

Building the National Care Service





Building the National Care Service

Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
30 March 2010

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Foreword by the Prime Minister

Caring for older people and those who need support is the hallmark of civilised society.

In Britain we don't just look out for ourselves, we also look after each other. It is part of the soul of our nation, underpinned by our core values of fairness and responsibility.

But in a time of economic restraint – and when people are living longer and families are squeezed by the twin duties of raising children and caring for aged relatives – our resolve is being tested.

We face a challenge no other generation has had to confront: an ageing population rightfully demanding greater dignity, self-respect and support in old age and increasing numbers of people with disability, rightly demanding care and support which enables them to learn, work and contribute to society.

The current care and support system is no longer sufficient.

It cannot meet our needs, nor match our aspirations. If left unchanged, it would not cope with the extra demand in years to come.

Our answer is bold, ambitious reform to create a system rooted firmly in the proudest traditions of our National Health Service.

Its creation in 1948 wasn't just one of Britain's proudest moments; it was also a profound statement of what can be achieved through collective will in the face of adversity.

It would have been easy for governments to meekly accept that our public services and welfare systems could not be a priority in such spartan post-war times.

But the enormous sacrifices of the wartime generation demanded that there had to be an ambitious programme for quality healthcare, alongside economic reconstruction.

Now that same generation is owed a further debt of dignity: to receive care and to stay in their homes as long as possible. Just as the National Health Service was born at a time when finance was tight, so too is now the right time to fundamentally change our system of care and support. For our ageing society the costs of inaction are simply too great.

Only through radical reform can the NHS and our care system work better together to improve care and make better use of resources. Only through radical reform can we offer far more people the opportunity for care in their own home, saving money compared with expensive residential care. And only through radical reform can we expect to make real and lasting savings and therefore protect those with homes and assets from the rising costs of care.

So reform will come in stages, each affordable and each offering more protection to those who need care.

This White Paper describes the route to the National Care Service – which will meet the needs of people when they need help, free when they need it. It will be for all – whoever you are, wherever you live, whatever your circumstances.

It will give people the choice and control they demand, to get the care and support they need. And it will realise a vision of personalised care; providing not just physical support but also peace of mind.

It is not right that people already struggling with the loss of independence – who have worked hard all their lives and saved for their retirement – are forced to run down their savings or sell their homes to fund their care.

So this is a new chapter in the story of our welfare state: a chance to change the way care and support are delivered.

The National Care Service is founded on our enduring belief in fairness and responsibility. By creating the right support and incentives to keep people in their own homes, we can begin to support people to live the lives they want to.

And most importantly, it will ensure that everyone has dignity and security in their old age and that people with disabilities are able to fulfil their potential.

I look forward to working with our partners in Government and beyond to make this vision a reality.

A handwritten signature in black ink that reads "Gordon Brown". The signature is written in a bold, cursive style with thick strokes.

The Rt Hon Gordon Brown MP
Prime Minister

Foreword

In the depths of the Second World War, William Beveridge inspired this country to battle the five 'giant evils' of want, disease, ignorance, squalor and idleness. Today, a fear of old age is just as great a challenge. People are healthier and living for longer. This is a great victory but the implication is that more people will need care and support. Left unchanged, this would push our current system of social care to breaking point. Through bold action now, we can give everyone the support they need to live the life they want.

The current social care system was designed for a different era and cannot cope with the challenges of today. A boy born in 1951 could expect to live for 77 years, while a boy born in 2008 can expect to live until he is nearly 89. Over the next 20 years, an additional 1.7 million people in England will have a care and support need. The present system means that many of those people will face high costs for their care. By reforming the care and support system now, we can make life better for millions of people and help everyone to contribute fully to society.

As a Government, we are determined to tackle this issue. We need a fair and affordable way of giving high quality care to everyone who needs it.

Last year, we published *Shaping the Future of Care Together* and held the Big Care Debate. With over 68,000 people taking part, it was the largest consultation ever on care and support. People told us that the time for reform has come. They told us they need a system that will support them and their families to live the lives they want, that will treat everyone with dignity and respect and that will give them choice and control over their care.

So we will, in the next Parliament, create a National Care Service that is universal and fair. We want to end the current unfair postcode lottery. Building on this, the Government believes that it is time to establish a comprehensive National Care Service for all adults in England, with care free when they need it, on the back of a clear national consensus on how it should be funded. It will give everyone the peace of mind that they and their families will be cared for should the need arise, and it will mean that no one need live in fear of losing their home or savings to pay for care.

To ensure that the National Care Service can provide high quality care, free when people need it, for generations to come, the Government believes it is right that everyone should contribute. At the start of the next Parliament, we will establish a commission to help to reach consensus on the right way of financing this system. The Commission will consider all the options for payment put forward by charities and the public as part of the Big Care Debate and at the Care and Support Conference.

This White Paper sets out an ambitious vision, balancing national consistency with the advantages of local flexibility, recognising

the key role of democratically elected councillors in configuring local services. Local government's strength comes from its closeness to the communities it serves. The National Care Service will bind this with a new vision of more personalised care for everyone, focused on keeping people well and independent. It will ensure that care organisations work better together, with a new duty for NHS bodies and local authorities to deliver integrated care. The bedrock of the National Care Service will be those who deliver care on the front line. We need to make sure this workforce is valued for the vital and excellent work they do every day.

It will take time to fully deliver our vision of a universal National Care Service, free when people need it. In the meantime, we will continue to make urgent reforms to the existing system to provide a better deal for families in England. We have made a start with the existing programme to transform adult social care and with the Personal Care at Home Bill. But we will go further. From 2014, anyone staying in residential care for more than two years will receive free care after the second year. This will mean that the most vulnerable in our society, those with the highest needs, will be protected from very high care costs.

This is an historic reform, bold and far-reaching. This White Paper is the first step in building a National Care Service of which we can all be proud and that will meet our care needs for generations to come. Together, we have shaped the future of care. Now is the time to take action.



The Rt Hon Andy Burnham MP
Secretary of State for Health



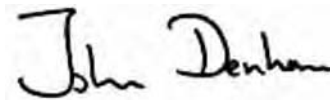
The Rt Hon Alastair Darling MP
Chancellor of the Exchequer



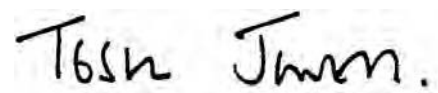
The Rt Hon Yvette Cooper MP
Secretary of State for Work
and Pensions



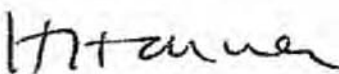
The Rt Hon Lord Mandelson
First Secretary of State and
Secretary of State for
Business, Innovation and Skills



The Rt Hon John Denham MP
Secretary of State for
Communities and Local
Government



The Rt Hon Tessa Jowell MP
Secretary of State for the
Cabinet Office



The Rt Hon
Harriet Harman QC MP
Minister for Women
and Equality



The Rt Hon Ed Balls MP
Secretary of State for Children,
Schools and Families



Phil Hope MP
Minister of State for
Care Services



Disability no barrier

“This is my son Jordan who is 20 and has severe cerebral palsy. He is also blind. He needs 24-hour care as he also has epilepsy. He loves outdoor activities and his laugh is infectious. Here he is at Calvert Trust in Devon, they are keen to help children and adults with all sorts of disabilities to access the outdoor activities that other people may take for granted. Not only did Jordan abseil but he used the zip wire and went on a horse and carriage. He had a great day. We would not be without him.”

Submitted by **Gaynor** to Images of Care and Support

Executive summary

Care and support is an issue which affects every family in every part of our country. In our ageing society, care for all of us when we need it in our later years is essential to ensuring dignity and peace of mind in later life. For disabled people and their families, the right care and support, with choice and control, is essential to ensuring that everyone can make the most of their chances in life, and that no talent is wasted.

This White Paper charts a course for the fundamental reform of the care and support system in England. It commits the Government to building a new National Care Service for all of us, offering high quality care and support for all – whoever you are, wherever you live in England, and whatever condition leads you to need care and support. This White Paper describes how, even through a period of financial consolidation, we can move forward with reforms to our care system over the next five years, extending entitlements and improving care.

Through the Big Care Debate, the Government has consulted on various ways of establishing a National Care Service. As a result of the views of the public, this White Paper commits the Government to a National Care Service in which everyone is protected against the costs of care and in which no one needs to lose their home or their savings to meet these costs. The creation of the National Care Service will ensure that a fair system, based on a principle of shared social insurance, is established.

The National Care Service will have fairness at its heart. Building on the same principle that has underpinned the National Health Service (NHS) for decades, once a fair and sustainable approach to funding has been established, we will move to a system where care is free when people need it. Everyone's homes and their savings that they have worked hard to build up will be protected from catastrophic care costs.

Now is the time for bold reform. With an ageing population, increasing numbers of people with complex conditions, and rising expectations, we must transform our current system so

that it is fair, simple and affordable for everyone and sustainable for the future. But we must also stop seeing an ageing society as a burden, and see instead the positive contribution that everyone can make to society and their community, whatever their age. The National Care Service will support everyone to help them live the life they want to live and contribute as fully as possible to their community.

The National Care Service will provide the care and support that individuals and families need, when and where they need it. It will enable people to become more than passive recipients of services; it will give them choice and control over their care. Carers will be better supported through clearer and more accessible information. They will have the peace of mind that the person they are caring for will receive high quality care and support. The National Care Service will be led by local authorities, in partnership with the NHS, and working with third sector organisations, the private sector and communities, to provide effective, higher quality services. This embodies the approach set out in *Total Place: A whole area approach to public services*.¹

We recognise that building the new National Care Service will be one of the biggest changes to the welfare state since the creation of the NHS. Just like the NHS, the National Care Service will be created at a time of fiscal consolidation.

To manage the impact on the public finances, and to ensure that it is affordable and sustainable, we need to build the National Care Service in stages. This is also in recognition of the significant changes that will be required to the system to make the vision of the National Care Service a reality. Though we will take a staged approach, we must make an immediate start.

The first stage is to create a step change in the provision of services in the home and in our communities. These services are essential if we are to ensure that more people are supported in their homes. Central to this is the Personal Care at Home Bill, enabling us to provide free personal care to people in their own homes, for those with the highest needs, from 2011. The first stage of reform will also see re-ablement services available in every community, ensuring that there is a service by which people are supported to regain their independence and confidence when they need home care for the first time. As part of the first stage we will also see through existing reforms that are already delivering real benefits for people such as the dementia strategy, the carers' strategy, Putting People First,² and the important reforms for working-age disabled adults in *Valuing People Now*.³

¹ *Total Place: A whole area approach to public services*. HM Treasury and Communities and Local Government, 2010.

² *Putting People First: a shared vision and commitment to the transformation of adult social care service*, Department of Health, 2007. See: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

³ *Valuing People Now: A new three-year strategy for people with learning disabilities*, Department of Health, 2009

The second stage of reform, during the next Parliament, will be to put in place the building blocks of a national system of care and support, in particular the establishment of clear, national standards and entitlements. This will begin to address the existing postcode lottery of care. We will introduce a National Care Service Bill early in the next Parliament as a major step forward.

We will establish a National Care Service Leadership Group by July 2010 to provide expertise and support delivery of the National Care Service. The group will advise the Government on a detailed implementation plan by the end of 2010.

From 2014 care entitlements will be extended, meaning that anyone staying in residential care for more than two years will receive free care after the second year. The first and second stages together will mean that the most vulnerable in our society, those with the highest needs, will be protected from very high care costs and that many more people will be supported in their own homes. People on low incomes will continue to have all their care costs paid by the state.

During the next Parliament, we will take further steps towards the full reform of the system – moving towards the third stage in which the comprehensive National Care Service becomes a reality, with care free when people need it.

To do this will require everyone to contribute through a fair care contribution. So at the start of the next Parliament, we will establish a commission to help to reach consensus on the right way of funding the system. The Commission will determine the fairest and most sustainable way for people to contribute. It will make recommendations to Ministers which, if accepted, will be implemented in the Parliament after next. The Commission will determine the options that should be open to people so that they have choice and flexibility about how to pay their care contribution. Our expectation is that the Commission will consider all the various options for payment put forward by stakeholders and the public as part of the Big Care Debate and at the Care and Support Conference. We will be clear about the principles we want the Commission to consider, such as fairness to all including between generations.

The final stage of reform, after 2015, will then be to establish the comprehensive National Care Service, on the back of a clear national consensus on how it should be funded.

The National Care Service will be for all adults in England with an eligible care need, free when they need it, whoever they are, wherever they live and whatever condition leads to their need for care. We will take forward the proposals of the Commission on how people should make their contributions to the system to ensure that the National Care Service is sustainable and can provide high quality care for generations to come.

What is care and support?

People rely on a wide range of support from their families, friends and communities, as well as state-funded support such as care in their own home, a residential care home, or financial support from the benefits system. All of these services combine to help people stay independent, active, safe, as well as possible and able to contribute to and participate in their local communities and society at large.

Many people think that care and support in England is part of the NHS, but it is not. The care and support system was not set up as part of the radical reform that created the NHS or the welfare state; rather it has evolved over the last five decades in response to people's changing needs.

This can be confusing for individuals who are seeking help for the first time. The National Care Service is designed to end this confusion. It will lead to much closer working between the NHS and social care.

Much has already been accomplished to reform the care and support system and ensure that those who need care are treated with dignity and respect.

The Disability Discrimination Act, strengthened by this Government, has given disabled people enforceable rights in many areas such as housing, education and employment. Campaigns led by disabled people have resulted in the introduction of personal budgets and direct payments, giving people more control over their care.

Putting People First has supported local authorities in transforming their systems to make care more personalised and preventative, and in improving access to information and advice. The Government has also set a strong direction with a number of important strategies, including the carers' strategy, the end-of-life care strategy, *Independent Living*, the dementia strategy, *Valuing People Now*, the Right to Control, the autism strategy and *New Horizons: a shared vision for mental health*.

The proposals in this White Paper are for all adults in England. When implementing the National Care Service, we will work closely with all three devolved administrations on any changes that affect them, in order to reach a shared understanding on how to ensure the best possible outcomes for all people in the UK.

The case for change

These changes demonstrate that the care and support system has already begun to evolve to meet the dual pressures of an ageing population and rising public expectations. Despite some improvements to many people's experiences, problems with the current system remain. There are still too many people whose main experience of the care and support system is one of frustration, poor quality and, in the worst cases, neglect.

Social care today is only provided by the state to those on low incomes who cannot afford to pay for themselves. Those who can pay for themselves are expected to do so, with no support from the state. This means that people may have to use up their savings and the value of their house down to £23,000 to pay for their care. For the large number of people who are expected to make provision for themselves, with no help towards the costs of care and support and no way to predict the costs they may face, the system can seem very unfair.

Over the next 20 years, an additional 1.7 million people in England will have a care and support need. The current system, in which people are expected to pay for their care if they can afford to do so, simply cannot cope with these pressures. Without reform, the system will quickly become unsustainable and many more people will go without the care they need or risk losing their homes to pay for their care.

There are significant social and economic benefits to reforming the current system. For example, without reform more people may have to leave paid employment to take on caring roles. The current system also means that too many people end up being looked after in residential care even when the majority of people would rather be looked after in their own homes. Rather than a cost or burden for society to bear, reform of care and support is an opportunity to invest in our future.

The Big Care Debate

The Government has listened to the views of the public and stakeholders through the 2008 engagement process, the 2009 Big Care Debate, and at the Care and Support Conference that took place in February 2010.

The formal public Consultation ran from 14 July to 13 November 2009 and more than 28,000 formal responses were received. Many stakeholders also ran events and mini-consultations on the Green Paper proposals in order to develop their own responses, engaging thousands more people in the debate. Ipsos MORI has produced a full independent analysis of the Consultation, *Shaping the Future of Care Together: Report on the Consultation*.⁴

⁴ www.careandsupport.direct.gov.uk

From the Consultation, we know that people want urgent reform of the care and support system to ensure that everyone in England gets the high quality care that they need and deserve. People strongly supported our vision for the National Care Service and what is required to deliver this vision. We recognise from the Consultation that there are a number of further areas where people want more clarity, notably around the role of carers and the workforce.

On funding the National Care Service, both the Comprehensive (where people get their care free when they need it in return for a compulsory contribution) and Partnership (where people would get a portion of their care paid for by the state but would have to pay for the rest) options were favoured. Of all the responses to the Consultation, the Comprehensive option came out as most favoured (by 41 per cent of respondents), then Partnership (35 per cent) and finally Insurance (where people could choose to take out insurance to cover their care costs) (22 per cent). Concerns about possible changes to disability benefits, such as Attendance Allowance (AA) and Disability Living Allowance (DLA), emerged as a major theme. Many people believe that disability benefits are one of the best parts of the current system, giving people choice and control over their care and support. There was some support for a care system funded entirely through general taxation. Any reformed system would clearly depend in part on general taxation, but we have ruled out a system funded predominantly through increased taxation on working-age adults. This is because this would put a very high and growing burden on those of working age as the proportion of people over retirement age increases.

In February 2010, we held the Care and Support Conference. This was an opportunity for stakeholders to debate further the issues outlined in the Green Paper and to present their views to politicians. Stakeholders again strongly supported the need for reform and our vision for the National Care Service. The conference also agreed that a collective approach to care, where the risk is shared across the population and people are not left struggling to cope by themselves, was the best way forward.

The vision of a National Care Service

After careful consideration and extensive consultation, the Government has reached the conclusion that it is time to build a comprehensive National Care Service that is universal and free when people need it. This will give people peace of mind that they will be cared for in the future if they develop a care need. It will mean that no one needs to live in fear of losing their home or savings to pay for care. People will be protected from the catastrophic costs of care that many people face today.

The debate around the future of care and support has often focused on older people, but the new care and support system is for all adults whatever their age and whatever condition leads them to need care and support. It will take account of how a person's needs might change over time – for example, some people's needs fluctuate as a condition gets better or worse, whereas other people may need care unexpectedly after an incident and require help to get back to their normal lives.

The Government wants to be bold in delivering a new care and support system that meets not only the care needs of people today but those of generations to come.

The principles of the National Care Service

The comprehensive National Care Service will be underpinned by six founding principles. These principles are enduring, and will be the foundation of the National Care Service for the future.

The National Care Service will:

1. **Be universal** – supporting all adults with an eligible care need within a framework of national entitlements.
2. **Be free when people need it** – based on need, rather than the ability to pay.
3. **Work in partnership** – with all the different organisations and people who support individuals with care and support needs day-to-day.
4. **Ensure choice and control** – valuing all, treating everyone with dignity, respecting an individual's human rights, personal to every individual's needs and putting people in charge of their lives.
5. **Support family, carers and community life** – recognising the vital contribution families, carers and communities play in enabling people to realise their potential.
6. **Be accessible** – easy to understand, helping people make the right choices.

What people can expect from the National Care Service

The Government believes that it is important to put steps in place now to start making the National Care Service a reality. Below we describe six pillars of the National Care Service:

1. Prevention and wellbeing services to keep you independent
2. Nationally consistent eligibility criteria for social care enshrined in law
3. A joined-up assessment
4. Information and advice about care and support
5. Personalised care and support, through a personal budget
6. Fair funding, with a collective, shared responsibility for paying for care and support.

1. Prevention and wellbeing services to keep you independent

We want the National Care Service, alongside the NHS and other partners, to focus on keeping people well and independent in their homes if that is where they want to be. This builds on the vision set out in *NHS 2010–2015: from good to great*,⁵ for a preventative, people-centred, productive NHS. It means encouraging everyone to have healthy, active and fulfilling lifestyles; supporting people when a care need first arises to stop the problem escalating; and helping those with greater needs to live safely, confidently and comfortably. An example is re-ablement, where anyone needing home care for the first time will be offered an intensive rehabilitation period to help them get back to their normal lives.

2. Nationally consistent eligibility criteria for social care enshrined in law

For the first time, there will be nationally consistent eligibility criteria for social care enshrined in law which set the point at which someone becomes eligible for state support in England. If someone moves to another part of England they will be able to take the results of their assessment with them – their assessment will be portable.

⁵ *NHS 2010–2015: from good to great*, Department of Health, 2009

3. A joined-up assessment

We want to improve the gateway for accessing social care and disability benefits to make it simpler and easier for people to apply for the support they need, and to provide a better service. We will begin by aligning the referral processes for social care and AA.

4. Information and advice about care and support

We want people who need, or who provide, care and support to have information and advice about what they are entitled to, how to apply for and receive care and support, and how to stay as well and independent as possible. We will ensure that relevant, accurate, and up-to-date information and advice is available to all, so that people can make informed choices about their care and support. We will provide this information at both national and local levels, working in partnership with the NHS and engaging community services such as libraries, GPs and pharmacies, to signpost people to the services available locally.

5. Personalised care and support, through a personal budget

Everyone will be entitled to a care plan based on their needs, which they will be involved in designing. Rather than being told what services they will receive, people will have to be offered a personal budget,⁶ giving them much more choice about how their care and support entitlement is spent. Some people will choose to take their entitlement as a direct payment in cash and use it to pay for everything themselves, while others will prefer to ask someone else to administer their personal budget for them. This will help support more people to be looked after in their own homes.

6. Fair funding, with collective, shared responsibility for paying for care and support

We want a system that is affordable to the individual, fair between the generations and sustainable for the state. In light of the demographic and social pressures on the care and support system, it is more important than ever that the cost of the National Care Service is fairly distributed – between the taxpayer and those requiring care, and between those who have retired and the working population.

⁶ A personal budget gives people a clear understanding of how much is to be spent on their care and support

Delivering the National Care Service

We think it is important to be clear what the vision means for people accessing care and support services, and how people might experience these services. Below we set out how we will make the National Care Service a reality, beginning by describing the work that is already under way to deliver universal services to support health and wellbeing, housing, and support for carers.

We then move on to talk about the six pillars, which combine into three key features of the care journey people will experience as part of the National Care Service: information and advice, nationally consistent eligibility and joined-up assessment, and a personalised and preventative care package.

Universal services

Local services play an important role in helping individuals and families by providing a wide range of universal services which benefit the community. Consistent with *Total Place: A whole area approach to public services*, local authorities will lead the National Care Service, in partnership with the NHS, and will work with partners in their area to ensure that appropriate universal services are available. The National Care Service should not be limited to people with a care need, but should also support everyone.

Housing

We have already begun to deliver a range of support for people at home, from technology and adaptations in people's homes to offering attractive, well-equipped homes with a community ethos that can cater for individual care and support needs as they develop, for example Extra Care Housing. As our society ages, people's housing needs will continue to change and it is vitally important that options are available locally that provide a genuine choice for people so that they can live independently, well and safely in a place that they have chosen as best meeting their own needs.

