped identify the priorities for this White Paper.
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To inform our understanding and to feed into the policy development process for the White Paper, Ipsos Mori was commissioned to provide an independent analysis of the responses. This analysis has been published on the Caring for our future website www.caringforourfuture.dh.gov.uk and compliments the summaries of key discussions, which were also published during the engagement.

A breakdown of the respondents can be found in the Ipsos Mori report at the following link http://caringforourfuture.dh.gov.uk. Responses were received from people who use services and their carers, local authorities, voluntary and community organisations along with a wide range of other organisations.

What did we learn?

Analysis of all the contributions to the discussions were undertaken: website comments, the feedback forms, letters and independent reports submitted and summaries of events that were held.

Respondents highlighted the importance of ensuring high quality services, the key role of information and advice for service users and carers and the benefits of better integrated services focused on early intervention. Many service users and carers emphasised the importance of involving them in decisions about their care and support. Developing and training the care workforce was seen as a key priority for delivering improvements in the quality of care, as well as for taking forward other priorities for reform such as personalisation and integration.

The key issues each reform area considered are detailed at: http://caringforourfuture.dh.gov.uk. Feedback on the key reform areas is summarised below:

**Quality and workforce**

Respondents identified high quality care as central to the care and support system. They wanted clarity on what quality care in social care looks like that puts those using services first. Many respondents commented that the availability and quality of care is variable across the country.

Spelling out the roles and responsibilities of the different organisations and individuals in delivering quality care and support will help drive improvements. Greater clarity on what constitutes good in social care was also deemed to be important.

Arriving at standard definitions of quality across a plurality of providers is complex but it is important that there is an agreed consensus of what constitutes good quality of care based primarily on measurable outcomes for service users.

**Involve Yorkshire & Humber**

Involving users and carers by putting them at the heart of service design and decision-making was seen as integral in driving up quality in care and support. For example, ‘the need to be able to compare providers was raised by a number of respondents, as this is seen as a way to ensure quality and make the social care market work more effectively’.
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However, different degrees of user and carer involvement were suggested, from capturing and using feedback from service users to co-producing services with users and carers.

The care workforce was viewed as having a crucial role in delivering high quality care.

Quality is clearly the responsibility of staff of all levels not just frontline staff but also management, national commissioners, families, carers and individuals.

Turning Point

Career development and better training was deemed a priority. Whilst the workforce needs to respond to this challenge, respondents felt that quality of care is something we all have a responsibility for.

Responsibility and accountability for driving quality is shared across commissioners, providers, service users and carers, professional bodies and CQC.

London Borough of Barnet

Personalisation and choice

There was broad support for the principles of personalisation, but respondents felt that embedding personalisation into mainstream practice still requires fundamental behavioural and culture change within social care particularly amongst the care workforce.

All people with care and support needs should be able to benefit from personalisation, but it was felt that this is not currently the case. Although progress has been made on providing personal budgets for those eligible, there is still much to do realise their benefits, particularly amongst older people. For personalisation to be meaningful, people need support and information to make informed decisions about the care that best meets their needs and aspirations. Whilst there are examples of good practice in some local areas, overall, access to information is patchy, uncoordinated and in ‘serious need of improvement’.

Information is key: vulnerable people can only exercise choice and their right to personalised solutions if the options are presented to them in ways and formats they can truly understand.

NHS Blackburn and Darwin

The predominant view was that, whether a person funds their own care or receives a personal budget, people should have genuine choice and control over the services they buy and receive. Similarly, regardless of the environment and setting in which people are cared for, the principles of personalisation should apply.

There were concerns about the ability of the social care market to respond to choice. Commissioners and providers need to step up to the personalisation challenge to offer a greater range of services.
Personalisation cannot become a reality without a vibrant care market which delivers genuine consumer choice on a variety of services ranging from telecare to low-level preventative support and specialist services for people with complex needs.

**Carers UK**

**Integration**

The joint engagement carried out by *Caring for our future* and the NHS Future Forum on integrated care demonstrated widespread support for better integrated care in which services come together to meet people’s needs. This should include the broad range of services, which can help people live independently such as housing and transport, as opposed to just health and care.

Care closer to home should include a wide range of approaches involving more than just the integration of NHS and social care services but including housing, transport, education, employment, leisure and welfare services.

**NHS Confederation**

Whilst there was a range of opinion on the best way to achieve integration, respondents made clear that people should receive ‘the right services, in the right place, at the right time’ and focus on outcomes. People need the confidence that the services they need at different times in their lives will be there for them and be responsive. Respondents were generally very positive about the potential of health and wellbeing boards.

Whilst many barriers were raised to achieving better integrated care, there was significant support for finding ways to overcome them and some local areas have already begun to take innovative approaches to redesigning services. Driving integration forward requires everyone, from providers to commissioners, to play their part but it falls to ‘Government to prepare the way’. The NHS Future Forum provided Government with further advice and recommendations on this issue.

**Prevention and early intervention**

There was broad support for a stronger focus on prevention and early intervention so people get the help and support they need much earlier. There is currently too much focus on crisis interventions and not enough being done to prevent people’s needs from escalating, avoiding the need for care in expensive environments such as hospitals and care homes. More should be done to encourage and support people to take responsibility for their own wellbeing along with encouraging commissioners to invest in preventative type services to help people live independently. This includes equipping users, carers and professionals with better information and support to be able to choose and signpost services that will help them do this.

Health and wellbeing boards were considered well placed to drive early intervention and preventative services by ensuring that all of the different services are bought together in a strategic and coordinated way.