Carers

Millions of people provide care and support at home for a family member or friend. It is the hallmark of a civilised society. But we must do more to give support to those who provide such care. Building on the carers' strategy, our vision is for a National Care Service that provides greater personalisation of care, improves the quality of formal care, and works with employers and Jobcentre Plus to support carers. From April 2010, it will be possible to get a full basic State Pension based on caring responsibilities.

Three key features of the care journey

1. Information and advice

For many people, the first time they experience the National Care Service will be to search for information and advice, for example about what they are entitled to, what services are available locally and about how to keep well and healthy. There is a range of ways that someone might search for information and advice. For example, people might ask their GPs, contact a Citizens Advice Bureau or ask at a community centre, library or pharmacy. However people choose to search for information and advice, we believe it needs to:

- Be clear, accessible and relevant, making links to other services as appropriate
- Be accurate, easy to understand, and available to everyone, regardless of need
- Allow people to make informed choices about what kind of care and provider would be most appropriate for them.

In order to achieve this, the National Care Service will make information available in a variety of formats to explain who to contact for an assessment, how the assessment will work, what support will be provided by the state and what services are available.

In addition, local authorities will ensure that information is available on the full range of services available locally. The National Care Service will promote the information already available on Carers Direct and Directgov to help carers balance the pressures of caring and of living their own lives.

How we will achieve this

We recognise that it can be difficult to know where to start when searching for information and advice, so we will set up a national online information portal to provide a first point of contact for advice about care and support in a range of formats. Local authorities will continue to have a lead role in delivering care, so we will require them to provide consistent information to national standards in a range of formats, setting out the full range of services offered in their area and their costs.

2. Nationally consistent eligibility and joined-up assessment

The next key interaction individuals might have with the National Care Service is to have their care needs assessed. Under the National Care Service, we want to improve the gateway for accessing social care and disability benefits to make it simpler and easier for people to apply for the support they need. To ensure that the system is transparent, nationally consistent

eligibility criteria for social care will be enshrined in law for the first time and set the point at which someone becomes eligible for state support in England. Increasing national consistency in decisions around eligibility will help address variation based on where people live.

How we will achieve this

Currently, people who need care and support may have to apply for social care and disability benefits separately. We want to move towards creating a joined-up process that will give access to care and support services. We will begin by aligning the referral processes for social care and AA through a single portal to both forms of support.

We will explore whether a joined-up assessment could be further developed and extended in the future. Experts from a new National Care Service Leadership Group will explore the business processes, IT changes and legal requirements necessary to make this a reality. More details about this group are in Chapter 8.

The Government will:

- ask an independent group of experts to advise Ministers on the design of the nationally consistent eligibility criteria for social care
- consult on them before they are implemented
- legislate to enshrine the national eligibility criteria for social care in law for the first time.

The new eligibility criteria will be based on the following principles:

- The eligibility criteria should reduce the level of unmet need.
- Eligibility should be based on the five care and support needs:
 - be safe at home and free from abuse and neglect
 - stay well or get back to full health, where possible
 - participate in and contribute to society
 - undertake personal care (Activities of Daily Living)
 - undertake practical tasks (Instrumental Activities of Daily Living).
- As with the current system, eligibility will take account of the level of support someone receives from their carer(s).

Assessment will be portable, joined-up and subject to regular review and reassessment.

3. A personalised and preventative care package

People require different care and support depending on their needs. But regardless of their level of need, the care package they receive should give them choice and control over their care.

How we will achieve this

The National Care Service will embed the values set out in *Putting People First* by building personalisation into all aspects of care. Central to achieving this is giving people a clearer understanding of how much is spent on their care and support – a personal budget. This means giving people greater control over their care and support so that it genuinely meets their needs. Some people will choose to take some or all of their personal budgets as direct payments in cash.

Re-ablement is about helping people to regain skills or confidence they may have lost through poor health, disability, or from going into hospital or residential care. Re-ablement will be free for everyone who could benefit from it when they need home care for the first time. This will help them to regain their independence.

There are clear links between choosing to live a healthy lifestyle and minimising the chances of certain types of care need arising. Physical and mental wellbeing are key to reducing the risk of some conditions, including dementia and mobility problems later in life. In addition, effective self-care for existing health conditions can slow deterioration and keep people independent. The role of the state is not to replace carers, peer support, volunteering, social networks or self-care. It is to enable people to do these things, and more, for themselves and their communities, allowing both to benefit.

We know that many people who receive care and support would like to stay in their own homes, rather than move into residential care homes. We want the National Care Service to support people with that aspiration. As part of our detailed implementation plans, we will set out a challenging objective for the National Care Service to support more people to be cared for in their own homes. It is right that we offer people the choice to stay in their own homes where this is appropriate.

Embedding quality

Quality care and support

It is important that everyone receiving care and support is treated with dignity and that their human rights are respected. Everyone must be safe and protected, and have choice and control over the support they receive. This is how we can help people live as full a life as possible. Quality care should also lead to carers having greater peace of mind, confident that those they care for are well looked after, and feeling they have the right support to carry out their caring role.

We want people to experience high quality services every time they touch the National Care Service, whether they are looking at a website for information, during an assessment process, when using a prevention service, or being supported more intensively at home or in residential care.

From the consultation, we know that people want a National Care Service underpinned by high quality services. The National Care Service is our opportunity to step up the pace of improvement in terms of the quality of care delivered.

We therefore plan to:

- Better integrate services
- Support the workforce
- Introduce a quality framework for care and support.

Integrating health and care services and working with wider services

We know there can be real benefits when health and care staff manage services together. However, progress has so far been patchy. There are many areas where local authorities and primary care trusts (PCTs) have brought together their leadership and appointed joint executives. There are also good examples of local delivery through, for example, multi-disciplinary teams and preventative services. Although all local authorities and PCTs currently have the flexibility to integrate services, pool budgets and share staff, only a small number take advantage of this.

We know we can do more. We want to see more pace and greater urgency in integrating services, so that we deliver better outcomes for individuals, people are more satisfied and services are delivered more effectively. We are already implementing integration. We want to take another step forward and firmly embed joint working from the start. We will be flexible about how local areas can achieve this, but we will be firm about the requirement for it to be done.

We plan to:

- Introduce a new duty on all NHS bodies and local authorities to work together to deliver integrated adult care services.
- Explore with the National Quality Board how its role can best be used to improve quality in care and support as well as healthcare.
- Identify practical ways to encourage joint working between PCTs and local authorities, including exploring shared mandatory indicators for PCTs and local authorities, and joint commissioning on the key priorities identified by local areas.
- Use the new joint health and social care regulator, the Care Quality Commission, to support local progress on integrating services.

Workforce

We know the only way to deliver our ambition is to support those delivering front-line services. This is why we want a well-motivated, diverse and caring workforce; one which feels valued and rewarded for the important and critical roles they undertake for our society.

We are already working to attract more people to take a job, and build a career, in care and support. In 2009, the Department of Health published its strategy for the future social care workforce, *Working to Put People First*. It is important that we continue to build on this strategy. The Government is also pushing forward with reform of social work, having accepted all the recommendations of the Social Work Task Force.

Looking forwards, we are going to support the workforce in preparing for the National Care Service, working with the sector to ensure we have the right people, with the right set of skills, working in caring roles.

We plan to introduce a licensing scheme for all social care workers, whether in residential care, homecare or as personal assistants. This will be the basis of a Learning for Quality campaign, to raise the skills of the care workforce and ensure that they are valued for the vital and excellent jobs that they do. As part of this licensing scheme, employers who demonstrate that they meet high standards and invest in care will be recognised by a new National Care Service kitemark.

Introduce a quality framework for care and support

It is our intention to develop a quality framework for the National Care Service. A quality framework is all about how we make sure people are safe and treated with compassion, respect and dignity; it is about driving up the effectiveness of care, making sure that professionals have access to new and better ways of delivering care; and it is about making sure that everyone who touches the National Care Service has a positive experience. In principle, we want the framework to complement the NHS quality framework,⁷ as we believe this will help better align the delivery of care and health services.

We therefore believe that this quality framework should be based on seven principles:

- Stay ahead – by using research, technology and innovation to foster a pioneering National Care Service.
- Bring clarity to quality – by being clear about what high quality looks like and having a coherent approach to setting standards.
- Measure quality – by collecting data on quality, we can better understand how to improve quality, benchmark performance and help people to make informed choices.
- Publish information on quality – by monitoring and publishing information on performance, the National Care Service can better understand variation, identify best practice and focus on improvement.
- Recognise and reward quality – by recognising and rewarding quality, we can ensure the right incentives are in place to support improvements in quality.
- Safeguard quality – by regulating effectively, we can ensure all those using the National Care Service are safe and have confidence in the services they are using.
- Strong leadership – by providing strong leadership, we can drive the quality agenda forward.

Fair funding

The Government believes that now is the time to change the way care and support is funded in this country.

The current funding system

In most cases at the moment, the state only provides social care to those on low incomes who cannot afford to pay for themselves. People who need care in their own homes may need to pay for it themselves, depending on what support is available from their local authority. Many people have to give up paid work in order to become a carer for a family member or friend. Care costs can be

⁷ *High Quality Care for All, NHS Next Stage Review Final Report*, Department of Health, 2008

particularly high for those in residential care. Those who own their own home, and do not have a partner or dependent living in it, will have the value of their home taken into account when their charges are being assessed. Someone in this situation will have to use their savings and the value of their home in order to pay for the costs of residential care, and will only receive support from the state once they have £23,000 or less.

Under the current system, people therefore face the risk of very high care costs. We know three in four of those over 65 will need some care during their retirement; and around one in five will face care costs of more than £50,000. Those who need care and support from a younger age can face costs that are far higher. We do not think it is fair that people can be penalised so heavily, and so indiscriminately, because they need care and support.

The five funding options

In the Government's Green Paper, *Shaping the Future of Care Together*, we set out five funding options: Pay for Yourself, Partnership, Insurance, Comprehensive and Tax-funded.⁸

The Green Paper ruled out Pay for Yourself (on the basis that it was unfair that individuals who could not afford to pay for care would go without) and Tax-funded (on the basis that it would put too high a financial burden upon a decreasing proportion of working-age people).

After carefully considering the results of the Consultation, the Government has concluded the National Care Service should be based on the approach that received the greatest public and stakeholder support – the Comprehensive option.

There are many reasons why a comprehensive National Care Service is the right long-term decision:

- It supports all adults with an eligible care need with a universal entitlement to high quality care, when they need it, whoever they are, whatever their age, wherever they live in England, and whatever condition leads them to need care.
- It provides support based on need, not on the ability to pay.
- The costs of care, which are indiscriminate, unpredictable and often catastrophic, will be shared collectively, fairly and transparently, between the state and individuals.
- It protects people's savings and assets, in exchange for an individual contribution.
- It is accessible, easy to understand and provides peace of mind, as people will know in advance how much they will need to pay and that their care will then be provided by the state free when they need it.

⁸ *Shaping the Future of Care Together*, HM Government, 2009, pp. 105–8

We rejected the Partnership option from the Green Paper on the basis that it still leaves people exposed to catastrophic care costs. We also rejected the Insurance option because international experience showed that take-up would be low, meaning that risk would not be shared across everyone, and the resulting higher premiums would not be affordable for all.

The comprehensive National Care Service

The Government is committed to a comprehensive system in which everyone is protected against the costs of care and in which no one needs to lose their home or their savings to meet their care costs.

The comprehensive National Care Service will provide care, free when people need it, for all adults in England. Everyone with an eligible care need will have all their assessed care costs met by the state. Support will be provided for all forms of care: at home, in the community or in a residential setting. This support will be provided in a personal budget by local authorities. Individuals can then decide how their personal budget is spent to meet their care and support needs.

We think it is right that society takes collective responsibility for sharing care costs, in a way that will give people peace of mind and will allow them to plan properly for later life. For this to be affordable requires a care system in which everyone contributes, through a fair care contribution.

The Commission will determine the fairest and most sustainable way for people to contribute. It will make recommendations to Ministers which, if accepted, will be implemented in the Parliament after next. The Commission will determine the options that should be open to people so that they have choice and flexibility about how to pay their fair care contribution. It is vital that the comprehensive National Care Service is sustainable and fully funded.

Accommodation costs in residential care

Accommodation costs are not costs associated with the care individuals receive, but the costs of accommodation when in residential care. It is right that they are treated differently from care costs, since they include many of the things, such as food and utilities, which people living in their own home are expected to pay for.

Under a comprehensive National Care Service, the Government expects that people would continue to pay for their accommodation costs in residential care. We know that local authorities do a good job of securing reasonably priced accommodation in their local areas, but we want to ensure that reasonably priced and affordable accommodation is available in every area.

However, where accommodation costs are much higher than an individual's income, they can be a threat to their savings. As part of the fundamental reform of the system, we will ensure that for those who want it, that there is the option of a universal deferred payment system so no one has to sell their home in their lifetime in order to pay for residential care. In addition, the National Care Service Leadership Group will look at other proposals that could help people with accommodation costs.

Disability benefits

Disability Living Allowance and Attendance Allowance are important benefits, providing flexible support for the additional costs of disability to those who receive them.

We have long said that we would protect everyone currently getting DLA and AA in cash terms in any reform of the social care system. We continue to believe that this is essential.

This White Paper goes further and rules out any changes to DLA or AA in the next Parliament to fund the second stage of reform.

We know that AA and DLA are extremely valued by those who receive them. Through their provision of flexible cash support, these benefits give severely disabled people choice and control over their support needs. They enable individuals to make use of the vital networks of families and unpaid carers, and so live independently for longer, thereby reducing the need for higher level interventions and care. In many ways AA and DLA are the original personal budgets.

However, we also know that the interaction between social care and disability benefits can be complex and confusing. A comprehensive National Care Service needs to maintain the benefits of the current disability benefits system, but also look at developing a consistent, coherent approach as part of wider reforms. As we move forward to the third stage of reform, we will ask the Commission as part of their work to examine how we can improve care and support to make it easier for people to access all the support they need, and to look at the relationship between AA, DLA and social care. We will ask the Commission to look, for example, at the way in which AA and DLA (care component) are taken into account by local authorities and at ways of giving people more choice about both the care they get and the way they contribute to the National Care Service.

Making the National Care Service a reality

We have set out an ambitious vision for the National Care Service. But delivering the radical overhaul of our system of care and support during a period of fiscal consolidation will be challenging and we are therefore proposing reform in stages.

The first stage is to create a step change in the provision of services in the home and in our communities. These services are essential if we are to ensure that more people are looked after in their homes, and that costs in the system are to be controlled. Central to this is the Personal Care at Home Bill, enabling us to provide free personal care to people in their own home, for those with the highest needs, from 2011. We will also continue our reforms of extending personalisation, supporting carers, integrating services and consolidating national strategies which are already delivering real benefits to people.

The second stage of reform, during the next Parliament, will be to put in place the building blocks of a national system of care and support, in particular the establishment of clear, national standards and entitlements. Putting the building blocks in place will take time. So we must take immediate action and we must do this in partnership. We will establish a National Care Service Leadership Group by July 2010 to provide expertise and support delivery of the National Care Service. The group will advise the Government on a detailed implementation plan by the end of 2010.

In stage two we will also start to put in place the systems and processes to make the comprehensive National Care Service a reality. The Government will:

- Introduce a National Care Service Bill in the next Parliament. This will set out the duties of the Secretary of State and local authorities to provide care to those who need it.
- Enshrine national eligibility criteria for social care in law.
- Build a new quality framework to drive up quality throughout the care and support sector.
- Commission national information and advice through a range of approved information and advice partners. We will also look at how we can give people confidence in information and advice by developing a National Care Service 'brand' that people can trust.
- Consolidate on the reforms in *Putting People First* so every eligible person will be offered a personal budget.
- Introduce reforms to ensure that health and care services work together.
- Support the workforce in preparing for the National Care Service.

From 2014, care entitlements will be extended, meaning that anyone staying in residential care for more than two years will receive free care after the second year. At the start of the next Parliament, we will also establish a commission to help to reach a consensus on the right way of funding a comprehensive National Care Service. The Commission will also consider whether people should have a choice about how to contribute to the National Care Service.

The final stage of reform, after 2015, will be to move to a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it, whoever they are, wherever they live and whatever condition leads to their need for care. During this stage, we will take forward the recommendations of the Commission on how people should make their contributions to the system to ensure that the National Care Service is sustainable and can provide high quality care for generations to come.

Securing our care and support system over the next five years

The Government is determined to address the long-term challenges facing the social care system and to maintain and enhance the quality of care during a period of lower spending growth. Reform to social care must be consistent with plans for fiscal consolidation and reflect the tough decisions that will need to be made in the next Spending Review.

To ensure reforms to social care are deliverable and affordable, the Government is setting out a plan to realise significant efficiency in social care, through the radical reforms to the system this White Paper commits to and extending the role of the NHS in funding social care, in a reformed and integrated care system. The aim will be to deliver a total of £4 billion from 2014 through these means. The efficiency task force, announced at Budget 2010, will help to identify how this can be delivered, subject to final decisions in the next Spending Review and consistent with the protection for the front-line NHS budget to which the Government is committed.

In addition, Budget 2010 also announced a freeze in the inheritance tax threshold up to 2014/15 and a formal consultation on reforms to the Default Retirement Age. Spending totals will be set in the next Spending Review, when the Government will set out how best to use these additional funds to support social care.

These measures will allow the Government to deliver the new entitlement to free residential care after two years and help to maintain the quality of care in the years up to its introduction in 2014/15 in the face of demographic pressures. Future Spending Reviews will confirm these plans.

Conclusion

We want to build a new National Care Service for everyone, one that offers high quality care and support for all. This White Paper explains how we have reached this conclusion and sets out the key principles and practices that we will follow in bringing it to reality. Introducing a National Care Service is the most fundamental and ambitious change to the welfare state since the creation of the National Health Service and it will require all our efforts and our commitment to working in partnership to deliver the range and quality of care and support services that everyone in England has a right to expect.



Wendy and Vienna

“Wendy has Spina Bifida. When she and her husband began thinking about starting a family, she contacted the Association for Spina Bifida and Hydrocephalus for reassurance that it was OK to go ahead. Vienna is now 10 months old.”

Submitted by **Shelly** to Images of Care and Support



Vanessa and Terry

“Vanessa and Terry both have learning disabilities. We think this photo really shows the special bond between them in a natural environment, and shows the huge benefits that properly facilitated peer support can bring.”

Submitted by **Damien** to Images of Care and Support



Holiday afloat

“Taken on the Kennet and Avon Canal in June 2006. My friends and family enabled me to enjoy this holiday in an environment which is virtually inaccessible to wheelchair users.”

Submitted by **Marilyn** to Images of Care and Support

1

Introduction

Summary

Care and support is a combination of financial, practical and emotional support that helps people do the everyday things that most of us take for granted: getting out of bed, dressed and into work; choosing what and when to eat; leaving the house; being able to see friends; and caring for our families.

People are living longer with complex conditions and their expectations of what care and support they should be able to receive are rising. The current care and support system, where people receive care from the state only if they cannot afford to pay for themselves, is unfair and is not equipped to meet these challenges.

The Government, its partners and staff have been working hard over the last decade to transform our care and support system and much has already been achieved.

Now we want to take an ambitious step forward and build a National Care Service for all adults in England, one that not only meets people's care and support needs today, but also for generations to come.

This White Paper is in three parts. The first part sets out the case for change and the extensive consultation process we have been through to inform our proposals (Chapters 1 to 3). The second sets out the Government's proposals for a National Care Service and how we will deliver and fund that vision (Chapters 4 to 7). The final part sets out how we will make the vision a reality (Chapter 8).

This White Paper sets out the Government's proposals for a comprehensive National Care Service. The Government is committed to creating a National Care Service for all adults in England with an eligible care need that is free when they need it. The National Care Service will offer high quality care and support for all – whoever you are, wherever you live in England, and whatever condition leads you to need care and support.

We have made great improvements to the care and support system in recent years but without reform it will simply be unable to cope with the scale of demographic change we face. An ageing population and increasing numbers of people living with complex conditions will put increasing pressure on the system. We need to create a National Care Service that can meet the needs of all adults in England, now and in the future.

The National Care Service will support individuals, and their families, to live the lives they want to live. It will support people so that they become more than passive recipients of services; it will give them choice and control over their care. Local authorities will lead the delivery of the National Care Service and will work in partnership with the NHS, third sector organisations and communities to ensure the provision of effective, higher quality services.

The reform of the care and support system is taking place at a challenging time. In order for it to provide high quality care for generations to come, it is important that it is sustainable. A reformed care and support system will deliver economic and social benefits as people are supported and can contribute to their community and society to their full potential.

What is care and support?

Care and support helps people live their lives with dignity, safely and protected. It gives people choice and control over their lives, helping them to remain independent, active and healthy; and it supports people in participating and contributing fully to society and the economy.

Care and support is a combination of financial, practical and emotional support that helps people to do the everyday things that most of us take for granted: getting out of bed, dressed and into work; choosing what and when to eat; leaving the house; being able to see friends; and caring for our families. The care and support system responds to all different types of care and support needs, taking into account how a care need may develop and change over time.

Our care and support system is a partnership, in which many different people and organisations play a part. Many people rely on a wide range of support from their families, friends, volunteers and communities. State-funded support also plays an important role in helping to care for people in their own homes or in residential care, or through financial support. A number of state services come together to offer support.

- **Adult social care services** are available to all those with an assessed care need subject to a local authority means test. This includes services such as meals on wheels, social work, domiciliary care (care for people in their own homes), care homes, counselling, occupational therapy and support for carers including short-term breaks. Adult social care also includes recent developments such as telecare and re-ablement.
- **Housing-related support** services can help people live safely, comfortably and independently. The right sort of housing, such as Extra Care Housing, can make a real difference to the care and support someone might receive. It is also possible to make changes to people's homes to help them to get around safely, including adaptations such as handrails and walk-in showers.

- **Disability benefits** assist people, and their carers, with the extra costs associated with disability.
- The wide range of **universal services** provided in the local community also support and improve people's day-to-day lives. Services include help with entering employment, leisure and cultural facilities, and opportunities for lifelong learning.

What are the different types of care and support?

Personal care – the care you need to assist you with tasks of daily living such as bathing, eating a meal or getting out of bed. This care can take place at home or in residential care.

Home care – the care that is provided at home. This usually includes personal care, but can also include some non-personal care such as help with cleaning, shopping, or washing clothes.

Community care – the care that is provided in the community such as meals on wheels, day centres, short-term respite care, equipment, adaptations and telecare.

Residential care – personal care that is provided in an establishment which also provides residential accommodation.

Who is this White Paper for?

The need for care and support is not restricted to a particular age group or to particular conditions – people need care and support for many different reasons, at different times.

The proposals in this White Paper focus on care and support for all adults aged 18 or over, whether they are of working age, past retirement age or at the end of their life, and they apply to everyone who is eligible for care and support, whatever their condition, and for whatever reason they need care.

This White Paper is for the people who provide care and support to family members or friends every day. We know that to make the National Care Service work, we need to encourage everyone to do more for each other, whether this is neighbours, friends or family members. Carers are the mainstay of the care and support system and we recognise the incredibly valuable role they play. This role can be tremendously rewarding, but we also know that taking on caring responsibilities is demanding and can lead to carers becoming isolated. It may also affect a carer's own mental and physical health, and reduce their opportunities to work. We believe that caring for someone can be a great opportunity for people to develop new skills, can build strong family and community relationships and have a positive impact on society; but we also believe that carers need support and should have the same opportunities as everyone else to live the life that they want.

This White Paper is also for volunteers and third sector organisations that provide valuable support and assistance to many individuals and families. The effect of local community support on the quality of people's lives is significant for everyone, but can be even more important in the life of a person who has care and support needs. This White Paper wants to promote social capital by engaging with and supporting local communities.

Finally, it is for all those who deliver services every day: people within local authorities who commission services and undertake assessments, those in private bodies and third sector organisations who provide services, and those working day to day supporting individuals. It is also for those in the NHS, and other relevant services such as housing, who play a vital support role.

The care and support system today

The social care system was not part of the reforms that led to the establishment of the NHS, and historically the state provided support only for those with no family and who could not afford to take care of themselves. In the early years of the welfare state, society also looked very different: a man born in 1951 could expect to live to age 77;¹ a man born in 2008 can expect to live to nearly 89.²

Over time, the care and support system has evolved to respond to changes in society and to changing needs. Today, we have separate systems for health, social care, disability benefits and housing support – all have evolved independently to meet people's needs. Many different individuals and organisations are also involved in providing this care and support.

Social care today is provided by the state only to those on low incomes who cannot afford to pay for themselves. Those who can pay are expected to do so, with no support from the state. This means that people have to use up their savings and the value of their house down to £23,000 to pay for their care. For the large number of people who are expected to make provision for themselves, with no help towards the costs of care and support, the system can seem very unfair.

The legislative framework for adult social care in England has evolved over time. This has led to a sometimes confusing picture of conflicting laws enacted over a period of 60 years. There is no single, modern statute which offers clarity for service providers and people with care needs so that they understand whether services can or must be provided and, if so, how.

“Care and support should be everyone's concern. It should engage individuals, families and communities, business and employers, planners, house builders, providers of culture and sport. Success relies as much on nurturing reliable and sustainable networks of informal support as it does on reforming public support services. We all have a contribution to make and a benefit to reap.”

From safety net to springboard: A new approach to care and support for all based on equality and human rights, Equalities and Human Rights Commission, 2009

¹ www.statistics.gov.uk/cci/nugget.asp?id=1309

² www.statistics.gov.uk/cci/nugget.asp?id=168

On 24 February 2010 the Law Commission published a consultation paper setting out its provisional proposals for law reform to consolidate and simplify the legislative framework around social care. This is to be followed by a four-month period of public consultation, lasting until 1 July 2010.³

Families, friends and the local community

Families, friends and the local community are at the heart of providing care and support to most people. Carers make an invaluable and vital contribution to our care and support system. The 2001 Census found that there are around 4.85 million carers in England, with around one million of these caring for more than 50 hours a week.⁴

Beyond this, many people have told us that they think the most important part of care and support is the way that people look out for each other. For example, people giving others a lift to a place of worship, helping with shopping, or simply popping round to visit someone who they know is lonely. People also told us about employers who had been understanding when they needed to take time off to look after a family member, and about colleagues who supported them through difficult times.

Third sector organisations

Third sector organisations also play a vital role. They run more than 3,000 care homes and over 500 home care agencies⁵ and help disabled people with further education, leisure and social opportunities. They also play an important role in giving people information, supporting them and representing their views to help them to get the care and support they need – this is known as ‘advocacy’.

Private organisations

Private organisations are also an essential part of our care and support system. They provide services to people who approach them directly, but also to people whose care is paid for by local authorities. In England there are more than 4,000 private care agencies (providing care in people’s homes) and 14,000 private care homes.⁶

The care and support workforce

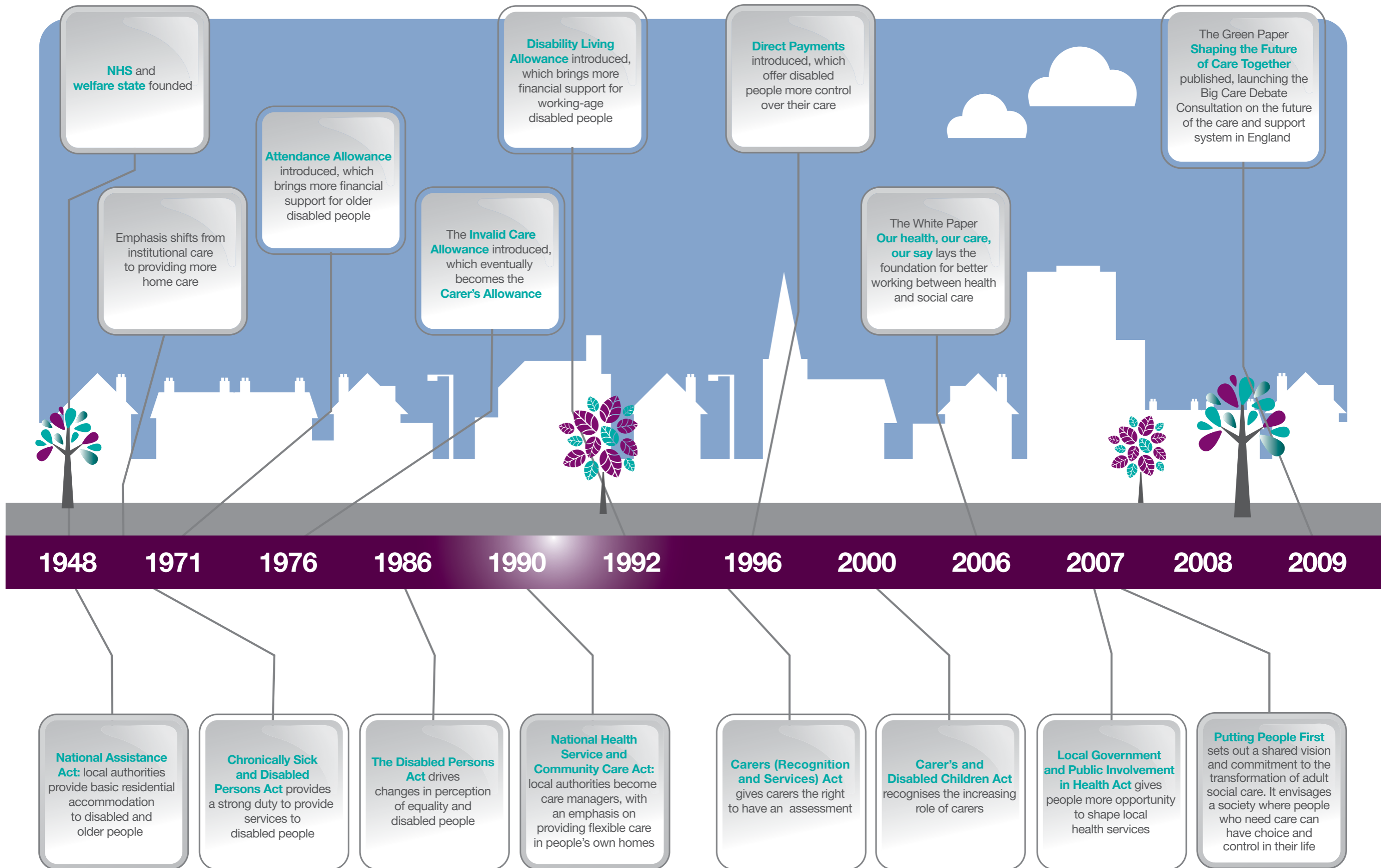
There are around 1.5 million people in the social care workforce today. Each of these individuals play a vital role in giving care and support to those who need it through delivering front-line services.

³ www.lawcom.gov.uk/adult_social_care.htm

⁴ Office for National Statistics, 2001 Census

⁵ *The State of Social Care in England 2007–2008*, The Commission for Social Care Inspection, 2009

⁶ *Ibid*



State-funded organisations

Public sector organisations, including local authorities and housing support services, provide care and support to millions of people. The support ranges from helping people to dress themselves and move around their homes, to teaching them important skills such as how to use public transport with confidence or how to manage their own finances so that they can live independently. As well as providing these services directly, local authorities also commission other organisations to provide such services. NHS services, in particular GPs, play an important role in supporting people with care and support needs. Through the benefits system, the Government also provides financial support to people with care and support needs, enabling individuals to purchase a wide variety of help to meet their needs.

Changes made to care and support in recent years

We have already started on our journey of reform to build a system that provides care and support to all who need it; and this White Paper builds on all the previous reforms the Government has implemented.

The Government has, over a number of years, taken into account what people have told us is important to them. Disabled people have campaigned tirelessly for reforms to the law that put their rights to equality on a legal footing. This culminated in the introduction of the Disability Discrimination Act 1995, which has been extended and strengthened by this Government to provide a comprehensive set of enforceable rights in all areas of life including employment, education, access to goods, facilities, services, premises and public authority functions.

Disabled and older people have also led the campaigns for the kind of care and support that they want to receive. In 1996, disabled people successfully campaigned for the introduction of direct payments, which enabled people to have direct control over the money that paid for their care and support. This trend has continued with the introduction of personal budgets.

Below we summarise a number of the key strategies and plans the Government has published since 2006. This is not intended to be an exhaustive list, but to highlight some of the work that has helped transform the lives of people who need some degree of care and support.

<i>Our health, our care, our say: a new direction for community services</i> , White Paper, Department of Health, 2006	A White Paper setting a new direction for the health and social care services.
<i>Putting People First: A shared vision and commitment to the transformation of Adult Social Care</i> , HM Government, 2007	A document setting out the shared ambition of the Government and the health and social care sector to reform social care services by providing more personalised services, a focus on prevention, better information and advice, and support to build social capital.
<i>Independence and Opportunity: Our Strategy for Supporting People</i> , Communities and Local Government, 2007	The Supporting People programme, created in 2003, helps vulnerable people to live independently and participate in their communities. This 2007 strategy sets out how the Government aims to continue this programme.
<i>Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society</i> , Communities and Local Government, 2008	A cross-government strategy for housing and communities, connecting housing, health and care.
<i>Independent Living: A cross-government strategy about independent living for disabled people</i> , Office for Disability Issues, 2008	A five-year plan that aims to help all disabled people to live independent lives.
<i>Carers at the heart of 21st-century families and communities</i> , HM Government, 2008	The Government's carers' strategy, a short-term agenda and long-term vision for the future care and support of carers.
<i>End of Life Care Strategy: Promoting high quality care for all adults at the end of life</i> , Department of Health, 2008	The Government's strategy to provide people approaching the end of life with more choice about where they would like to live and die.
Right to Control, Office for Disability Issues, 2009	This legislative power aims to give disabled people more choice of and control over how certain support services are provided. In February 2010, the Government announced eight local authority areas that will test the Right to Control.
<i>NHS 2010–2015: from good to great</i> , Department of Health, 2009	A report on how to accelerate quality improvement within the NHS.
<i>Living well with dementia: A National Dementia Strategy</i> , Department of Health, 2009	A strategy to ensure that significant improvements are made to dementia services.
New Horizons, Department of Health, 2009	A cross-government programme of action to help improve everyone's mental wellbeing and the services that provide mental healthcare.
<i>Valuing People Now: a new three-year strategy for people with learning disabilities</i> , HM Government, 2009	A three-year strategy to support people with learning disabilities.

<i>Building a Society for All Ages</i> , HM Government, 2009	The Government's strategy for how we can all maximise the opportunities and rise to the challenges of our ageing society.
<i>Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care</i> , Department of Health, 2010	Revised guidance, replacing Fair Access to Care Services (FACS), to help local authorities make decisions on eligibility in the context of personalisation and prevention.
<i>Support for All: the Families and Relationships Green Paper</i> , HM Government, 2010	A Green Paper setting out a wide range of measures to support all families.
<i>Volunteering: Involving people and communities in delivering and developing health and social care services</i> , Department of Health, 2010	A strategic vision for volunteering in health and social care.
<i>'Fulfilling and rewarding lives': The strategy for adults with autism in England</i> , Department of Health, 2010	The first strategy to help adults with autism in England live independently in a society that understands them.

How this White Paper is structured

This White Paper is in three parts:

Where we are today (Chapters 1, 2 and 3)

This White Paper represents the culmination of many years' work, both in analysing what works and what doesn't work within the current system and in consulting the public and stakeholders on what the future of care and support should look like. The first part describes that journey and how the Government has reached its conclusions about the future of care and support, with Chapter 2 exploring the reasons why the current system needs to change and Chapter 3 summarising the consultation process.

The Government's proposals (Chapters 4, 5, 6 and 7)

In the second part, the Government outlines its vision for a National Care Service. Chapter 4 sets out the vision, the principles that underpin it and what people will be able to expect. Chapter 5 looks at how the National Care Service will be delivered, Chapter 6 at how we will embed quality, and Chapter 7 sets out how we will fund our vision.

Making the vision a reality (Chapter 8)

The Government believes that it is not enough to set out a clear vision for the National Care Service, and that it must go further and set out concrete steps to making that vision a reality. The final chapter sets the timetable for the implementation of the National Care Service and the process we need to follow to make it a reality.

Conclusion

The Government has been working to transform care and support over the last decade and much has already been achieved. This White Paper builds on this work to deliver a National Care Service for all adults in England with an eligible care need, free when they need it, whoever they are, wherever they live, and whatever condition leads them to need care.

The next chapter considers the unfairness in the current system and looks at why it needs reform.



Age is no barrier to keeping fit with a Wii

Audrey Jamieson, 85, a Norfolk County Council housing with care tenant, said: "There are lots of activities going on here and I like to get involved with everything. Playing on the Wii is fun, too I'll have to get my family playing on that next time they visit!"

Submitted by **Jemma** to Images of Care and Support

2

The case for change

Summary

The care and support system has already improved over the last 20 years. For example, the Transforming Adult Social Care programme has started to enhance many people's experience of the system. But there are still problems remaining – there are too many people whose main experience of the care and support system is one of frustration, poor quality and, in the worst cases, neglect. The means test that is currently applied, which means that those with over £23,000 in assets receive no state-funded residential care, feels fundamentally unfair to those people who have built up savings.

The reforms that are under way are designed to respond to current problems with the system, but also start to respond to rising expectations and demographic pressures. However, we know that over the next 20 years we will see new challenges on a scale that care and support has never had to grapple with:

- demographic changes
- changes in technology
- changing expectations
- economic conditions.

Without reform of the whole care and support system, it is likely that families, including dependent children, will be under pressure to provide increasing levels of care. In some cases adults will go without the support they need, as local authorities will be forced to make difficult choices and only fund the care of those with the most severe needs.

With the creation of a National Care Service, we want to make sure that everyone sees care and support as an opportunity, and as an investment in our future and in people's lives, rather than as a cost or burden for society to bear.

The Government has been working hard to transform the care and support system and much has been achieved over the last decade. However, we know we need to do more. We need reform to deal with the challenges the care and support system faces now and in the future. This chapter sets out the problems people have with the current system, the future challenges the system faces and the need for reform of the system as an investment in our future and in people's lives.

Challenges with the current system

Although reform of the care and support system is already under way, we also know that there are problems still to be addressed. Over time some of these will be resolved but without significant reform others, particularly issues about the local variability of care and about funding, will not.

During the engagement programme in 2008, and the Consultation in 2009, we listened to thousands of people up and down the country. The problems that people told us about most frequently were:

Challenges with the kinds of services people receive

1. State-funded care and support is often provided only when people have already developed high levels of need.

People have told us that they feel they only qualify for help from the state once their needs are well advanced. However, in many cases, there is evidence that people can be helped to stay well and independent for much longer if they receive the right help at an earlier stage. The current system does not focus enough resources on helping people to stay well, or to returning people to independence after a crisis.

2. People with the same needs receive different levels of care depending on where they live.

Local authorities across England use the recently revised guidance on eligibility criteria for social care issued by the Department of Health to assess and determine eligibility for services. This guidance aims to make such decisions more transparent. However, authorities interpret the criteria differently and so differ in the levels of need they support. Some authorities provide support for care packages for people with moderate or higher levels of need, whereas some provide support only for the higher levels. Many people told us that getting more or less support than other people with the same levels of need felt unfair.

3. The different parts of the care and support system do not always work together.

Many people told us that they found the care and support system fragmented and confusing. They told us that they struggled to find a way between different services, and that often people working in different parts of it – for example health and social care – did not seem to be working together. People also have to apply separately for sources of support and undergo different needs assessment processes, which may deter some people from applying for support. This could result in some people not receiving all of the support to which they are entitled.

“The linkage between the NHS and Social Care services needs to be much stronger. At the moment there are too many different agencies all looking at different aspects of social care and they need to work in a more integrated way.”

Stakeholder response to the Consultation

“There are a great number of people who do not understand what to do or where to go. I myself have spent 12 months looking and only by accident found what I was looking for.”

Public response to the Consultation

4. The system as a whole is confusing.

Many people have told us that it is not clear to them what makes up care and support, or what financial support they may be eligible for or entitled to. People do not know that they could be responsible for paying for much of their own care, and so they do not make proper preparations to meet the costs involved. Above all, people do not feel that they know where to go to find out about care, either to help them plan for the future or to help them deal with problems as they arise.

5. The system is not always designed to meet individuals' needs.

Although there has been progress with the introduction of personal budgets, many people told us that services are still shaped around the convenience of service providers rather than their own needs and the needs of their families and carers. People have told us that they want a system that recognises the different priorities that individuals can have during the course of their lives, including the changing needs of their families, and ensures that their support suits those needs. The system also means too many people end-up being supported in expensive residential care even when the majority of people would rather be supported in their own homes.

Challenges with funding

6. Many people with high needs do not get help from the state towards paying for their care and support.

A means test is currently applied and only those with £23,000 or less are eligible for state-funded residential care. Consequently, many people have told us that the current system seems unfair to them and provides little peace of mind. They are particularly worried that people who have worked hard and saved then have to spend their wealth to qualify for state support, while people who have never saved qualify for state support straight away.

7. There is no way of predicting what a person's care costs will be, leaving everyone at the potential risk of catastrophic care costs.

Around 20 per cent of people will need care costing less than £1,000 during their retirement, but 20 per cent will need care costing more than £50,000. And over 5 per cent of people will need care costing more than £100,000. People who need long-term and intensive care, either in their own homes or in a residential setting, can face care costs of around £12,000 per year.¹ Without a way to predict what people's needs may be, it is very difficult for people to plan appropriately.

“It's an unpredictable illness, how long, you know, you can't plan for it regardless of how much money is in the bank. You can't plan for what's ahead. That's the problem.”

Dementia Tax Report, Alzheimer's Society, 2008

¹ Forder J and Fernández J-L, *Analysing the cost and benefits of social care funding arrangements in England: technical report*, Personal Social Services Research Unit (PSSRU) Discussion Paper 2644, 2009

“If William Beveridge were designing a welfare system today, he would put social care provision at its heart. When he wrote the founding document of today’s welfare state, the *Report to Parliament on Social Insurance and Allied Services* in 1942, he famously set out how to overcome the five ‘giant evils’ of the day: want, disease, ignorance, squalor and idleness. Today, an evil as great as any of these is the lack of care.”

A constitution for social care, Demos, 2009

Future challenges

Alongside these current challenges, we are starting to see wider socio-economic and technological changes pose huge new challenges to the care and support system.

In the first few years after the welfare state was founded, society looked very different. A man born in 1951 could expect to live to 77;² a man born in 2008 can expect to live to nearly 89.³ Because most people’s lives were shorter, some conditions that are now common were almost unknown. Social expectations were also different: disabled adults had fewer rights than they now have, and people assumed that women would stay at home to care for their families, which is no longer the case.

This section examines these future challenges in more depth.

Demographic change

The most pressing new challenge is the pace of demographic change. We have reached a demographic tipping point. The ratio of working-age adults to adults of State Pension age has started to fall and will continue to do so. This change has the potential to impact widely on government services, and on society as a whole. That is why, in *Building a Society for All Ages*,⁴ we announced that we would bring forward the review of the default retirement age, and why legislation will deliver a fairer and more generous State Pension, as well as extending the opportunity for workplace pensions to millions.

This challenge already exists across government services; it is impacting on the care and support system now and will continue in the future, with an increase in the number of adults – both older people and working-age adults – needing care and support, and a shift in the balance of society.

Increase in the number of older people needing care and support

Compared with today, we expect 300,000 more older people to have potential care needs by 2014, and 1.4 million more older people in the next 20 years.

There are a number of reasons underlying this increase in demand. The number of older people is projected to increase, reflecting the ageing of people born between 1946 and 1964 – the baby boomer generation. Coupled with this is a general increase in life expectancy. Improvements in lifestyle, healthcare and quality of life mean that we are all living longer.

² www.statistics.gov.uk/cci/nugget.asp?id=1309. These figures relate to *cohort* life expectancy

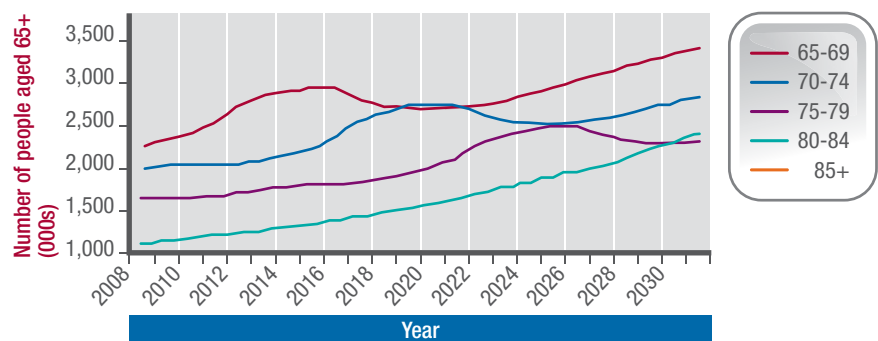
³ www.statistics.gov.uk/cci/nugget.asp?id=168. These figures relate to *cohort* life expectancy

⁴ *Building a Society for All Ages*, HM Government, 2009

In 1951, female life expectancy at birth was 82.1 years.⁵ The most recent figures from the Office for National Statistics (ONS) suggest that the life expectancy at birth for females born in 2008 is projected to be 92.2 years.⁶ Male life expectancy at age 65 has nearly doubled since the beginnings of the welfare state in 1950 from 11 years to 21 years today.⁷

By 2026, population estimates show there will be twice the number of people aged over 85 than there are now, and the number of people aged over 100 will have quadrupled.⁸

Population projections for those aged 65+ (000s)⁹



A high proportion of the people who live into extreme old age can expect to experience some level of ill-health during their last years. Over the course of their retirement, men aged 65 today have a 7 in 10 chance of needing some care before they die and women aged 65 have nearly a 9 in 10 chance.¹⁰

The figures above could be reduced by many developments in the future, including the Government's investment in health improvement and prevention services that will help people to stay independent and well for longer. But until we develop a truly effective way of preventing certain conditions such as dementia, we must expect that the number of older people needing support will increase considerably.