**Shaping local services**
Respondents gave a range of suggestions to increase the effectiveness of the way the care market works and responds to people’s needs. Currently, care providers are not adapting their offer to sufficiently meet people’s diverse needs and preferences. Better information to help people make informed decisions on which service and service provider to use, was considered as a key factor in achieving this.

Greater information on what is available locally is key. Without this clients don’t know what is available but also potential providers cannot identify niches which need to be met.

Public response

Many commented that commissioners and care providers need to think differently about the services that are being delivered and should come up with new ways to meet people’s diverse needs and preferences. Respondents felt that more effective commissioning, on the basis of outcomes, was required by local authorities to encourage quality, innovation and better value for money. Better information to help people make informed decisions on which service and service provider to use, was also considered as a key factor in achieving this.

There were many comments about how local authorities should take on a more strategic approach to overseeing and developing their local care market, including how to develop more constructive relationships with those providing services.

As part of the engagement, Government published a discussion paper on market oversight, following the problems faced by the large care provider, Southern Cross. Whilst no consensus emerged on the best approach to market oversight, there was widespread support for greater clarity in this area. People want confidence that any financial problems faced by a care provider will not end in care users and families suffering as a result.

The role of financial services

Respondents raised a number of barriers to developing financial products to help people meet their future care costs. A fundamental problem is that the public does not understand how the care and support system works, compounded by a tendency for people not to adequately plan and prepare for their future. There is also ‘the perception that care is the responsibility of the state’. Respondents felt that it should be easier and simpler for people to plan and prepare for the future including greater clarity on who is responsible for funding care costs. Respondents identified raising awareness of care and support along with information, advice and help with financial planning as important elements to changing people’s behaviour. There was broad consensus that with the right framework, financial services could play a more significant role in helping people plan and pay for care.

Many people do not wish to think about the future and a life where they may be ill, old, infirm or suffering from dementia. Given that, how they might pay for care further down the line is not likely to be uppermost in their thoughts.

Middlesbrough Council

The Dilnot Commission’s proposals
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There was broad support from respondents for the Dilnot Commission’s proposals. Key strengths of the proposals include giving greater clarity and consistency in the way people pay for care. However, there were concerns over the detail and complexity of the reforms, including implementation issues around how care costs would be ‘metered’ before hitting the cap.

**Law Commission’s recommendations**

There was widespread support from respondents for implementing the Law Commission’s proposals. One of the benefits respondents often identified was that it would help create the legal framework to support personalisation.

The Government’s response to the Law Commission demonstrates its commitment to modernising the legal framework for care and support, using the recommendations of the Law Commission as its basis.

**Cross cutting themes**

The analysis of the priority areas discussed during *Caring for our future* identified several cross cutting themes. Better information and support for users and carers emerged as a key priority for respondents across the six priority areas as it has the potential to improve quality, drive personalisation, encourage integrated care and stimulate the social care market. Better information within the care and support system was also seen as important for service providers, commissioners and regulators, particularly around sharing best practice and innovation, as well as providing relevant market data.

Respondents also recognised the crucial role carers play in the care and support system. However, to help them care effectively and balance caring with a life of their own, they need more support and better access to information and advice. Carers should be recognised in their own right and be involved in decisions about the person they care rather than seen as an extension of that person.

**The role of carers needs to be recognised and supported.**

Central Bedfordshire Council

**Equalities**

As part of Caring for our future we held events to understand the different experiences of particular groups, for example people from ethnic minority groups, faith organisations, rural communities, and lesbian, gay, bisexual and transgender people. Feedback from these groups stressed the importance of the care and support system adapting to increasing diversity so that all individuals feel treated with dignity and respect:

Lesbian, gay, bisexual and trans (LGB&T) people often face harassment or misunderstanding [...] or ignorance of their needs in [care] services so they often have to go back into the closet for fear of the reaction that they might get from care providers.

The National LGB&T Partnership
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This meant that care workers should be trained to understand the preferences of different cultural groups, and community groups should come together to offer peer support.

What did we hear?

In the latter stages of engagement, the discussion leaders and their expert reference groups were brought together over four separate days to share and test the emerging findings on the priority areas for change. The key discussion points of each day are already available on www.caringforourfuture.dh.gov.uk, alongside the overall summary the discussion leaders presented to Secretary of State for Health.

The emerging collective vision is for a re-engineered care and support system - from a crisis service to a wellbeing service that enables people to live fulfilling and independent lives. For individuals, carers and families, this vision would mean:

- There is overwhelming support to change the current system which is not meeting people’s needs and expectations, and will fail to meet the needs of the future. The cost of doing nothing will be felt by society and by Government if people do not get the support they need. The discussion leaders saw the Dilnot proposals as a potential game changer in the system.

- While there are challenges in the system that drive the need for change, there are also opportunities. For example, people have taken control over their support plan and money to buy new types of services - achieving better results with the same resources.

- Achieving this vision, will mean shifting resources across the health and care system, with different organisations working together to change the pattern of demand and costs for care and support.
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- Real change can only happen in partnership – between Government, the sector, communities and families. Behaviour and culture change are crucial to make the transformation needed to improve care and support.

Conclusion

There were many valuable and wide-ranging discussions during Caring for our future, all of which helped the Government to identify the priorities for this White Paper. It demonstrated the value of developing policies collaboratively with service users, cares and the care and support sector. Caring for our future showed there is clear agreement on the need for change in care and support.

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1 Ipsos Mori – Caring for our future engagement analysis, p216
2 Ibid., p198
3 Ibid., p57
4 Ibid., p11
5 Ibid., p106
6 Ibid., p14
7 Ibid., p198