Increase in the number of working-age people needing care and support

The number of people of working age with a care and support need is also projected to increase. Compared with today, we expect 70,000 more working-age adults to have potential care needs by 2014 and 300,000 more over the next 20 years.^{11,12}

⁵ www.statistics.gov.uk/cci/nugget.asp?id=1309. These figures relate to *cohort* life expectancy

⁶ www.statistics.gov.uk/cci/nugget.asp?id=168. These figures relate to *cohort* life expectancy

⁷ *Building a Society for All Ages*, HM Government, 2009

⁸ Government Actuary Department, 2007

⁹ ONS population projections, 2006

¹⁰ Forder J and Fernández J-L, *Analysing the cost and benefits of social care funding arrangements in England: technical report*, PSSRU Discussion Paper 2644, 2009

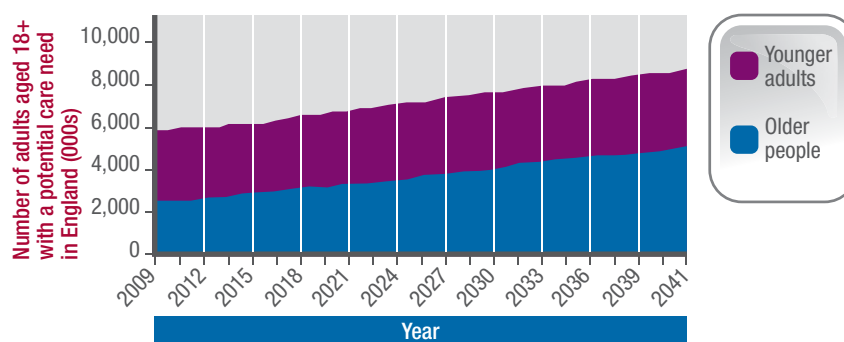
¹¹ Wittenberg R, Pickard L, Malley J et al, *Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care for Older People in England*, PSSRU Discussion Paper 2514, 2008

¹² Wittenberg R, Malley J, Comas-Herrera A et al, *Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care and Disability Benefits for Younger People in England*, PSSRU Discussion Paper 2512, 2008

The advances in healthcare that mean more people are living into extreme old age have also meant that younger people with disabilities and chronic health conditions are now living longer. And as well as surviving, advances in care and technology mean that people with high levels of disability and illness can be more active and more engaged in society than ever before.

Again, this is good news. But if all of these people are to get the care and support they need to give them a high quality of life, we will need to ensure that the system is able to respond.

Projected number of adults aged 18+ with a potential care need in England, 2009–41^{13,14}



There will be a substantial increase in the numbers of people requiring care and support over the coming years. We expect the numbers of older people and younger adults with potential care needs to rise from under 6 million now to some 7.66 million in 2030, an increase of around 1.7 million over 20 years.^{15,16}

As more and more people need care and support, society will need to spend more on care and support if we are to maintain a system that gives older and disabled people quality of life, dignity and peace of mind.

Shift in the balance of society

Another consequence of our ageing population is that the proportion of people of working age, compared with those over retirement age, is reducing.

¹³ Wittenberg R, Pickard L, Malley J et al, *Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care for Older People in England*, PSSRU Discussion Paper 2514, 2008

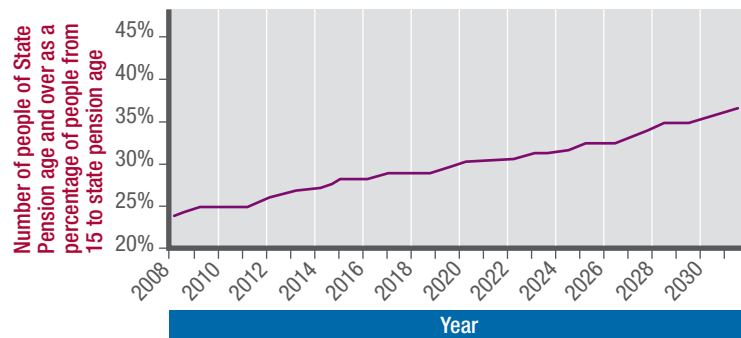
¹⁴ Wittenberg R, Malley J, Comas-Herrera A et al, *Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care and Disability Benefits for Younger People in England*, PSSRU Discussion Paper 2512, 2008

¹⁵ Wittenberg R, Pickard L, Malley J et al, *Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care for Older People in England*, PSSRU Discussion Paper 2514, 2008

¹⁶ Wittenberg R, Malley J, Comas-Herrera A et al, *Future Demand for Social Care, 2005 to 2041: Projections of Demand for Social Care and Disability Benefits for Younger People in England*, PSSRU Discussion Paper 2512, 2008

In 2008, there were 3.2 people of working age for every person of State Pension age. This old age dependency ratio is projected to fall to 2.8 by 2033, taking into account the future changes to State Pension age.¹⁷

Old age dependency ratio (the number of people of State Pension age and over as a percentage of people aged 15 to State Pension age) in England, 2008–31¹⁸



While it is important to recognise that not all care recipients are aged over 65, and nor are all taxpayers and care providers aged under 65, dependency ratios are a useful way to illustrate the changing age distribution of the population.

The proportion of people who are working, compared with those who are retired, is shrinking. This has implications for the workforce: where will all the people come from to look after the ageing population, when the working population is itself reducing? It also has implications for who pays for care: it will become increasingly unsustainable to rely on the reducing proportion of the population who are working to pay for care. Intergenerational equity has been a significant influence on the development of this White Paper.

Changes in technology

As well as changes in the number of people needing care, we can also expect to see a revolution in the way that care and support is provided.

Thirty years ago, nobody outside a computer lab had thought of email and very few people had mobile phones. Now these innovations are such an integral part of our lives that it is hard to imagine life without them.

Technologies are already making their way into care and support: from remote digital cameras that enable care workers to see and talk to a person frequently throughout the day, to talking alarm clocks that can remind someone when it is time to take medication or make a cup of tea.

¹⁷ ONS, 2008-based National Population Projections

¹⁸ ONS, 2006-based long-term Subnational Population Projections (SNPP) for England

Telecare in Newham¹⁹

Ex-nurse Jill, 77 years old, is registered blind and has a frail physique from childhood polio. As a result, she is prone to falls. Though she has a carer who comes twice a week to help her around the home, a concern for her is being at home alone if she has an accident with nobody there to help her. In 2008, she had two falls at home, which prompted her to seek an alternative solution.

Jill now has a pendant she can press if she needs assistance, a heat detector in the kitchen to warn of high temperatures, and a radio pull cord in the bathroom.

She said, "Because of my nursing experience I was thrilled to hear these things were being developed to help protect vulnerable people and help them maintain their dignity so they can feel like they are still capable of carrying on themselves. Now I can have a bath on my own. I feel safer and it helps me to retain my independence."

The Department of Health is currently managing a two-year evaluation of the use of telecare and telehealth – with over 6,000 participants, it is the largest randomised control trial of telecare and telehealth technologies in the world, and is expected to report in early 2011.²⁰

It is safe to imagine that the pace of technological change that we have seen over the last 20 years will continue, and that by 2030 the kinds of technology that will be available to us will be far beyond anything we know at the moment. Those using the care and support system will increasingly expect technology to play a part in helping them decide what care to choose and helping to improve their quality of life, and the care and support sector will need to be positioned to take advantage of these innovations.

Changes in expectations

As a nation, we expect higher standards and greater choice over our own lives than our grandparents did, and our children will expect more than us. For decades, disabled people of all ages have campaigned for a greater degree of choice and control, better support in their family lives and higher standards of services. People expect better quality services, and where people are in vulnerable situations, they expect the state to protect them and ensure their safety. They also expect services to join up seamlessly around them.

These changes in expectations will continue as one of the main driving forces of care and support reform into the future.

¹⁹ www.newhamwdtrial.org/case-studies/telecare/

²⁰ www.dh.gov.uk/en/Healthcare/Longtermconditions/wholesystemdemonstrators/index.htm

Current economic conditions

The economic situation in England and across the world has changed radically in recent years, particularly since 2007 when the current debate on care and support began. The projections for the economic future, in the short and medium term, now look very different. The Fiscal Responsibility Act has committed the Government to halving the deficit over four years. Therefore, it is vital that we take a staged approach to reform and the reform proposals are fully funded and sustainable.

The need for reform

To put the care and support system on a solid foundation, we need to make sure that it will meet the demands of the future. We believe that the current approach is not sustainable. We need radical reform of the system for all adults in order to meet these future pressures and resolve the current problems. The consequences of avoiding reform are severe. It is likely that families, including dependent children, will find themselves under pressure to provide increasing levels of care. Working-age adults already find themselves having to care for both dependent children and older parents, and this will increasingly be the case. In some cases, people requiring care will go without support.

If we fail to grasp these long-term challenges, we will fail to provide dignity and quality of life for increasing numbers of people. It is likely that we would also trigger growing demand for NHS services, for example more emergency hospital admissions, as a result.

“If we are to realise a twenty-first century system that is fit for the challenges of our time we must grasp this opportunity for reform and deal with the difficult issues before us. Failure to do so (or maintaining the status quo), given the pressures we face, is simply not an option.”

Stakeholder response to the Consultation

Reform of care and support is an opportunity

People told us during the Consultation that they are concerned that care and support is seen as a burden that society must bear and that the opportunities it could create are not recognised. We know that everyone wants to look forward to enjoying their later life without worrying about what happens if they need care in the future. People don't want to worry about being a burden on their family in the future or face an uncertain life if they don't have any family close to them. This is why we need to resolve this issue as a society.

With the creation of the National Care Service, we want to make sure that everyone sees care and support as an opportunity, as an investment in our future and in people's lives, rather than as a cost. We want it to be seen as a system that enables people to look forward to their futures without fear or concern, and which sees people as active citizens and not passive recipients of the welfare state.

There are many ways that a good care and support system can provide people with new opportunities. As highlighted in *The case for social care reform – the wider economic and social benefits*, spending on adult social care can be seen as a form of social and economic investment that has the potential to generate benefits for society and the economy.

“I understand that we have an increasingly elderly population. I don't view this as a negative thing, as that discounts the inherent value in everybody, so I hate the way this is being sat upon by the news, but it is nevertheless the case that social care needs will increase.”

Service user quoted in a stakeholder response to the Consultation

The case for social care reform – the wider economic and social benefits²¹

Adult social care is not a 'necessary evil' that uses scarce public resources to provide an often very basic safety net for those in substantial need. Instead, spending on adult social care is crucial in order to achieve the following:

- Maintain social and public expectations that the state will provide a degree of collective support to its most vulnerable citizens – providing a recognition that 'we're all in this together', that none of us can predict who might one day need support and that a key aim should be to find a way of building as good a life as possible together.
- Support people – who are after all voters, taxpayers and citizens – to be safe, be well and have greater choice and control. Under this approach, decent social care is not a 'professional gift' from the state, but a right for all.
- Enable people to remain independent and in control for as long as possible so that emerging and initial needs do not deteriorate into a future and costly crisis.
- Provide support to those in need so that they can contribute fully as active citizens, for example through participation in the labour market, volunteering and/or caring for others. People using services work, vote, volunteer, care for family members and children and contribute to society and to social capital in myriad ways – and greater investment might enable them to do so to an even greater extent.
- Reduce some of the negative impact on families and individuals who care for others – so that they can have a good life in their own right, but also so that they can continue working and contributing to society and the economy in other ways.

²¹ Glasby J, Ham C, Littlechild R et al, *The case for social care reform – the wider economic and social benefits*, University of Birmingham, 2010

For example:

- A good care and support system has the potential to stop people's needs escalating and to make sure that they are supported after a crisis. This reduces the likelihood that they will need to go to hospital or will develop new long-term health problems, and so generates savings for the NHS as well as helping individuals.
- People with care and support needs and those who provide care and support have a valuable contribution to make to society and to the economy, for example through work, volunteering and engaging others in their communities. People in care and those who provide care want to participate fully in their communities, and a reformed care and support system will help them to do so by helping them remain more independent for longer.
- People in the workforce with older relatives needing care and support can be helped to continue in work as well, and have the income and pension benefits that result.
- Most expenditure on adult social care is invested directly in jobs in the care sector. As more people need care and support in the future, this will create new opportunities for people who wish to work in care and support.

The National Care Service will make it possible for people to stay active and independent well into their 80s or 90s without fear of becoming isolated or receiving inadequate care and support. The creation of the National Care Service gives us the chance to realise many of these opportunities to deliver a fairer society.

Conclusion

The case for change is clear. The current system is not sustainable. Demographic and technological changes, the economic situation and rising expectations have created new challenges which the care and support system must be ready to meet. The new care and support system will need to solve the problems of the current system in the context of these new challenges. It is in everyone's interest to get the care and support system right.

The next chapter sets out what people have told us about how we should respond to these long-term challenges, and their views on the case for change.



The Big Care Debate Consultation

Taking the Consultation on the road gave the public the opportunity to feed back directly on the proposed reforms. Consultation ambassadors spoke with people from around England, collecting their views and hearing their experiences.

Lisa, a consultation ambassador, said, "I had an amazing experience that taught me a lot about care and support. It was very rewarding and interesting to hear what the public's views were on the Green Paper."

Amy said, "It has been fantastic to be part of this process and to have been able to travel all around the country listening and feeding back people's opinions and struggles in order to create a better system."

The **Big Care Debate** in Manchester

3

The Big Care Debate

Summary

Following the publication of the Green Paper, *Shaping the Future of Care Together*, in July 2009, the Government ran a public consultation which closed on 13 November 2009. An independent analysis of the Consultation has been published alongside this White Paper.

General agreement emerged on the vision for our care and support system. There was much debate over how to deliver a high quality service, and how best to fund the system, but we know that people agree with the need for reform and the principles underpinning our vision for the National Care Service.

This chapter summarises the key themes that emerged from the Consultation.

The reforms set out in this White Paper are ambitious and they affect everyone in the country. It was therefore crucial for us to gather and understand the public's and stakeholders' views on our proposed changes to the care and support system.

This White Paper is shaped by what people have told us since May 2008 when we published the *Case for Change: Why England needs a new care and support system*. This document laid out why we need major reform of care and support. This was followed by six months of public engagement seeking people's views on the principles of reform. The responses to the engagement formed the basis of the Green Paper, *Shaping the Future of Care Together*, published in July 2009.

Following the publication of the Green Paper, we launched the Big Care Debate. Given the importance of this issue, we wanted to hold the largest-ever consultation on care and support. We were determined to reach out to people across the whole of England. For example, we held 37 stakeholder events, 80 public roadshows in town centres, shopping centres and county shows and provided people with the opportunity to respond online at www.careandsupport.direct.gov.uk.

“We applaud the way in which the debate has been structured and conducted, with presentations and public statements by Ministers and senior officials, and the opportunity for the public to engage in a variety of ways through a range of media. We see this as a major breakthrough in the conduct of such consultations.”

Stakeholder response to the Consultation

The formal public Consultation ran for four months, from 14 July to 13 November 2009. More than 28,000 formal responses were received. Many stakeholders also ran events and mini-consultations on the Green Paper proposals to develop their own responses, which engaged thousands more people in the debate.

We wanted the Big Care Debate to raise awareness of the issues facing the care and support system, and to provoke discussion about how we should tackle the challenges we face. Many organisations and individuals have debated the issues and given their views in a variety of ways, some outside the formal Consultation channels. For example, a petition on the Number 10 Downing Street website highlighted people’s concerns over the possible reform of benefits; people also commented on the Government’s proposals on Facebook and Twitter, and there were a number of Parliamentary debates on the proposed reforms.

We held the Care and Support Conference on 19 February 2010 to enable members of the Care and Support Alliance and other key stakeholders to give their views to politicians and help build a consensus on the reform of the system. Delegates agreed a statement¹ endorsing the vision for a National Care Service as set out in the Green Paper *Shaping the Future of Care Together*, and identified further areas for reform. On funding, the majority view at the conference was in support of a comprehensive system, with a variety of ways to pay the contribution.

Ipsos MORI has produced a full, independent analysis of the Consultation, *Shaping the Future of Care Together: Report on the Consultation*, which has been published alongside the White Paper and can be found on the Department of Health’s website.²

Putting what people have told us in context

Before summarising the main findings, it is important to understand the context of the Consultation. The way the current care and support system works is not clear to everyone. Usually, people only start to engage with the system when they directly experience services – when they, a loved one, or someone they know, needs care.

When the system is explained, many people are surprised to find that care and support is not provided for free. Many of those responding to the Consultation believed they had been paying for care and support throughout their lives, through National Insurance contributions and general taxation. The chances that an individual may require care during their lifetime, and the potentially very high cost of that care, shocked many people during the Consultation.

¹ The full text of the statement and a report of the conference can be found on the Care and Support website: <http://careandsupport.direct.gov.uk/news/2010/02/care-and-support-conference-19th-february-2010/>

² *Shaping the Future of Care Together: Report on the Consultation*: www.careandsupport.direct.gov.uk

Looking to the future, we found that many people are aware the population is getting older, but do not fully appreciate the consequences of this for the care and support system. When the issues were discussed, people generally agreed with us that the status quo could not continue. Stakeholder groups, in particular, strongly welcomed our commitment to reforming the care and support system during the Big Care Debate.

Who responded to the Big Care Debate?

Over 28,000 individuals and organisations responded to the Consultation. The largest group, 27,474, came from what were classed 'open responses'. This group comprises both the general public and individuals who may be engaged with the care and support system in some way – they may care for a friend or family member, work in the social care workforce, receive care and support or have an interest for other reasons.

From stakeholders, we received 234 submissions from national organisations and 420 responses from local organisations, many of which were regional branches of national organisations. Stakeholders also contributed through 37 regional stakeholder events that were held across England. In preparing their responses, stakeholder organisations often conducted further consultations themselves. From analysing the formal responses to the Consultation, we know that at least 40,000 people contributed through further research or events organised by stakeholders.

In order to make sure that we appreciated the diversity of views, we undertook research with the general public and minority groups. We felt that it was important to understand the views of those people who have not traditionally engaged with the issues around care and support. The research comprised deliberative workshops with members of the general public; extended group discussions with ethnic minority communities and gay and lesbian audiences; a number of interviews with faith leaders representing Muslim, Hindu, Sikh, Roman Catholic, Jehovah's Witness and Jewish faiths; and discussions with transgender participants. The findings from all of this work have been included in this summary and in the overall report on the Consultation.

Summary of findings

The Consultation asked three key questions covering the vision for the National Care Service, its delivery and funding. The main findings from each area are summarised below.

Vision for the future

We were pleased to find that there was general support for the overall vision outlined in the Green Paper. Stakeholder organisations, which are well aware of the challenges faced by the current system, strongly welcomed our commitment to take action on this issue.

Many of the responses to the Consultation commented that the current care and support system did not always work as well as it should do. There was lively debate on how to approach reform, but there was general agreement that the current system needs to change if it is to deliver effective, high quality care for people now and in the future.

Below we briefly outline what we found out from the Big Care Debate in each of the areas the Green Paper outlined as the foundations for the National Care Service. Many acknowledged that there was work already under way across these areas, and were supportive of evolving the current system by bringing the areas all together.

Prevention services

There was strong support for prevention being at the core of the National Care Service, and for services that keep people well and independent for as long as possible. Many respondents noted that effective prevention required joint working with areas such as health and housing, and suggested a proactive approach to facilitate the early identification of those who might need care in the future.

Many respondents told us that they wanted further clarification on what we meant by prevention. Often it was felt that the third sector should be involved, and that it was important for those receiving care and support to be engaged in designing services. There was some concern that investment in this area would be squeezed by critical care service provision if the overall system did not have a sufficient level of investment.

National assessment

We found that there was widespread support for a national assessment process to ensure consistent levels of care for everyone, regardless of where they live in England. In particular, those responding to the Consultation told us that they wanted to see an end to the 'postcode lottery'. A nationally consistent service was deemed very important, although there was debate about how this would sit with regional and local variation.

“‘Prevention services’ needs to be broadly defined to include ‘low level’ support in the community, sometimes provided by volunteers, and universal services; not just traditional home care.”

Public response to the Consultation

“National Assessment; this would work well if people could move up/down the country and have an assessment from Social Services just like they can do with the Health service.”

Public response to the Consultation

There were some concerns that a standard assessment risked pigeonholing people's needs, and might conflict with the moves to personalisation of services. People often highlighted that frequent assessment was necessary to take changing needs into consideration. Stakeholders wanted further clarification over who would undertake assessments.

A joined-up service

Many agreed with us that a joined-up service was critical to the overall success of the National Care Service. In the Consultation, people interpreted the term 'a joined-up service' as meaning that a variety of services should all work together. In the Green Paper, we specifically focused on the importance of a more joined-up assessment. Although this aspect was strongly welcomed, people generally focused more broadly on the need for wider services to work together better.

With regard to wider services, people felt that better co-ordination would reduce duplication and offer savings to the state, while improving outcomes for individuals by speeding up referrals and providing more effective support. In particular, there was widespread agreement that health, housing and care services should work better together. Some felt that the priority should lie with achieving joined-up assessments.

However, although this was felt to be a good aspiration, there was some scepticism that we would be able to deliver this, given different funding mechanisms and institutional structures. Many wanted to know more about how we would make this work in practice. It was noted that in order to achieve this, everyone would need to get better at understanding the roles of others and to improve their communication, being more willing to share information.

Information and advice

Another recurring theme from the Consultation was that current information and advice provision is seen as limited. There was agreement that more information should be available, that it should be accessible across a range of different channels, and that it should reflect the joined-up nature of a future system. People told us that a one-stop shop for information would be welcome, together with more advocacy services to support those who struggle to navigate the system on their own.

The Consultation has told us that people thought that the majority of information and advice was currently being provided by the third sector. While it was important for voluntary organisations to have this role, people thought that the Government should guarantee timely and accessible advice at both the national and the local level. In addition, there were calls for us to take a more proactive approach in this area, reaching out to those who would not actively seek out information for themselves.

"Services like Health and Social Care need to joint work and work side by side for the best interest of the people who need their services. There is too much 'oh that's health side, we don't deal with that' or 'that needs to come out of their funding'. People who need care don't want to know the politics, they want services to happen."

Public response to the Consultation

“I think that person-centred planning must be at the centre of the provision for the future. People’s support and life needs can be properly discussed with them and they can then enjoy a full life – the family’s needs can also be assessed and discussed.”

Public response to the Consultation

“It should not discriminate against those who have worked hard all their lives, spent and saved their money wisely, by forcing them to pay for their care where others, who have been less wise, get it provided for free.”

Public response to the Consultation

Personalised care and support

During the Consultation respondents agreed that involving the person requiring care, and their family and carers, in decision-making was essential. Many stakeholders welcomed the emphasis on choice within the National Care Service. Minority groups, in particular, were very keen to see tailored services for their own communities that met their specific needs. Many were attracted to the concept of ‘whole person’ care, where all a person’s needs – care, housing and education – are considered in the round.

While there was support for the concept of personal budgets,³ we also identified a number of concerns. In particular, many were worried that these budgets would be complex and daunting for someone with a care need to administer. A number of stakeholders told us that personal budgets should be optional or, at the very least, that there should be help available for those who were uncomfortable with managing their own budget and care plan. A number of responses highlighted the need to safeguard vulnerable people against being coerced into using their budgets in certain ways.

Fair funding

We found funding to be one of the major themes of the Consultation. Many told us that they felt that care and support should be funded through taxation, and should not unfairly penalise homeowners. We heard concerns that those who had worked hard and saved all their lives would now have to pay for their care, while those who might not have planned ahead would get their care for free. Looking to the future, there was some scepticism across all audiences about the affordability of a National Care Service.

The Consultation supported our vision for fair funding, although we found that the concept of ‘fairness’ was interpreted in different ways. Overall, it was taken to mean that funding would be fairly distributed across the country, across different modes of care, and across generations and socio-economic groups.

Areas for further work

The Consultation also highlighted a number of areas that needed to be clarified, or required greater emphasis:

- **Definition of care and support** – there were calls for us to define more clearly exactly what would, and would not, be included within the National Care Service. There was a concern among some participants that the needs of working-age adults had not been sufficiently considered in our proposals, compared with those of older people.

³ A personal budget gives people a clear understanding of how much is to be spent on their care and support

- **Human rights** – people would welcome a stronger assertion from government that human rights would be at the heart of the National Care Service.
- **Diversity** – many thought that it was very important for the National Care Service to be responsive to cultural, ethnic and sexual diversity. Representatives from minority groups, in particular, were strongly of the opinion that while everyone was entitled to a consistent, high quality service, one size did not fit all, and that services needed to be sensitive to differences within the population.
- **Helping people maintain independence** – maintaining independence was prioritised by many organisations, which noted that it should be one of the guiding principles for the National Care Service. In terms of achieving this independence, housing and housing-related support were seen as key elements.
- **Role of carers** – all audiences felt that we had given carers, and the care and support workforce, insufficient consideration in the Green Paper.
- **Quality of care** – many felt that we had overlooked the importance of quality in the Green Paper, and that we should put it at the heart of our future reforms.
- **Involving those using services** – people felt that we needed to ensure that those using services, and their carers, are actively involved in shaping and delivering the National Care Service.
- **Sustainability** – some wanted further reassurance that the National Care Service would be sustainable in the long term, in light of changing demographics, and that as part of this we would encourage and support people in planning ahead.
- **Safeguarding** – there were concerns among a number of stakeholders at the regional events that there were not sufficient proposals in place to safeguard vulnerable adults.

Making the vision a reality

The Consultation supported our recommendations in the Green Paper for more joined-up working, a wider range of services, and improved quality and innovation. We found that many of the issues raised under the first question arose again in responses to the second question.

Concern over the quality of care was another major theme of the Consultation. Some wanted to see a commitment to quality of care stated explicitly in the proposals. There was a suggestion by others that there should be a basic quality threshold below which no service delivery should fall, and that users should be involved in defining what quality means when delivering care and support services.

In particular, many highlighted the need to better support carers and the workforce. Better training of staff was seen to be a priority by all audiences, and it was felt that those providing care should be sensitive to the needs and beliefs of those they were supporting. The need for effective regulation was also consistently mentioned.

A number of barriers were identified to making the National Care Service a reality. We have broken these down into two main areas: barriers due to people's attitudes, and structural barriers in terms of how services are funded, managed and delivered. It was felt that in order for us to deliver the National Care Service, there would need to be cultural change within organisations and that bureaucracy should not get in the way.

Funding the National Care Service

Funding options

In the Green Paper, the Government presented five options to fund the National Care Service:

A **Pay for Yourself** option, where everyone would be responsible for paying for their own basic care and support, when they needed it.

A **Comprehensive** option, in which everyone who could afford to do so would be required to pay in and would get free care and support in return.

A **Partnership** option, which shares the costs between the individual and the state.

An **Insurance** option, which would enable people to choose to take out protection against the risk of having high care and support costs.

A **Tax-funded** option, where people would pay tax throughout their lives, which would be used to pay for all the people currently needing care.

The Green Paper ruled out the first and final options, and consulted on the Comprehensive, Partnership and Insurance options.

The Consultation has demonstrated support for all three of the funding approaches outlined in the Green Paper. The Comprehensive and Partnership options were more favoured than the Insurance option. Among all the responses to the Consultation, Comprehensive came out as the most favoured option (41 per cent), then Partnership (35 per cent) and finally Insurance (22 per cent).

“I do not want partnership of any kind because I would still worry about being able to pay my part of the funding. I do not want to worry about funding once I am old, infirm or incapacitated.”

Public response to the Consultation

“We are strongly opposed to the introduction of private insurance for funding the National Care Service, as the present record of private insurance in the care market is not encouraging.”

Stakeholder response to the Consultation

- We found that the most popular option was Comprehensive, with people attracted to the idea of universal cover. Many pointed out that they like the idea of sharing costs across society, and the security that the option offers. There were concerns over the affordability of the premium and when this would be paid. Many people were uncomfortable with the idea of paying out a large lump sum at retirement.
- We discovered that many of those supporting the Partnership option did so because it was felt to be a good way to build a better system. Many were attracted to the principle of sharing costs between individuals and the state. However, it was criticised by many for having the same disadvantages as the current system, in particular not helping those facing catastrophic care costs.
- Insurance was the least favoured option, because although it offered a level of flexibility and personal choice, many told us that they felt it was unworkable. In particular, there were fears that those with pre-existing conditions would not be covered and that the premiums would be too high to be affordable. If an Insurance option was picked, the general view was that it should be a state scheme and not run by private companies.

We found that the exclusion of accommodation costs was a much debated issue in the Consultation. Many argued that accommodation costs should be included, as for those entering residential care they can represent a significant burden. Others acknowledged that it was inappropriate to pay accommodation costs, as the state would not pay for people’s normal costs of daily living.

Some stakeholder organisations did suggest alternative funding options, with many voicing concern that the Tax-funded option was ruled out in the Green Paper, given there was support for this approach. A number of organisations also told us that they felt unable to state a preference for one of the options because they wanted us to provide more detail on the assumptions underlying the funding choices.

“What is important is that folk like me with limited mobility be allowed to live as independent a life as possible. Without my DLA I will have to choose which medical appointments I go to as on pension alone I will not be able to afford taxis for all of them.”

Public response to the Consultation

“Currently the Attendance Allowance provides an easy and usually quick route for people to set up a proportion of their care needs. In many cases this may be all that is needed. Taking it away forces everyone who needs even a small amount of care to submit to a means-test.”

Public response to the Consultation

“A fully national system would bring efficiency savings but would lose out on local flexibility and opportunities for creativity.”

Stakeholder response to the Consultation

Benefit reform

During the Consultation, many people told us how important disability benefits, such as Attendance Allowance (AA) and Disability Living Allowance (DLA), are to them. People said that they like AA and DLA because they give them choice and control over some aspects of their care and support. Many respondents said that these benefits are one of the most welcome features of the current system because they provide support for those with lower care and support needs, before they develop greater care needs and become more reliant on formal care. Stakeholders told us that they felt taking away AA and DLA would run counter to our focus on prevention and independence. One particular issue of concern was that AA and DLA acted as ‘passports’ to other benefits.

Taking on board the concerns about the proposal to consider incorporating some disability benefits into the care and support system, and the confusion over which benefits were being considered, we decided that it was best to clarify our position part way through the Consultation. At this point, we said that we had ruled out any incorporation of DLA for under-65s into the National Care Service.⁴ We also stated that anyone receiving any of the relevant cash benefits (such as AA) at the time of reform would continue to receive an equivalent level of cash support and protection under a new and better care and support system.

A national or a part national/part local system?

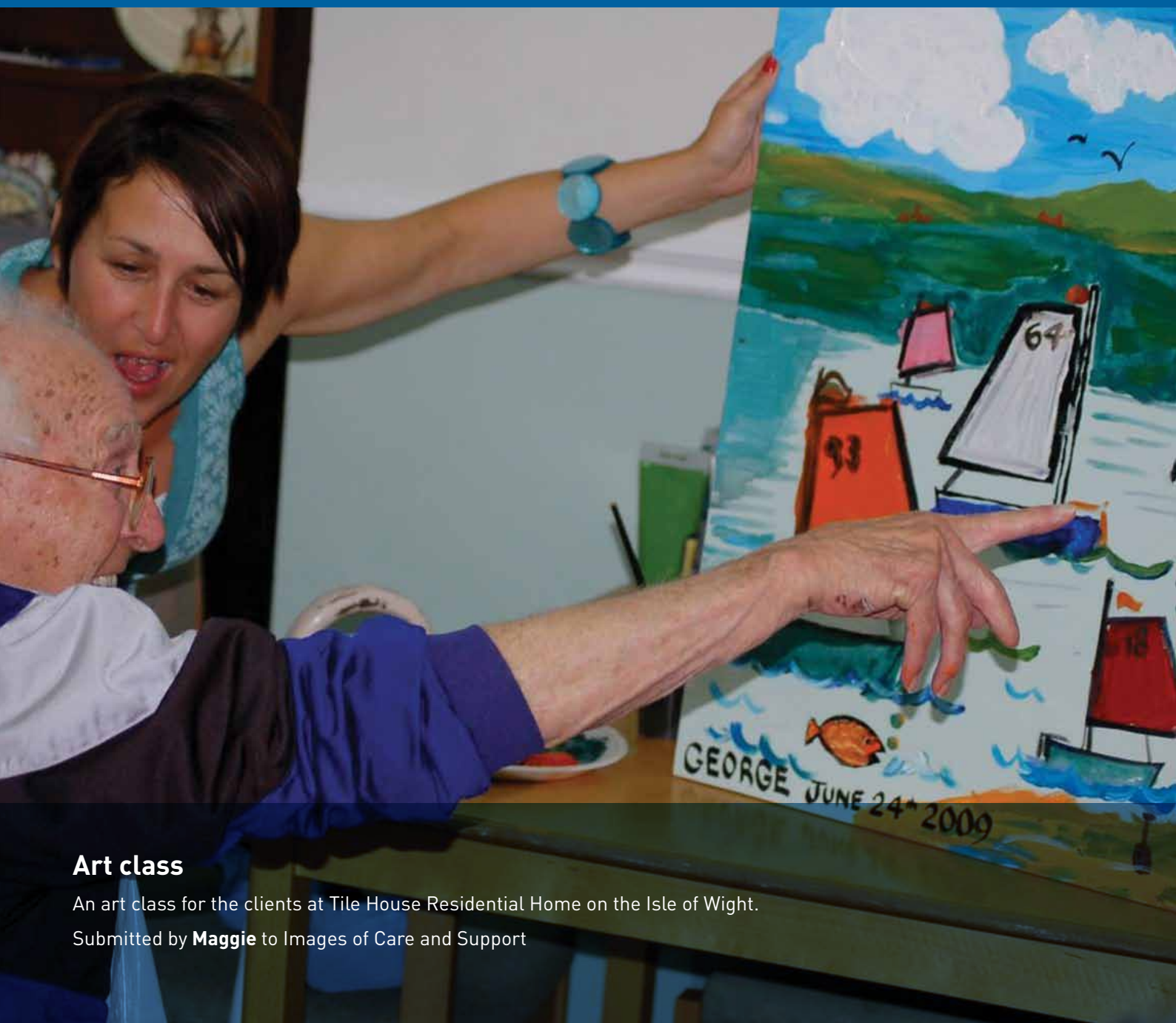
The findings show a mixed picture on this issue, with 54 per cent of respondents wanting a fully national service, and 46 per cent preferring the part national, part local option. Those supporting the fully national approach tended to do so because they believed that national consistency was the only way to ensure fairness. There was support for entitlements and overall levels of funding being decided at the national level, stopping local variability in the level of support that individuals receive. Many also lacked confidence in locally run services. Those wanting the part national, part local model recognised the need for some local flexibility in designing and delivering services, so that they could be tailored to reflect local circumstances and to address individual needs. We found no significant support for a fully local model.

⁴ Speech by the Secretary of State for Health to the National Children and Adult Services Conference, 22 October 2009: www.dh.gov.uk/en/News/Speeches/DH_107455

Conclusion

We welcome the lively discussion that the Big Care Debate has generated. We are pleased that the results support our vision and direction of travel, although we recognise that there are many different views on how best to undertake the reform programme.

The next chapter shows how the Government is responding to the Consultation, by setting out the vision for the National Care Service.



Art class

An art class for the clients at Tile House Residential Home on the Isle of Wight.

Submitted by **Maggie** to Images of Care and Support

4

The vision for the National Care Service

Summary

The Government believes that the time has come to build a comprehensive National Care Service, offering high quality care and support for all adults – whoever they are, wherever they live in England, and whatever condition leads them to need care.

The National Care Service will be underpinned by six founding principles. These principles are enduring, and will be the foundation of the National Care Service in the future. It will:

- **Be universal** – supporting all adults with an eligible care need within a framework of national entitlements.
- **Be free when people need it** – based on need, rather than the ability to pay.
- **Work in partnership** – with all the different organisations and people who support individuals with care and support needs day-to-day.
- **Ensure choice and control** – valuing all, treating everyone with dignity, respecting an individual's human rights, personal to every individual's needs, and putting people in charge of their own lives.
- **Support family, carers and community life** – recognising the vital contribution that families, carers and communities make in enabling people to realise their potential.
- **Be accessible** – easy to understand, helping people make the right choices.

There are also six pillars that set out what the National Care Service will deliver:

- **Prevention and wellbeing services to keep you independent.**
- **Nationally consistent eligibility criteria for social care enshrined in law.**
- **A joined-up assessment.**
- **Information and advice about care and support.**
- **Personalised care and support, through a personal budget.**
- **Fair funding, with a collective, shared responsibility for paying for care and support.**

Driving up quality within the National Care Service is also a key part of our vision. To do this, we set out the principles of a quality framework for care and support. Key to this will be making sure that the National Care Service, the NHS and other partners work closely together to deliver services, and ensuring that the workforce is effectively supported.

After careful consideration, and extensive consultation, the Government has reached the conclusion that it is time to build a comprehensive National Care Service.

The National Care Service will have fairness at its heart. Everyone will be required to make a contribution to fund the service and in return will have peace of mind that they will get care when they need it. Everyone's homes and their savings that they have worked hard to build up will be protected from catastrophic care costs.

The principles of the National Care Service

To deliver our vision, we are going to build the National Care Service on a set of six founding principles. These cover both delivery and funding, forming a solid base for the National Care Service, visible to everyone.

Principles of the National Care Service

The National Care Service will:

1. **Be universal** – by having a framework of national entitlements we will support all adults with an eligible care need, with high quality care when they need it, whoever they are, wherever they live in England, and whatever condition leads them to need care.
2. **Be free when people need it** – based on need, rather than the ability to pay. The cost will be shared collectively, fairly and transparently between the state and individuals.
3. **Work in partnership** – bringing together, supporting and valuing the role of the state, local authorities, the NHS, the third sector, the workforce, communities, families, carers and individuals.
4. **Ensure choice and control** – valuing all, treating everyone fairly and equally, with dignity, respecting their human rights, personal to every individual's needs and putting individuals in charge of their own lives.
5. **Support family, carers and community life** – recognising the vital contribution that families, carers and communities make, offering a circle of support where people feel supported, can develop their aspirations, and access the opportunities that help them realise their potential.
6. **Be accessible** – making the care and support system easy to understand and navigate, helping people, and those who support them, make the right decisions about their care and support.

The six pillars of the National Care Service

Building on these principles, we believe that there are certain things that people should be able to expect, whether they need care and support now or in the future, and wherever they live in England. These are the pillars of the National Care Service. We believe that these pillars will better support individuals, which in turn will bring benefits to carers and families.

The Green Paper, *Shaping the Future of Care, Together*, outlined what people could expect from a National Care Service – prevention services, national assessment, a joined-up assessment process, information and advice, personalised care and support, and fair funding. During the Big Care Debate, all six areas received strong support. This also reflects the direction set in *Putting the frontline first: smarter government*¹ for people to be given rights and entitlements, with greater control and choice over their own health and care.

Below we briefly outline our vision for each of the six pillars. Chapter 5 describes each in more depth, and explains how they will be delivered in the National Care Service.

Each pillar will support different people in different ways, and we expect services to be flexible and responsive to individual needs. For those reaching the end of their life, the aim will be to make them as comfortable as possible. For older people, the focus may lie on preventing any need worsening through initiatives such as fall prevention services or telecare. For younger people, it could be about making sure that universal services, such as support to enter employment, are working properly.

¹ *Putting the frontline first: smarter government*, HM Government, 2009

The six pillars of the National Care Service



1. Prevention and wellbeing services to keep you independent

We want the National Care Service, alongside the NHS and other partners, to focus on supporting people's wellbeing. This builds on the vision set out in *NHS 2010–2015: from good to great*,² for a preventative, people-centred, productive NHS. It means encouraging everyone to have healthy, active and fulfilling lifestyles; supporting people when a care need first arises to stop the problem escalating; and helping those with greater needs live safely, confidently and comfortably. An example is re-ablement, where anyone needing home care for the first time will be offered an intensive rehabilitation period to help them get back to their normal lives.

“Services and funding need to be in place to prevent conditions from worsening and further eroding people's independence.”

Public response to the Consultation

² *NHS 2010–2015: from good to great: preventative, people-centred, productive*, Department of Health, 2009

2. Nationally consistent eligibility criteria for social care enshrined in law

For the first time, there will be nationally consistent eligibility criteria for social care, enshrined in law, which set the point at which someone becomes eligible for state support in England. If someone moves to another part of England, their assessment will be portable, meaning that they will be able to take the results of their assessment with them.

3. A joined-up assessment

We want to improve the gateway for accessing social care and disability benefits to make it simpler and easier for people to apply for the support they need and provide a better service. We want to move towards creating a joined-up process that will give access to care and support services. We will begin by aligning the referral processes for social care and Attendance Allowance.

4. Information and advice about care and support

We want people who need, or who provide care and support to have information and advice about what they are entitled to, how to apply for and receive care and support, and how to stay as well and independent as possible. We will ensure that relevant, accurate and up-to-date information and advice is available to all, so that people can make informed choices about their care and support. We will use a variety of channels to provide this information, at both national and local levels, working in partnership with the NHS and engaging community services such as libraries, GPs and pharmacies, to signpost people to the services available locally.

5. Personalised care and support, through a personal budget

Everyone will be entitled to a care plan based on their needs, which they have been involved in designing. Rather than being told what services they will receive, people will be offered a personal budget, if they want one,³ giving them much more choice about how their care and support entitlement is spent. Some people will choose to take their entitlement as a direct payment in cash and use it to pay for everything themselves, while others will prefer to ask someone else to administer their personal budget for them. This builds on the approach taken in *Putting People First* and reflects the direction set for the NHS to give people greater control over their own health and care. It will mean supporting more people in their own homes.

³ A personal budget gives people a clear understanding of how much is to be spent on their care and support

“A system must be introduced that is just.”

Public response to the Consultation

6. Fair funding, with collective responsibility for paying for care and support shared between the state and individual

We want a system that is affordable to the individual, fair between the generations and sustainable for the state. In light of the demographic and social pressures on the care and support system, it is more important than ever that the cost of the National Care Service is fairly distributed – between the taxpayer and those requiring care, and between those who have retired and the working population.

Chapter 5 outlines in more detail what these pillars mean for people who need care and support, their carers and families.

Quality is at the heart of the vision

We want everyone to experience high quality services every time they touch the National Care Service, whether that is looking at a website for information, going through an assessment process, experiencing a prevention service, being supported more intensively at home or in residential care, or receiving end-of-life care.

Better quality services will also support those caring for others. Many carers have told us that the best way of supporting them would be to improve the quality of support available to those for whom they care for. We also want everyone to feel part of a circle of support, encouraging greater collaboration, recognition and respect between people who need care, carers and care professionals.

“There should be an integrated care system based on promoting health and wellbeing. This should entail assessment of both physical and mental health, promoting independence if that is what the person wants.”

Public response to the Consultation

We therefore plan to:

1. Integrate health and care services

We know that there are real benefits for individuals and staff if health and care services work better together – such as supporting people to live in the community, avoiding emergency admissions and reducing the length of stays in hospital. That is why we are introducing a new duty on all NHS bodies and local authorities to work together to develop and deliver integrated services under the National Care Service.

2. Support the workforce

“Services of equally high standards should be available to individuals regardless of whether they can pay or not.”

Public response to the Consultation

We also know that people’s experience of the National Care Service will be driven largely by their experience of those providing care and support services. This is why we want a motivated, diverse and compassionate workforce – one that feels valued and rewarded for the important and critical role it undertakes for our society. We are already working to attract more people to take a job, and build a career, in care and support. In 2009, the Department of Health published its strategy

for the future social care workforce, *Working to Put People First*, and the Government recently accepted all the recommendations of the Social Work Taskforce. We will continue to drive forward with this work.

We will support the whole workforce in preparing for the National Care Service – social workers, occupational therapists, residential and home care workers, and personal assistants. We are going to work with the sector to make sure that we have the right people, with the right set of skills, working in caring roles.

3. Introduce a new quality framework for the National Care Service

It is our intention to develop a quality framework for the National Care Service.

A quality framework is all about how we make sure that people are safe, and treated with respect and dignity; it is about driving up the effectiveness of care, making sure that professionals have access to new and better ways of delivering care; and about making sure that everyone who touches the National Care Service has a positive experience. In principle, we want the framework to complement the NHS quality framework,⁴ as we believe that this will help to align better the delivery of health and care services.

We outline how we are going to take forward introducing a quality framework in more detail in Chapter 6.

Building the National Care Service

We recognise that building the new National Care Service will be one of the biggest changes to the welfare state since the creation of the NHS. We are also creating it during a period of fiscal consolidation.

To enable the National Care Service to provide high quality care free when people need it for generations to come, we need to make sure we get it right. This means that we need to build the new service in stages.

Stage one: Building on the best of the current system and delivering the Personal Care at Home Bill

The first stage is to create a step change in the provision of services in the home and in our communities. These services are essential if we are to ensure that more people are supported in their homes and costs in the system are to be controlled. Central to this is the Personal Care at Home Bill, enabling us to guarantee free personal care for people in their own homes for those with the highest needs, from 2011. The first stage of reform will also see the creation of

⁴ Darzi, Lord, *High Quality Care For All: NHS Next Stage Review Final Report*, Department of Health, 2008

re-ablement services in every community, ensuring there is a service for people to be supported to regain their independence and confidence when they need home care for the first time. As part of the first stage, we will also see through existing reforms that are already delivering real benefits for people, such as the dementia strategy, carers' strategy and Putting People First.

Stage two: Putting the building blocks in place and extending the offer

The second stage of reform, during the next Parliament, will be to put in place the building blocks of a national system of care and support, in particular the establishment of clear, national standards and entitlements. This will begin to address the existing postcode lottery of care. We will introduce a National Care Service Bill early in the next Parliament as a major step forward.

We will establish a National Care Service Leadership Group by July 2010 to provide expertise and support delivery of the National Care Service. The group will advise the Government on a detailed implementation plan by the end of 2010.

From 2014 care entitlements will be extended so that anyone staying in residential care for more than two years will receive free care after the second year. The first and second stages together will mean that the most vulnerable in our society, those with the highest needs, will be protected from very high care costs and many more people will be supported to in their own homes.

At the start of the next Parliament, we will establish a commission to help to reach consensus on the right way of funding the comprehensive National Care Service. The Commission will determine the fairest and most sustainable way for people to contribute. It will make recommendations to Ministers which, if accepted, will be implemented in the Parliament after next. The Commission will determine the options which should be open to people so that they have choice and flexibility about how to pay their care contribution. Our expectation is that the Commission will consider all the various options for payment put forward by stakeholders and the public as part of the Big Care Debate and at the Care and Support Conference. We will be clear about the principles we want the Commission to consider, such as fairness for all, including between generations.

Stage three: The comprehensive National Care Service

The final stage of reform, after 2015, will be to move to a comprehensive National Care Service for all adults in England, with an eligible care need, free when they need it, whoever they are, wherever they live and whatever condition leads them to need care. For individuals and carers, the National Care Service will provide a clear set of national entitlements for the state-funded components of care and support.

At this point, we will take forward the proposals of the Commission on how people should make their contributions to the system to ensure that the National Care Service is sustainable and can provide high quality care for generations to come.

The Secretary of State for Health will be accountable at a national level for the policy and direction of the National Care Service, but local authorities will be responsible for the day-to-day delivery, ensuring that everyone has their care and support needs met. It will ensure high quality services by working closely with the NHS and other partners, and supporting all those working within the system to deliver services that people want and value.

The National Care Service will not replace the care that many people receive from their families, friends and communities; but it will support those receiving and providing care so that no one is left feeling unable to cope. We want to encourage everyone to do more for each other, supporting carers, families, friends and volunteers – this is not a take-over by the state.

Conclusion

We need to reform the current care and support system to meet the changing needs of our population, our economy and society. We must build on the best features of the current system, while introducing ambitious reform so that the system can cope with the unprecedented challenges our society now faces. The Government has set out a bold vision for the future, because we believe that by delivering a National Care Service we can realise the opportunities of delivering a fairer and more civilised society.

The next chapter sets out how we will translate the vision, principles and pillars of the National Care Service into a real service for individuals, their families and carers.



Telecare gives greater independence

“Before telecare my family would come round and check on me every night. Having telecare has given me independence and my family peace of mind; they no longer worry about me or feel the need to check on me. I can also go out and play poker without them knowing!” said Steve, who uses telecare.

Submitted by **Tunstall** to Images of Care and Support

5

Delivering the vision

Summary

The Green Paper described what everyone in England should be able to expect as part of a new National Care Service. The previous chapter reaffirmed these six pillars, which build our vision of a comprehensive National Care Service that treats disabled adults and older people with dignity and respect.

This chapter explains how we will make the National Care Service a reality. It begins by describing work that is already happening to deliver:

- Universal services to support health and wellbeing
- Housing
- Support for carers

It then moves on to talk about the six pillars, which combine into three key features of the care journey people will experience as part of the National Care Service:

1. Information and advice
 2. Nationally consistent eligibility and joined-up assessment
 3. A personalised and preventative care package
-

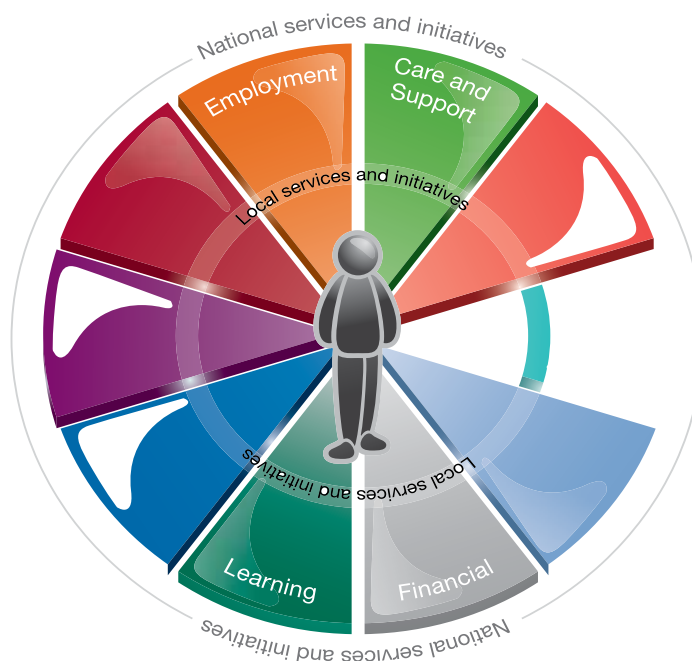
We will make the National Care Service a reality through the six pillars, which combine into three key features of the care journey people will experience as part of the National Care Service:

1. Information and advice
2. Nationally consistent eligibility and joined-up assessment
3. A personalised and preventative care package

Before describing the care journey, this chapter sets out the work that is already happening to deliver universal services to support health and wellbeing; housing; and support for carers.

Universal services to support health and wellbeing

Before people reach the point at which they have a level of need that leads them to access the National Care Service, there is a range of universal services available to everyone. The following diagram represents the scope of services that support health and wellbeing in the general population.



Local authorities play an important role in helping individuals and families by providing a wide range of services that benefit the community. They should work with partners in their area, including GPs, the NHS, third sector and private organisations, to ensure that appropriate universal services are available. This embodies the approach set out in *Total Place: A whole area approach to public services*.

This means more than providing high quality health and care services – it's about a range of services that allow disabled adults and older people to remain active, contributing to communities and the economy, and enhancing their own wellbeing. These services include parks, transport, leisure centres, adult learning services, libraries, free health information from pharmacies, community volunteering services and many others. We also want to make sure that everyone who is able to, and wants to, has the opportunity to work.

Universal services should not be limited to people with a care and support need. For example, good public transport is vital for people who find it difficult to get about. But it also means that everyone can take personal responsibility for keeping themselves active and healthy by using buses and walking rather than always travelling by car.

There are clear links between choosing to live a healthy lifestyle and minimising the chances of certain types of care need arising. Physical and mental wellbeing are key to reducing the risk of some conditions, including dementia and mobility problems later in life. In addition, effective self-care for existing health conditions can slow deterioration and keep people independent. The role of the state is not to replace carers, peer support, volunteering, social networks or self-care. It is to enable people to do these things, and more, for themselves and their communities, allowing both to benefit. We want to create an environment in which people can support one another within their communities.

University of the Third Age

The University of the Third Age (U3A) provides an opportunity for older people to socialise, make new friends and pursue their interests. It is run by its members, all of whom are over 50. The U3A in Furness, Cumbria has around 300 members ranging in age from 50 to over 80. Furness U3A organises 29 different interest groups, which meet monthly. Activities include theatre visits, book groups, swimming and French for beginners. Each group is run by a U3A member and enjoyed by at least a dozen people.

Essex Libraries Home Library Service

The home library service visits people who are unable to reach the library because of disability, age or long-term illness. Volunteers deliver books, CDs, DVDs and information to customers in their homes, and chat to them about reading. When asked what they got out of the home library service, customers emphasised again and again the social contact and value of meeting people, and enjoying the company. One person said, "Without it, life wouldn't be so interesting. I'd miss out on a good friend. I look forward to her visits" and another commented, "I'd miss it greatly, his chats – it's a lifeline."

Housing

In the context of an ageing society it is vital that high quality local housing options are available that meet people's needs and aspirations, while supporting them to live independently and well. A range of support is already available, from technology and adaptations in people's homes to offering well-equipped homes with a community ethos that can cater for individual care and support needs as they develop, for example Extra Care Housing.

There are many innovative ways that these services can be delivered in partnership between providers and people with care and support needs, and this is discussed more in Chapter 6.

Nationally, the Government will build on the recommendations from the *Housing our Ageing Population: Panel for Innovation*¹ report. We will work with stakeholders and industry leaders to understand the best elements of the housing models available. We will support local authorities as they seek to provide high quality local options, and we will work with the Homes and Communities Agency to make best use of the investment streams that support our housing strategy for an ageing society.² Building on work already done through the First Stop Shop and LinkAge Plus pilots, these options will need to be communicated to people at an early stage so they can make timely decisions about where they live, rather than having to move at a time of crisis.

A small capacity-building grant for every council in England with adult social care responsibilities is currently helping them develop innovative Extra Care Housing solutions and design new services to meet the needs and lifestyle choices of current and future generations.³ It is important that people have access to repair services and advice about funding for repairs. It is also important that neighbourhoods are designed to provide services and opportunities that support people's health and wellbeing. We will therefore publish a report giving practical advice to help local authorities create Lifetime Neighbourhoods that are welcoming, accessible and inviting for everyone.

Flexicare Housing Hertfordshire

The county council and its partners, including PCTs, have developed an ambitious programme aiming to preserve people's independence. The programme offers a range of flexible housing options, taking account of people's changing needs and promoting a balanced community of people with a wide range of care and support needs. Housing options include making best use of existing stock by re-modelling under-used sheltered housing schemes. People live in their own apartments, with communal areas and facilities to promote a sense of community. Care staff are based on-site 24 hours a day, seven days a week.

Support for carers

We recognise the vital role carers play in providing support to the people they care for. When we implement the comprehensive National Care Service, formal services will be free for adults with eligible care needs when they need them. This means that while eligibility decisions will still take into account the amount of support provided by carers, they will no longer feel forced to provide excessive levels of care. There will be integration of services between the National Care Service and the NHS,

¹ *Housing our Ageing Population: Panel for Innovation*, Homes and Communities Agency, 2009

² *Lifetime Homes, Lifetime Neighbourhoods*, Communities and Local Government, 2008

³ www.dh.gov.uk/extracare

making services such as respite for carers more widely available. We will also support carers who want to combine their caring role with employment. Building on the carers' strategy, our vision is for a National Care Service that provides greater personalisation of care, improves the quality of formal care, and works with employers and Jobcentre Plus to support carers.

The vast majority of carers in Britain are of working age – 4.5 million people, over 3.6 million of them living in England. Three million of these carers combine work and care, making up over 12 per cent of the total workforce. Women who provide care are more likely than men to work part-time. This has a significant impact on their income and future pension provision.⁴

In every Jobcentre district, there is now a Care Partnership Manager in post, improving support available to working carers. This includes provision of employment support for every carer who works fewer than 16 hours per week. *Building Britain's Recovery: Achieving Full Employment*⁵ described how the Government could help individuals meet their caring responsibilities while remaining in employment, including provision for flexible working. In some organisations, a range of possible working patterns has become business as usual. Employers in these organisations have recognised that flexibility works both ways — it can benefit both the employer and the employee, particularly when the employee has caring responsibilities.

The Government has introduced the new Carer's Credit for those caring at least 20 hours a week for disabled people. From April 2010, it will be possible to get a full basic State Pension based on caring responsibilities. Someone awarded Carer's Credit for 30 years would be entitled to a full basic State Pension. Around 160,000 people may qualify for an increased basic State Pension and approximately 240,000 people will accrue State Second Pension because of the new Carer's Credit.

Employers for Carers, a group of leading employers supported by Carers UK, has signed a memorandum of understanding with six Government departments to ensure a positive contribution to supporting carers in the workplace and to further develop and promote good practice in supporting working carers.

Three key features of the care journey

People are likely to experience the six pillars of the National Care Service, described in the Green Paper and set out in Chapter 4, in the following ways:

1. Information and advice
2. Nationally consistent eligibility and joined-up assessment
3. A personalised and preventative care package

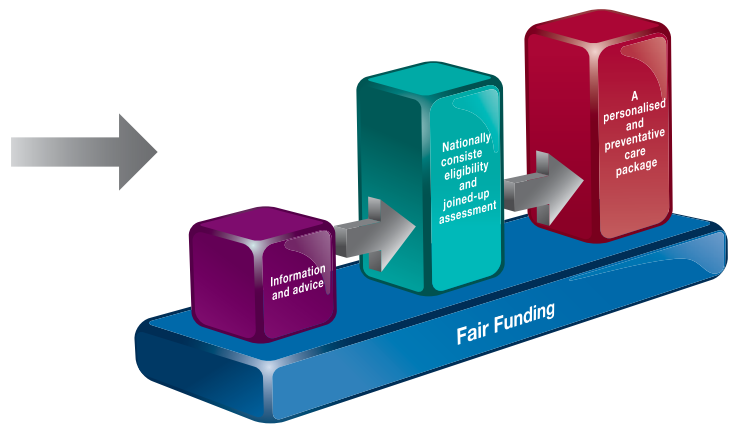
⁴ *Carers, Employment and Services Report Series*, Carers UK and University of Leeds, 2007

⁵ *Building Britain's Recovery: Achieving Full Employment*, Department of Work and Pensions, 2009

The six pillars of the National Care Service



Three key features of the care journey



“We need to know who does what and how to contact them.”

Public response to the Consultation

1. Information and advice

Good information and advice makes it easy for people to understand and gain access to services to which they are entitled. We want to make sure that the National Care Service provides information and advice people can trust. It will help those with care needs, carers and those who simply want to understand how the system works and what they can expect in the future. This information will make it clear what help is available, both nationally and locally, and how to access it.

We believe that the information provided about the National Care Service needs to:

- Be clear, accessible and relevant, making links to other services as appropriate.
- Be accurate, easy to understand and available to everyone, regardless of need.
- Allow people to make informed choices about what kind of care and provider would be most appropriate for them.

We recognise the key role the internet plays in connecting people to information and advice on a wide range of issues. The Government has recently set out its *National Plan for Digital Participation*,⁶ which includes particular schemes focusing on helping more disabled adults and older people get online. We will ensure online information and advice is of high quality and easy to understand. But we will also ensure that other channels are available so those who prefer to access information by phone or in person can do so.

⁶ *National Plan for Digital Participation*, Department for Business, Innovation and Skills, 2010

What this will mean for people with care and support needs

Information will be available in a variety of formats to explain:

- who to contact for an assessment
- how the assessment will work
- what support will be provided by the state
- which services are available.

Local authorities will ensure that information is available on the full range of services available in their area, and who people can contact for further advice. In addition, information and advice will be available on how to stay healthy, well and independent, and which local services are available to help with this. Local authorities will actively share this information, and will encourage you to access the services you are entitled to through the National Care Service.

At both a national and local level, we will make sure that there is well-signposted information on wider public services and opportunities that may affect decisions about people's care and support needs. This will include information about local options for accommodation and housing-related support to help people live independently at home for as long as possible.

Bristol City Council

Bristol City Council runs Care Direct, a service for vulnerable adults, older and disabled people, their families, friends and carers. It provides information about – and access to – social services, benefits, and other statutory and independent resources, as well as being a point of contact for anyone who has concerns about a vulnerable person. This information and advice can be accessed by phone and on the Bristol City Council website.

Bristol is also making use of new technology, developing an interactive website for council and community support brokers to access local information for support planning. The council's Digital Inclusion project is working in partnership with a range of other organisations, including NHS Bristol, to enable people to access council and health services via their TV.

What this will mean for families and friends providing care

Carers often tell us that it is very difficult to understand what services an individual may be eligible for, what services are available locally, and what advice and support are available to help them carry out their caring role more effectively. We will promote the information already available from Carers Direct and Directgov to help carers balance the pressures of caring and living the life they want. We will also provide information about whom to contact to have an assessment or reassessment of needs or means, both for people with care and support needs and for their carer.

Carers Direct

Carers Direct is a service providing carers with information and advice about the local and national services and support available to them in their caring role. Its website includes videos of carers describing their own experiences and providing insight and advice, a carers' blog, and a self-assessment tool to help carers understand what support they might be eligible for.

www.nhs.uk/carersdirect
0808 802 0202

How we will achieve this

The Government will set up a national online information portal to provide a first point of contact for advice about care and support, in a range of formats. The portal will include information that explains how the National Care Service works and how to apply for an assessment. It will have clear links to information on wider services and benefits for people accessing care and support, including housing options, benefits, pensions and financial planning advice.

Local authorities will continue to play a leading role in providing high quality advice about local services. The national portal will direct people to local authority contacts who can provide information and advice by phone and in person about services in their local area, as well as giving further advice on the assessment process.

Richmond Users Independent Living Scheme (RUILS)

RUILS is a user-led charity made up of disabled and older people who believe in the idea of self-help and living independently – but with support if necessary. RUILS demonstrates that disabled people can help each other to achieve real independence. It is a free service that gives its users advice and information, and provides support brokers who can help people design their personal plan. The services are jointly provided by paid staff and volunteers who have had personal experience of using the care and support services, and managing their own personal budgets.

We want local authorities to actively provide information so that, however people interact with their local services, they will be signposted towards information about the National Care Service. This means engaging partners across the local area, and asking the NHS in particular to play an important role so that no one misses out on what they are entitled to.

This also means working together across a broad range of local services. Third sector organisations, pharmacists, GPs, clinics, hospitals, and local businesses and retailers all have an important part to play in directing people towards information about the National Care Service and helping people access the services they are entitled to. By working with local partners and harnessing existing services, local authorities can ensure information and advice gets through to everyone who needs it. In Birmingham, for example, the home library service visits individuals in their homes and, as well as the usual lending services, promotes its Stay Well 65 scheme – a partnership between the Council and a social enterprise that assesses older people's needs and puts them in touch with benefits and services they are entitled to. Library staff bring laptops out with them to help older people fill in the online forms in their homes.

While different populations will have differing information needs, there is some information we will want everyone to have about their local services, wherever they live. In order to ensure this degree of national consistency, we will ask the National Care Service Leadership Group to review information provision as we move towards implementing the new system and to set out what information all local authorities should be providing.

While we want information and advice about the National Care Service to reach as many people as possible, we also want to ensure that people can see at a glance which information they can trust. The Information Standard is a new scheme which accredits organisations that provide health and social care information to the public. We want more local authorities and other organisations that provide advice to apply for accreditation, so people can be sure the information they receive can be trusted.

What this will mean for people who lack capacity to make decisions about their own care

Many people with dementia, brain injuries or learning disabilities can and do make decisions about their lives and their care. The Mental Capacity Act requires services to assume that all people are able to make decisions, and not to treat anyone as unable to do so until 'all practicable steps to help them have been taken without success.'

This means there are a large number of people who need support to help them stay in control of their lives. There are also some people for whom decisions must be taken. These are called 'best interest decisions', and are taken after consultation on people's wishes and feelings, and careful weighing-up of the best options for their quality of life. The Mental Capacity Act explains how these decisions should be made in a way that combines empowerment and protection.

The Government considers people who lack capacity to make decisions about their care to be among the people who most need the National Care Service to work in their best interests. When people cannot easily make choices or navigate systems, the National Care Service needs to be responsible and proactive to provide the best possible quality of life.

"The right system for [assessment is] national guidelines with some local flexibility."

Public response to the Consultation

"Joined-up services... are needed to stop duplication and people missing out."

Public response to the Consultation

2. Nationally consistent eligibility and joined-up assessment

The next key interaction that a person might have with the National Care Service is to have their needs and eligibility assessed. A form is completed (either alone by the person with a care need, or with help) that determines what care and support they need and are entitled to receive.

Under the National Care Service, we want to improve the gateway for accessing social care and disability benefits to make it simpler and easier for people to apply for the support they need. To ensure that the system is transparent, nationally consistent eligibility criteria for social care will be enshrined in law for the first time and set the point at which someone becomes eligible for state support in England. Increasing national consistency in decisions around eligibility will help address variation based on where people live.

Assessment is more than a one-off snapshot of a person's circumstances and requirements. It is a process that takes account of changes in people's needs and may involve a number of stages, or involvement from a range of different professionals. Some people will need a complex health and social care assessment, including judgements about immediate need for services and potential risks. Others will require a much lighter touch. However, the result of an individual's needs assessment should be consistent wherever they live in England.

What this will mean for people with care and support needs

We want to move towards creating a joined-up process that will give access to care and support services.

For the first time there will be nationally consistent eligibility criteria for social care enshrined in law which set the point at which someone becomes eligible for state support in England.

If someone moves to another part of England, they will be able to take the results of their assessment of eligibility with them (it will be portable), unless they want a reassessment because their circumstances have changed. This will give people much greater transparency to help them make plans if they want to move.

What this will mean for families and friends providing care

The portable assessment and nationally consistent eligibility criteria will help families and friends to navigate the system more easily. They will be able to access the appropriate forms in one place and the eligibility criteria will be clear. Carers will also continue to be able to request an assessment on their own behalf, to ensure that their own needs are known.

*Support for All*⁷ set out the importance of service providers for adults being alert to the impact of people's needs on other family members, especially children. The Government's Think Family programme aims to encourage providers to consider the family as a unit rather than its members in isolation. This is especially important during assessment, both for people with care needs and their carers. As we live longer, families are increasingly providing support to relatives who live at a distance, which can be challenging both for the families themselves and for local services providing support. The Government has asked the Standing Commission on Carers, the Government's Expert Advisory Group, to explore the challenges facing intergenerational and distance carers during 2010.

How we will achieve this

Currently, people who need care and support may have to apply for social care and disability benefits separately. We want to improve the gateway for accessing social care and disability benefits to make it simpler and easier for people to apply for the support they need. Experts from the National Care Service Leadership Group will explore the business processes, IT changes and legal requirements needed to make this a reality.

⁷ *Support for All: the Families and Relationships Green Paper*, HM Government, 2010

Attendance Allowance (AA) is a non-contributory, tax-free benefit for people aged 65 and over who need someone to help look after them because they are disabled.

You may get AA if:

- you have a physical disability, including a sensory disability (such as blindness); a mental disability, including learning difficulties; or both
- your disability is severe enough for you to need help caring for yourself or someone to supervise you, for your own or someone else's safety
- you have needed that help for at least six months
- you are aged 65 or over when you claim.

Disability Living Allowance (DLA) is a non-contributory, tax-free benefit for children and adults claiming before they reach the age of 65, who need help with personal care, require supervision or who have walking difficulties because they are disabled.

You may get DLA if:

- you have a physical or mental disability, or both
- your disability is severe enough for you to need help caring for yourself or you have walking difficulties or both
- you are aged under 65 when you claim.

We know that there are other funding streams that help disabled adults and older people meet their care and support needs more widely. These include the Disabled Facilities Grant and the Independent Living Fund. We believe there is scope, given the principles already put into place under the Right to Control, to further streamline the different areas of support available to disabled people. We intend to work with stakeholder organisations to develop options for the full integration of these funding streams into a unified care and support system, to provide a better service.

Nationally consistent eligibility criteria for social care will be enshrined in law for the first time. This will ensure greater consistency and set the point at which someone becomes eligible for state support in England.

The criteria will build on the best elements of existing guidance, including personalisation, prevention and the recently revised guidance on eligibility criteria for social care.⁸ The existing assessment processes will continue to be used while the

⁸ *Prioritising need in the context of Putting People First: A whole system approach to social care – Guidance on Eligibility Criteria for Adult Social Care, England 2010*, Department of Health, 2010

National Care Service eligibility criteria and assessment process are designed. Any changes to assessment will specifically consider the impact on equality to make sure the new system is as fair as possible to everyone. Over time, we want to move towards more aligned eligibility across a wider range of services and disability support to provide a more joined-up experience for people. We will ask the National Care Service Leadership Group to look at the case for this and how it might be done.

The Government will:

- ask an independent group of experts to advise Ministers on the design of nationally consistent eligibility criteria for social care
- consult on them before they are implemented
- legislate to enshrine the nationally consistent eligibility criteria for social care in law for the first time.

The **eligibility criteria** will be based on the following principles:

- The eligibility criteria should reduce the level of unmet need, be fair, affordable, cost-effective, simple, and easy for individuals to understand.
- Eligibility should be based on five care and support needs:
 - be safe at home and free from abuse and neglect
 - stay well or get back to full health, where possible
 - participate in and contribute to society
 - undertake personal care (Activities of Daily Living)
 - undertake practical tasks (Instrumental Activities of Daily Living).
- Like the current system, eligibility will take account of the level of support someone receives from their carer(s).

Assessment will be based on the following principles:

- **Portable:** An individual will be legally entitled to take their assessment results with them when they move. Individuals can ask for a reassessment when they move into a new area if the move affects their needs, and reassessment will take place at least annually, as is the case today. Local authorities will make information available about what care and support people can expect for specified levels of need so they can find out what they would be entitled to before they move.
- **Joined-up:** We want to move towards creating a joined-up process that will give access to care and support services. We will begin by aligning the referral processes for social care and AA through a single portal to both forms of support. We will explore whether a joined-up assessment process could be further developed and extended in future.

- Regular review and reassessment: Regular review and reassessment are important parts of providing care and support that continues to meet people’s needs. Everyone should be able to request that their needs and means are reassessed if their needs change, and everyone receiving a care package should be reassessed at least annually.

People will be assessed on the basis of nationally consistent eligibility criteria. Local authorities will then allocate a personal budget to each individual (the amount of money dedicated to providing the individual’s care and support). This will allow care packages to be tailored to the individual while taking into account local circumstances, including the wider range of services available locally to support an individual to meet their needs. We will continue to ensure that local authorities are monitored so that people’s needs can be met by their budgets.

The type of care available may vary depending on location to reflect local factors. This is because costs and how best to provide care can vary enormously in different parts of the country (for example between urban and rural areas).

Transition between children’s and adult services

Moving between children’s and adult services can be a difficult time for people receiving care. Transition planning for young people with care and support needs requires a coordinated multi-agency approach. Successful transition depends on early and effective planning, which addresses not only the young person’s care and support needs but wider issues such as housing needs, preventing needs getting worse and helping families plan for the future.

The process of transition should start while the child is still in contact with children’s services and may, subject to the needs of the young person, continue for a number of years after the transfer to adult services.⁹

“All care should be person centred and specific to the individual.”

Public response to the Consultation

“Prevention, including telecare and re-ablement, will help to improve quality of life and will reduce support needs.”

Public response to the Consultation

3. A personalised and preventative care package

Shaping the Future of Care Together stated that all adults with care and support needs and their carers should be included in the life of the community and supported in living life as they choose, which could mean:

- extended, further or higher education

⁹ Further information about preparing for transition can be found in the following Department of Health and Department for Children, Schools and Families guidance:
 1. *Transition: getting it right for young people: Improving the transition of young people with long term conditions from children’s to adult health services* (2006)
 2. *Transition Guide for all Services* (2007)
 3. *Transition: Moving on well* (2008)

- employment, or training to prepare for a job
- bringing up children
- caring for other family members
- volunteering
- involvement in sport, leisure and social activities.

Informal adult learning

The Government published *The Learning Revolution* White Paper in March 2009. It sets out a new vision for informal adult learning and shows how informal activity can benefit wellbeing, mental health and social interaction. Among other commitments, the White Paper promised that the Government would help widen access to informal learning in day care, residential care and supported housing. The Department for Business, Innovation and Skills has published guidance materials for people in the job roles that can make a real difference to the lives of people in care – local authorities, care managers, care staff and learning providers.

Each publication offers practical advice on how to increase access to learning in care settings and shows how learning can tackle isolation, improve physical and mental health, reduce dependence on medication and enhance recovery rates. One older learner said, “Learning is living. It brings joy and fulfilment. All cares and woes, aches and pains fade away to nothing. I am very fortunate to have this in my life.”

People will need very different care and support depending on their individual circumstances. But regardless of their level of need, the care package an individual is entitled to will treat people with dignity and respect, and:

- give them choice and control over their care – a personalised care package
- help them prevent their needs from getting worse where possible – a preventative care package.

Putting People First set out the values and elements of a personalised and preventative system. It made it clear that personalisation needs to be built into all aspects of care. To continue to embed the *Putting People First* ethos of personalisation and prevention across our public services will require determined leadership at the local level, the development of new approaches and ways of thinking, and a genuine commitment to building services around people not institutions.

Personalisation will be the foundation of the new National Care Service and it extends beyond being offered a tailored package of care. It means shifting control to the individual and enabling them to identify how needs will be met. This includes sensitive and flexible arrangements for people receiving end-of-life care.

As part of the Government's commitment to provide greater choice and control over the support disabled people receive from the state, we are piloting the Right to Control for disabled adults over certain funding streams in a number of local authority trailblazer sites in England from 2010.

What this will mean for people with care and support needs

Central to achieving the *Putting People First* vision of personalisation is giving individuals a clear understanding of how much is to be spent on their care and support – their personal budget. This means people have greater control over how their money should be spent on services tailored to meet their needs. Individuals can continue to receive some or all of their services from the local authority, or take all or part of their personal budget as a direct payment in cash.

We know that many people who receive care and support would like to stay in their own homes, rather than move into residential care homes. We want the National Care Service to support people with that aspiration. As part of our detailed implementation plans, we will set out a challenging objective for the National Care Service to support more people to be cared for in their own homes. It is right that we offer people the choice to stay in their own homes where this is appropriate.

What this will mean for families and friends providing care

Families and friends with caring responsibilities often tell us that services are designed around institutions and not individuals. This inflexibility makes it difficult for carers to maintain the balance between their own lives, including maintaining or taking up employment, and caring responsibilities. Giving individuals much greater choice and control of the formal care they receive will help carers to manage their caring responsibilities. A greater emphasis on preventative services, and the use of assistive technology, can give greater peace of mind for those providing care.

“The only way to keep carers fit and able to do the job they do (caring), is to meet the needs of the disabled cared for person properly.”

Carer quoted in a stakeholder response to the Consultation

How we will achieve this

The new National Care Service will build on the principles of personalisation, prevention and early intervention to keep people well and to give them more control over the care and support they receive.

To help disabled adults and older people to stay well and independent for as long as possible, care and support will focus on helping them regain independence and skills, and preventing their needs from getting worse, where possible. This not only provides better outcomes for individuals and their carers, but is also a better use of public money. There are some circumstances in which further prevention is not possible, for example when someone is planning their end-of-life care. However, in most circumstances people can be supported to get the care they need in a way that minimises the chances of their needs escalating. Help will continue to be available to support individuals (and their carers), as experts in what works best for them, continuing to 'self-care'. This includes the Expert Carers and Expert Patients Programmes; these are self-management programmes that support people to increase their confidence, improve their quality of life and better manage their condition.

Where it is shown that an intervention works and is affordable, we want local authorities to ensure that everyone can benefit from it quickly.

A preventative care package for each individual aims to help people stay as well as possible and stop their needs getting worse so that they can continue to live the life they want to live. This is especially relevant for people at risk of ending up in hospital or going into residential care too early. For example, falls are a major cause of disability and mortality in the UK. The Department of Health's Prevention Package for older people published in 2009 contains guidance and tools to support falls prevention, exercise training and service improvement.

When someone's care plan is designed, prevention services such as telecare will be a fundamental part of their package, wherever they live.

Wider public services have a key role to play in working with the National Care Service in preventing or reducing the need for care and support. From the housing perspective, there is already some evidence to suggest that well-adapted housing can be effective in preventing falls, improving the mental and physical health of both older and disabled people, and reducing the pain and physical ill-health of carers.¹⁰

¹⁰ *Better outcomes, lower costs – Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence*, Office for Disability Issues and University of Bristol, 2007

We also know that recent initiatives providing housing-related support – for example through the Supporting People programme – can make a real difference to individuals, supporting them to live independently and maintain their quality of life. It can also help minimise crises such as falls, decline in health, eviction or violence that could result in the need for more intensive support, residential care or health care.

The Government also recognises that better joint working is key for all people with care and support needs, and is making this an important part of new policies. For example, the first autism strategy for England sets a clear framework for all mainstream services across the public sector to work together for adults with autism.¹¹

Under the National Care Service, local authorities and PCTs will continue to develop Joint Strategic Needs Assessments (JSNA) of the health and wellbeing of their local community. We plan to introduce a duty for local authorities and PCTs to jointly commission on the priorities identified as part of the JSNA.

Partnerships for Older People Projects (POPPs)

The Partnerships for Older People Projects were ambitious projects designed to provide evidence about how best to help older people stay well and independent. The projects looked at how local authorities and the health service could work better together to reduce the number of older people having emergency admissions to hospital or requiring longer-term residential care.

The projects have shown that investing in preventative approaches, and working together, really can work. Not only have the projects led to a reported better quality of life for individuals, but they have also demonstrated the potential for considerable savings. On average, across a range of projects there has been an almost 50 per cent drop in the number of overnight hospital stays and an almost 30 per cent drop in A&E visits after people received a POPP service compared with the situation before they used the service. Interventions across the programme have produced an average saving of around £1.20 in emergency bed days for every extra £1 spent on the POPP service.

¹¹ 'Fulfilling and rewarding lives': *The strategy for adults with autism in England (2010)*, Department of Health, 2010

Re-ablement

Re-ablement is about helping people get back some of the skills and confidence they may have lost through poor health, a disability or going into hospital or residential care. A re-ablement package helps people learn or re-learn and practise skills for daily living such as washing and dressing, so that they can live independently at home for much longer.

Re-ablement will be free for everyone who could benefit from it when they need home care for the first time. This will help them to regain their independence.

Everyone who approaches a local authority for support will be assessed for help. Where the council thinks they could benefit from it, a period of re-ablement should be offered and the full community care assessment of longer-term needs will take place after it has happened.

The Government is committed to re-ablement and believes it is a key way of helping to keep people independent and well for as long as possible. Examining the experiences of four councils and schemes, a 2009 study¹² found that in three local re-ablement schemes 53 to 68 per cent of people left re-ablement requiring no immediate home care package, and 36 to 48 per cent continued to require no home care package two years after re-ablement.

Personal budgets

By the time the National Care Service is introduced, every eligible person will be offered a personal budget.

The National Care Service will give appropriate support to each person's assessed level of need. People may choose to take some or all of their personal budget as a direct payment in cash instead of services.

Councils are at varying stages in the journey towards making personal budgets the default mechanism by which social care is delivered. Many councils are now using personal budgets as the means of working with new customers.

The ring-fenced Social Care Reform Grant gives councils £520 million funding to help them redesign and reshape their systems over the three years from 2008 to 2011. The expectation is that by April 2012 everyone approaching social care for care and support will go through a process of self-directed support with a personal budget. Local authorities showing flexibility and innovation in how personal budgets are delivered can offer excellent cost-effective support.

¹² *Homecare Re-ablement Workstream: Retrospective Longitudinal Study, Care Services Efficiency Delivery Programme*

Personal health budgets

Building on personal budgets in social care, the Department of Health is currently piloting personal health budgets. Around half of the PCTs in England are taking part, involving people with a range of health conditions.

A personal health budget involves someone knowing how much money they have to spend on specified health needs or outcomes, and deciding how to meet the person's needs in a way that best suits them. Pilot sites are working with local authorities to enable joining of health and social care where practical, including joint care planning, and considering how to combine support services and some administrative functions.

www.dh.gov.uk/en/Healthcare/Highqualitycareforall/Personalhealthbudgets/index.htm

Appropriate use of personal budgets and safeguarding

Planning a personalised care package involves allowing disabled adults and older people to make their own informed decisions – including decisions about risk. Councils have a responsibility to ensure that, wherever possible, the choices made both by people who use services and by their carers are respected and supported. The benefits of choice and control may have to be weighed against risks associated with particular choices. The Department of Health has issued guidance on decision-making, taking account of capacity issues, in *Independence, Choice and Risk*.¹³

Existing policy is that there should be effective risk management in place, with scrutiny that should be reasonable and proportionate. Two people with apparently similar presenting needs will receive different packages if their levels of risk or need for support are different. Local authorities need to ensure that disabled adults and older people are aware of the additional responsibilities and legal requirements they must follow if they choose to take their personal budget as a direct payment. For example, directly employing a carer has implications for tax liabilities. Support in using personal budgets and direct payments effectively is often provided by third sector organisations. Chapter 6 will describe our plans for a licensing scheme for all social care workers, whether in residential care, home care or working as personal assistants.

¹³ More information on care planning, personalisation and risk management can be found in *Independence, choice and risk: a guide to best practice in supported decision making*, Department of Health, 2007

Fair funding

The National Care Service will be set within the context of a clear, simple and fair deal about when and how much people have to contribute towards the cost of their care and support, which is described in detail in Chapter 7.

Conclusion

In whatever way people experience the National Care Service, whatever their age or level of need, it will guarantee them a fair, simple and affordable journey to the care and support that helps them live the life they want to live. This chapter has outlined how universal services, information and advice, a nationally consistent eligibility and joined-up assessment, and a personalised and preventative care package will be delivered. The next chapter sets out how we will ensure that disabled adults and older people can access excellent care and support, and how quality will be embedded in the new National Care Service.



My job matters

"My job matters because I am helping people on a daily basis, helping them to stay independent in their own homes. That gives me a lot of job satisfaction. It's important to remember that my clients may not see anybody else during the day. The most satisfying thing is to see that, as I leave, the person has a smile on their face."

Hidy, Apprentice Carer, Social Care Recruitment Campaign

6

Embedding quality in the National Care Service

Summary

In the Green Paper, we said that there were three changes we needed to make to our care and support system to achieve our vision for the National Care Service. These were more joined-up working; a wider range of care and support services; and better quality and innovation.

Throughout the Consultation, people agreed with these three changes, but they also told us that high quality services were the most important aspect. Key to this was national consistency in the quality of care, greater alignment of services and better support for carers and the workforce. With this in mind, we have focused our proposals in this White Paper on how we can better integrate services, support the workforce and drive up quality. Encouraging innovation and offering a wider range of services remain important elements in improving quality.

In this chapter, we outline how we will ensure that quality is embedded throughout the National Care Service. We have looked at how the NHS has developed its quality framework, and how we can build upon it.

Everyone receiving care and support should be treated with dignity and should have their human rights respected. Everyone must be safe and protected, while having independent choice and control over the support they receive.

We want people to experience high quality services every time they touch the National Care Service, whether that is when looking at a website for information, going through an assessment process, when experiencing a prevention service, while being supported more intensively at home or in residential care, or receiving end-of-life care.

We know that better quality services will also support those caring for others. Many carers have told us that the best way of supporting them would be to improve the quality of support available to those for whom they care. High quality care should give carers greater peace of mind, making them confident that those they care for are being well looked after, and feeling that they have the right support to carry out their caring role.

We have already started on this journey of transformation, and are making good progress. Today, there are many examples of exceptional and inspirational care – hard-working and dedicated individuals and organisations providing valuable and innovative support to thousands of people across the country – and this must continue.

However, the National Care Service is our opportunity to reshape our whole approach to quality, with higher aspirations and renewed vigour. It is important that we make the most of this and challenge how we currently do things. We must explore new models and methods for delivering higher quality care, look at new ways of working together, and break down traditional institutional and cultural boundaries. This is how we can achieve our goal of the National Care Service offering consistently high quality care and support.

In this chapter we outline our plans for improving the quality of services people receive, including:

- how we will better integrate services
- how we will support the workforce
- how we will build a quality framework for the National Care Service.

This chapter sets the direction, but does not set out detailed proposals for the quality system which will be taken forward by the National Care Service Leadership Group. We will be flexible in our approach, but not in our overall goal of high quality, excellent and efficient services for all.

What this will mean for people with care and support needs

We know that high quality care services are of the utmost importance to people. Care is very personal – often intimate – and it is critical that services are delivered with compassion and understanding, and in a way that respects an individual’s dignity.

We believe that the six pillars of the National Care Service form the foundations of high quality care. Everyone should be able to access the information and advice they need to make the right choices for themselves; and they should have nationally consistent eligibility criteria for social care wherever they live.

Quality care should be preventative, helping people to stay as well and independent for as long as possible and stopping needs from escalating unnecessarily. It should also be shaped around the needs of the individual, giving people choice about how care is delivered, and welcoming the input and ideas of individuals, carers and third sector organisations.

Improved care and support can also be delivered by aligning services better. We want to make sure that if someone has a range of different needs – for example care, health and

“People should have the right to a plan, made with strong professional support.”

Public response to the Consultation

housing – then all the different services are packaged together for that individual and delivered around them.

What this will mean for families and friends providing care

We know that those caring for others also need the support of high quality services. We want the National Care Service to provide greater peace of mind for carers. We want carers to have confidence in, and be able to rely on, the help available from professionals and services, and to feel supported in their caring role.

Underpinning this drive for quality will be the active involvement of those receiving care, their carers and community-based organisations. Only by involving those using services in their design can we expect to deliver the services that people want and expect. This is how we will discover better ways of delivering care and supporting people. We know that some of the best ideas come from those using and delivering services every day.

We also want everyone to feel part of a circle of support. We know that individuals really benefit when they have a network offering strong caring and social relationships. Carers benefit from greater support, and public services are able to communicate better with those they serve. The National Care Service will therefore encourage greater collaboration, recognition and respect between people who need care, carers and care professionals.

“A commitment to quality is needed. This is the softer element of the individual’s journey, but it is often unlistened to and people are just prescribed to.”

Public response to the Consultation

What this will mean for the workforce

We know that the only way to deliver our ambition is to support those delivering front-line services. This is why we want a well-motivated, diverse and compassionate workforce; one that feels valued and rewarded. Those who work in care and support play an important and critical role, but society has not always recognised their contribution. We want this to change under the National Care Service.

We are already working to attract more people to take jobs, and build careers, in care and support. Looking forwards, we will support the workforce in preparing for the National Care Service, working with the sector to ensure we have the right people, with the right set of skills and knowledge, working in caring roles. The principle of a quality framework, outlined in this chapter, is a key step in ensuring we have this high quality workforce.

We also want those in the paid workforce to work closely with volunteers under the National Care Service. We believe that closer working between the two can bring significant benefits for paid staff, in terms of their health and wellbeing, by providing complementary support that improves service users’ experience,

frees up paid staff time and reduces stress in the working environment. As well as the huge satisfaction volunteering can bring to those who give their time, having a range of different people involved in the provision of care can also help improve the quality of experience for individuals, and their carers.

Integrating health and care services and working with wider services

We believe it is critical for the NHS to play a key role supporting the delivery of the National Care Service, and vice versa. In the *NHS Operating Framework for 2010/11*, the Government said that 'NHS organisations must continue to develop working arrangements with local authorities, partnership is no longer an optional lever – this is an absolute imperative if we are to achieve gains across public services. It is not a time to police boundaries – we need to break them down.'¹

We know that there are real benefits for individuals, carers and staff when health and social care staff are managed in an integrated way. In addition, we believe that it leads to more efficient services. Evidence has shown that closer working between services has the potential to:

- help support people to live in the community, reducing the need for residential care and improving standards and availability of home care
- reduce the need for people to go into hospital by avoiding emergency admissions and reducing lengths of stay in hospital
- reduce duplication – including multiple assessments, unco-ordinated visits by professionals and unnecessary bureaucracy
- improve the management of medicines and co-ordination and safety of prescriptions.

Progress in integrating services has been patchy. Some local authorities and primary care trusts (PCTs) have brought together their leadership and appointed joint boards and chief executives. There are good examples of local delivery, through co-ordinated assessment, case management, multidisciplinary teams and preventative services, and some local areas are seeing real improvements for people from better joint working, such as Torbay and Knowsley. However, although all local authorities and PCTs currently have the flexibility to integrate services, pool budgets and share staff, only a small number take advantage of this. In 2009, the Department of Health set up a ministerial group to engage stakeholders in examining how to remove barriers and support integration. Based on their findings and on the wider evidence, we know we can do much more.

“The linkage between the NHS and social care services needs to be much stronger. At the moment there are too many different agencies all looking at different aspects of social care and they need to work in a more integrated way.”

Public response to the Consultation

¹ *The Operating Framework for the NHS in England 2010/11*, Department of Health, 2009, p.8

The London Borough of Croydon and Croydon PCT have significantly reduced older people's emergency admissions to hospital, and admissions to residential and nursing care, by jointly investing in a service to set up a 'virtual ward' in the community. Using a software predictor tool, some 1,500 people who are most at risk of a first hospital admission (and consequent admission to residential care) have been identified. Primary healthcare services are then targeted at supporting these specific people.²

"If everyone works together it will be better."

Public response to the Consultation

We now want to see more pace and greater urgency in integrating services, so that we deliver better outcomes for individuals, people are more satisfied and services are provided more effectively.

In designing the National Care Service, we want to take another step forward and firmly embed joint working. That is why, in the next Parliament, we intend to introduce a new duty for all NHS bodies and local authorities to deliver integrated adult care services. The Secretary of State for Health will issue specific guidance on how this overarching duty should be met.

We are also going to explore with the National Quality Board how we can refine the role of the Board to best support quality in social care.

We will also work closely with the Department for Communities and Local Government to consider whether there is a need to bring forward additional mechanisms to enable one or more partners to flag up where they think a particular partner is not delivering on the commitments they have made and to ensure that such commitments are delivered, as set out in *Total Place: A whole area approach to public services*.

In addition to these changes at national level, we have identified a number of practical ways to encourage joint working between PCTs and local authorities:

1. Look to introduce shared mandatory outcome indicators across health and care.

Joint outcome indicators will better recognise the needs of individual people who rely on health and social care. They will also help to align incentives by providing a shared understanding of what services are trying to achieve while retaining local flexibility in how they are organised and delivered.

Leading up to the next Spending Review, we are working with the sector to ensure that we have credible and valuable indicators in place which reflect shared outcomes across health and care services.

² *Use of Resources in Adult Social Care: A guide for local authorities*, Department of Health, 2009

We want to explore, in the context of *Total Place* and *Putting the frontline first: smarter government*,³ introducing a small number of shared national mandatory outcome indicators for local government and the NHS in order to drive integration of health and social care services in the National Care Service.

2. At a local level, introduce a new requirement for local authorities and PCTs to jointly commission based on the specific local priorities identified in the Joint Strategic Needs Assessment (JSNA).

Current legislation allows for joint commissioning between local authorities and the NHS, but evidence of uptake is limited. In the next Parliament, we therefore intend to introduce a new duty for both local authorities and PCTs to commission jointly those services that are identified in the Joint Strategic Needs Assessment (JSNA) where it is appropriate for health and social care to work together. This duty will not prescribe a single partnership model but will allow a range of local options to enable co-ordination between local partners.

3. Develop leadership and talent within the sector.

Evidence suggests that joint working has been successful where local leadership has been strong. We will encourage stronger collaboration in training and planning across the health and care sectors, including strengthened joint working between the National Skills Academy and the NHS Institute. We are also clear that buy-in from front-line professionals is critical if we are going to achieve this.

Local authorities and PCTs already have the flexibility to pool budgets, but this power is not being taken up widely across England. To help overcome the barriers, the Department for Communities and Local Government has recently published guidance on aligning and pooling budgets⁴ and *Total Place* has outlined further concrete steps on how to more effectively use pooled budgets.

We will continue to work with the sector to improve alignment of financial incentives and better share the risk and rewards of joint-funding arrangements between PCTs and local authorities. We will use the new joint health and social care regulator, the Care Quality Commission, to support local progress on integrating services.

This White Paper focuses on building a National Care Service for adults, but we do recognise that many of these issues are also common to the relationship between the NHS and local authorities on children's services. In implementing the National Care Service, we will work with the Department for Children,

“There should be an integrated care system for those that need support.”

Public response to the Consultation

³ *Putting the frontline first: smarter government*, HM Government, 2009

⁴ *Guidance to local areas in England on pooling and aligning budgets*, Communities and Local Government, 2010

Schools and Families and the children’s sector to ensure that links with and implications for children’s services are identified and fully considered.

We are not imposing organisational restructuring. We know that many local authorities and PCTs currently work well together in a variety of different ways, reflecting the local needs of the communities they serve. However, we will make sure that, at a system level, health and care services are aligned with one another, providing coherent services that support people and communities. We will be flexible in how local areas can achieve this, but we will be firm about the requirement for it to be done.

Working with wider services

Under the National Care Service, local authorities will need to continue developing and strengthening their strategies to encourage and support a wide and diverse range of services for their populations. Given this, it is increasingly important that local authorities understand the needs of their own communities and develop and stimulate a diverse and healthy local care market.⁵ This will mean working with care providers to bring the right mix of services into their area, and may require changes to existing business models in order to meet the needs of the local population.

Linked to this, we will also look for local authorities and PCTs to apply the learning from *Total Place*. *Total Place* piloted a ‘whole area’ approach, bringing together services across the public sector to improve outcomes at lower cost. For example, the Bournemouth, Dorset and Poole *Total Place* pilot focused on how to secure better outcomes for older people across their communities.

Working with housing services

We have previously outlined how effective housing options and housing-related support can contribute to the effective delivery of health and care systems. We know that early intervention through housing support plays a key role in preventing health and care needs escalating. To realise fully the linked benefits across these systems, engagement and action must continue at an even greater pace. As we build the National Care Service we will continue to drive this important agenda forward.

A number of local authorities, where they are able, have brought together responsibility for housing, adult social care and even community care under a single leadership, recognising the impact such services have on one another and the importance of close working.⁶ In such cases we would expect the pace of movement in joint working to be even faster, as priorities and agendas are already closely aligned. In other cases, we would expect local authorities to make full use of local tools to

“Staff in all services should be better informed about the working of other services.”

Public response to the Consultation

⁵ See: www.dhcarenetworks.org.uk/Personalisation/Topics/Latest/Resource/?cid=5784

⁶ *Housing, health and care*, Chartered Institute of Housing, 2009

ensure that they are making best use of these relationships in delivering services that meet their populations' total care and support needs.

Local authorities and PCTs will continue to be required to engage early with local housing providers, as well as the third sector, when undertaking strategic assessments, including Local Area Agreements and JSNAs. Guidance is already available to support organisations in commissioning housing-related support services that are cost-effective and useful for individuals by considering needs in an integrated way.⁷

Joint working at regional level is also important; for example, regional spatial strategies can help in generating a more integrated approach to meeting housing needs. Integrated services are already being developed and delivered regionally through the Joint Improvement Partnership (JIP), and there is growing recognition that this can be a valuable approach.

Supporting social enterprise

The National Care Service will look at ways to encourage more people, including those receiving care themselves, to get involved in providing services. It will recognise that with the right support, individuals and groups can come together to provide services for the local community – helping individuals to move from dependency into a role which contributes to local life.

This will mean supporting the development of social enterprise and a healthy third sector. The National Care Service will be supportive of co-production. Co-production describes services where people combine some of their own time and effort with public resources, such as professional help. This relationship can lead to results that people appreciate more, can offer a wider range of benefits, and can prove more efficient than services simply provided to or for individuals.

“Within the National Care Service there should be a range of seamless services, with simple access that are personalised to people’s needs and aspirations. The system that exists at the moment is too complex for people to understand.”

Public response to the Consultation

The London Borough of Camden has developed an innovative model that actively involves those using services to re-commission adult mental health day services. The model promotes co-production with service users, and leverages existing social assets and networks. A consortium of three local voluntary organisations – Mind in Camden, the Holy Cross Centre Trust and Camden Volunteer Bureau – won the tender to deliver the £2 million adult mental health service over three years. The resulting service uses and promotes volunteering among its users and the community, and has brought a range of mental health and community benefits.⁸

⁷ *Needs Analysis, Commissioning and Procurement for Housing-Related Support, Communities and Local Government, 2008*

⁸ *Commissioning outcomes and recovery, London Borough of Camden, 2008*

We want to encourage those working within the sector to be innovative and develop new approaches within employee-led social enterprises. For example, we will encourage those currently using services to consider new ways of providing services themselves – either individually or through mutual solutions such as collective commissioning. Care and support is particularly well suited to mutual models, where services are owned and run by their members, because such models can lead to highly responsive and flexible approaches to care which better meet the needs of individuals.

Volunteering also plays a major part in our care and support system, generating health and wellbeing benefits both for those using services and for volunteers. We want this to continue. For older people, disabled people, people with learning disabilities and people living with a mental health problem, remaining active and engaged through volunteering can have particular health and wellbeing benefits, and can help to promote social inclusion and reduce dependency. The Department of Health has developed a strategic vision for volunteering that covers both care and support and health.⁹ This highlights the contribution that volunteering makes to the care and support system and sets out the Government's plans for promoting volunteering.

“Money doesn't become the sole object, why you want to be in this job. It's about the passion and believing that you can really make a difference for people.”

Public response to the Consultation

Supporting the care and support workforce

Many people have told us that one of the most important aspects of the new National Care Service will be having a high quality workforce. We agree, and believe that everyone receiving care should have confidence in those caring for them. We believe that people should receive competent and compassionate care which respects their dignity, and we know how valued care workers are when they have the right attitude, behaviours and experience.¹⁰

The past few years have seen a great deal of improvement within the workforce. Many of those working within care and support have high job satisfaction. Independent research among the social care workforce, carried out in January 2010, found the majority had very positive attitudes towards working in the sector.¹¹

In April 2009, the Department of Health published its strategy for the future social care workforce, *Working to Put People First*.¹² At its heart was a drive to encourage more people to consider a job, and build their careers, around care. To support the

⁹ *Volunteering: involving people and communities in delivering and developing health and social care services*, Department of Health, 2010. See: www.dh.gov.uk/en/Aboutus/OrganisationthatworkwithDH/Workingwithstakeholders/DH_4106003

¹⁰ Netten A, Francis J, Jones K and Bebbington A, *Performance and quality: user experiences of home care services*, PSSRU Discussion Paper 2104/3, 2004

¹¹ *Social care workforce monitor* commissioned by the Department of Health and conducted by Ipsos MORI in January 2010. Ipsos MORI interviewed 112 social workers, 101 occupational therapists and 202 social care workers by telephone

¹² *Working to Put People First*, Department of Health, 2009. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098481

development of the workforce, the Department spent over £300 million on training and developing the social care workforce in 2009/10.

We want the National Care Service to have a well-motivated, diverse and compassionate workforce; one which feels valued and rewarded for the important and critical roles they undertake for our society. And we know that to meet the future needs of the National Care Service, we must fully support the workforce so we have the right people, with the right skills.

We face a period of transition, which will require the workforce to adapt. There are challenges, but there are also great opportunities. With more people needing some kind of care and support in the future, there will be a continuing impetus to re-think the way services are delivered and to develop innovative services for the market that also bring new employment and skills opportunities. For example, we know that:

- We will need to grow the workforce for the future. We need to redouble our efforts to encourage people to consider jobs and careers in care, reaching out to older and younger people, male and female, and people from a range of different backgrounds. We recognise that urban and rural areas face different challenges in growing the workforce locally. We will learn from the Social Care Apprenticeship and Care First Careers schemes about how best to encourage young unemployed people into social care jobs. We will also build on the proposals outlined in *Building Britain's Recovery: Achieving Full Employment*,¹³ in order to support those currently unemployed into a role within social care.
- We will need to respond to personalisation, and balance people increasingly making choices for themselves with the need to ensure that people are safe and protected. People's expectations are also likely to rise, and they may demand carers who have a greater understanding of their particular condition. Many people may also want to take advantage of the benefits offered by assistive technology.
- New types of roles and ways of working are already emerging, which we need to support with more structured training and support. For example, closer working between health and care and support services will increase demand for people with skills that bridge the divide. There is likely to be more multidisciplinary working, and the workforce will need to adapt to working within different professional teams, with different cultures and ways of working.

"I would like to see more integrated teams of NHS and local authority staff. We need to have better dialogue between the two bodies."

Public response to the Consultation

¹³ *Building Britain's Recovery: Achieving Full Employment*, HM Government, 2009

Skills for Care’s New Types of Worker programme has supported the local authority and PCT in Bath and North East Somerset to introduce a new service for local authority care homes. The service provides 24-hour cover, seven days a week, by a specialist in-reach team (IRT). The team offers dedicated nursing and physiotherapy services within the care home setting, reducing the need for residents to go into hospital. As part of this work, the IRT supports staff working in care homes to gain new skills in health (to NVQ level 3), and there is also a programme that helps staff to continue their development.

Residents have said that they welcome staff who can undertake health and social care tasks in a single role when they are supported by supervisors who have relevant professional expertise.¹⁴

This approach can help residents to stay in familiar surroundings and avoid a potentially traumatic transfer to hospital or into a more intensive nursing home. Overall, the service is estimated to save £50,000 per year.

“Each organisation should be expected to have staff that understand how to deliver quality services.”

Public response to the Consultation

Supporting quality in the workforce

The Government is committed to supporting staff and employers in achieving high quality care, ensuring everyone is safe and treated with respect. The introduction of the Independent Safeguarding Authority (ISA)¹⁵ provides a new and important means of excluding people who are unsuitable to work in social care. The ISA was created as part of the Government’s Vetting and Barring Scheme (VBS) to help prevent unsuitable people from working with children and vulnerable adults.

The key issue now is to initiate a programme to ensure learning for quality in the social care workforce, so that all staff have the training and qualifications they need to care well.

We will begin with a regional demonstration site for a licensing scheme for all social care workers, whether working in residential care, in home care or as personal assistants.

Currently, unregulated social care workers who can demonstrate that they meet the training requirements and who commit themselves to a code of conduct will be given the option of being licensed by the Health Professions Council,¹⁶ which will be renamed the Care Professions Council to reflect its integrated role across social care and health. To support joint working and an integrated approach across social care and health, the demonstration site will also encompass licensing for healthcare support workers.

¹⁴ Szczepura A, Nelson S and Wild D, In-reach specialist nursing teams for residential care homes: uptake of services, impact on care provision and cost-effectiveness, 2008; *BMC Health Services Research* 8:269 Skills for Care *Workforce Transformation – sharing the learning from the new types of worker programme*, 2010

¹⁵ For more information see: www.isa-gov.org.uk/

¹⁶ For more information see: www.hpc-uk.org/

This will be the basis for a **Learning for Quality** campaign, in partnership with trade unions, employers and people who use care services to raise the skills of the care workforce and ensure that they are valued for the vital and excellent jobs that they do.

Employers who invest in training will also be recognised as part of this programme. Those employers who can demonstrate that all their staff, whether in social care or health care, are licensed by the Care Professions Council, and who can demonstrate that they meet high standards of induction, training and supervision, will be kitemarked under the National Care Service. Commissioners of care will be able to require kitemarking as part of their contracting arrangements, and self-funders and those with personal budgets will be able to use the kitemark as a sign of quality.

The demonstration site will be evaluated to establish whether any particular groups of workers might need compulsory statutory regulation and it will be scaled up nationally over time. We will consider whether elements of the Code of Practice for Employers need to be placed on a statutory basis, taking into account the outcome of the review by the General Social Care Council (GSCC) of its Code of Practice. The Department of Health will also be discussing with the devolved administrations whether they would wish to participate in a UK-wide scheme.

We are also going to look at what we can learn from the NHS Knowledge and Skills Framework, which has played a valuable role in improving quality within the NHS. The objectives of the framework include identifying the knowledge and skills that individuals need to apply in their posts and helping to guide the development of individuals. Looking to the future, we want to make sure people have the opportunity to work across both the care and health sectors. Ensuring that the skills frameworks complement each other, and are aligned where appropriate, will be an important step to achieving this.

The Government is going to map out what we require from national workforce delivery bodies, in order to drive up quality. We know that we need to set higher standards, improve data and analysis of workforce trends, promote appropriate training and development, develop leadership skills and share intelligence of what works well. In implementing the National Care Service, we will set out plans on how these functions should be delivered within the overall quality framework and within a more closely integrated health and social care system. We will consult with the sector on the best ways for achieving this.

However, we also expect the sector to do its part in helping us to drive up quality. Sector organisations, private providers and staff all need to come together if we are to realise our shared goal of high quality care for all those who need it.

Social workers

Social workers have a very valuable contribution to make to our society, and it is important that we support all those working on the front line every day.

The Government has accepted all the recommendations of the Social Work Task Force, and on 17 March 2010 published its implementation plan, *Building a safe, confident future – Implementing the recommendations of the Social Work Task Force*.¹⁷ The implementation plan is an important step in transforming social work and the public understanding of social workers' crucial contribution to our society. Key to the implementation plan are: an independent college of social work; a clear career framework for social workers; and an employers' standard to ensure that social workers have manageable workloads and high quality supervision. The Social Work Reform Board will now take forward the recommendations, and will work alongside the Government in delivering change to the profession.

The Department of Health has also published a statement, developed jointly with the Association of Directors of Adult Social Services (ADASS) and other social care organisations, setting out the future role of social work in personalised care services.¹⁸

With the new Care Professions Council taking responsibility for enabling the licensing of home care workers, residential care workers and personal assistants, the General Social Care Council will focus solely on the regulation of social workers and social work education, ensuring that the social work profession in England sets the international gold standard. It will be renamed the General Social Work Council (GSWC) and be placed within the scope of the Council for Healthcare Regulatory Excellence, which will be renamed the Council for Care Regulatory Excellence. This will place the new GSWC within the same oversight arrangements as the health professional regulatory bodies and enable greater sharing of good practice between professional regulators. As with the health regulatory bodies, over time the GSWC will move to financial independence and become independent of Government.

Developing a quality framework

We want the National Care Service to be underpinned by a quality framework.

A quality framework is all about how we make sure that people are safe, and are treated with compassion, respect and dignity; it is about driving up the effectiveness of care, making sure that professionals have access to new and better ways of delivering care; and it about making sure that everyone who comes into contact with the National Care Service has a positive experience.

¹⁷ See: <http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-01116-2009.pdf>

¹⁸ See: www.dh.gov.uk/en/SocialCare/DH_098322

In the future, the National Care Service and NHS will share common goals and aspirations: to create people-centred services that give individuals choice and control; to deliver services that help people stay healthy and well; and to support people in staying in their own homes. It therefore makes sense for the quality frameworks to align,¹⁹ and for the National Quality Board to champion quality and ensure alignment in quality for both.

However, we recognise that there are other quality frameworks to learn from, and that there will be areas where the care and support system will require a different approach to that of health. That is why we will look at how best to put these principles into practice as part of the implementation process. We will ask the National Care Service Leadership Group to bring together leaders from the care and support sector, local authorities and the NHS to look at how best to deliver a quality framework.

At this stage we believe, in principle, that the National Care Service quality framework should be shaped around seven core elements shown in the diagram below:

“We support increased research to model effective interventions.”

Stakeholder response to the Consultation



¹⁹ High Quality Care For All: NHS Next Stage Review Final Report, Department of Health, 2008

Stay ahead – by using research, technology and innovation to foster a pioneering National Care Service

We want the National Care Service to be built on sound, well-evidenced and innovative research. We want to take advantage of the latest advances in technology, learn lessons from other countries and invest in what has been shown to work. There are many different bodies conducting research into health and social care to improve understanding and develop new approaches. These range from the Research Councils to third sector and voluntary organisations.

The Social Care Institute for Excellence (SCIE) was set up to collect and analyse the evidence and promote excellence, disseminating best practice to the care and support sector in relevant and accessible ways. SCIE has been at the forefront of advancing the sector, in particular in creating national joint guidance with the National Institute for Health and Clinical Excellence (NICE) and launching innovative information channels such as Social Care TV and the dementia gateway.

The Department of Health's Policy Research Programme commissions high quality research-based evidence across health and social care. Major research initiatives are under way in a range of areas relevant to social care, including on long-term care finance, the social care workforce, care for people with long-term conditions and the institutional care of older people.

The National Institute for Health Research has dedicated £15 million to social care research over the next five years through its School for Social Care Research. The school will undertake primary research on adult social care practice and will fund research by social care professionals as well as academics. It will also encourage the active engagement of those using services.

The Technology Strategy Board is currently looking at assistive technologies and how people's lives can be improved through better design and application of technology. The Research Councils, led by the Medical Research Council, are also running a cross-council research programme: *Lifelong Health and Wellbeing*.²⁰ This is a major initiative supporting multi-disciplinary research on the factors that influence healthy ageing and wellbeing in later life.

We want the National Care Service to build on all this excellent research and sound evidence, and also to stimulate new research into the areas that can bring concrete and real improvements to individuals. We expect the research community to respond to the emerging issues within our society. In particular, we know that there is likely to be a need for more cross-cutting research spanning health, care, and other services.

²⁰ See: www.mrc.ac.uk/Fundingopportunities/Calls/LLHW/index.htm

Innovation

Shop4support – Harrow Council

Shop4support is a unique shopping experience used by Harrow Council and supported by the Department of Health. It is designed for people who have a disability or are getting older and need support to live their life.

The service is an online shopping forum that enables care users to search for and purchase clearly priced products and services. It enables people to see the range of services on offer, and to then put together their own shopping baskets and mix and match the services they need. Harrow Council is also ensuring that staff and volunteers at all free internet outlets in the borough are trained in how to help users navigate the site.

Sometimes people worry about innovation in health and care services because they think it requires taking risks. However, innovation is at the heart of driving up quality and delivering services that are more effective. Innovation, both in services and products, is critical if we are to continue to improve care services. Innovation happens all the time: people delivering care and support day-to-day come up with new ideas about how to provide better services to those they care for; and sector bodies, such as SCIE and the Improvement and Development Agency for local government (IDeA), are using innovative approaches to support professionals more effectively.

Speaking Up

Speaking Up supports people in managing their personal budgets by giving disabled people access to high quality accessible information and advocacy services.²¹ The principle behind the scheme is that if you give people a voice, then they can take positive action and bring about change. Speaking Up brings together robust training in providing effective advice and support with detailed information on locally available options, and is tailored to specific groups. It links together a small, experienced and trained team with family, friends, and other carers supporting those with personal budgets.

“Service users need to be involved at the early stages of conceptualising what a good quality service is.”

Stakeholder response to the Consultation

We want the National Care Service to continue to encourage and support innovation – welcoming new approaches, sharing the things that really work and thinking ahead to the ‘next’ practice as well as the ‘best’ practice. This means creating an environment where everyone can put forward new ideas. Some innovation will be driven centrally through research, but we know

²¹ *Next Practice programme: Growing innovation from the third sector*, Innovation Exchange, 2008

that much will occur locally with users of services, third sector organisations and professionals working creatively together. In taking forward the National Care Service, we will look at the best mechanisms for encouraging innovation both nationally and locally.

Tyze

Everyone needs a circle of family or friends upon whom they can rely for advice and support, but for some – maybe because of a disability they experience, or because of taking on the role of a carer – this support network is difficult to achieve or maintain. The absence of such support reduces the quality of these people’s lives and of their community as a whole. For this reason we have put in place a year-long pilot of an online networking tool that supports service users and carers to develop and support their personal networks; this pilot is based upon a Canadian tool known as Tyze.²² If successful we hope that the statutory and third sectors will build upon the pilot to provide this resource in the longer term.

Bring clarity to quality – by being clear about what high quality looks like and having a coherent approach to setting standards

Building on research and innovation, we want the National Care Service to be based on strong national quality guidance on best practice. These guidelines will outline what good services should be able to achieve, based on robust evaluation of the most cost-effective interventions. Once an intervention has been shown to be effective, the National Care Service will disseminate practical, clear and accessible guidance. The guidance will recognise the contribution of wider services, such as housing-related support and home adaptations, in delivering cost-effective care and support services.

We expect local authorities, PCTs and providers to take this guidance seriously and to endeavour to deliver the outcomes, but it will still be up to local authorities to decide how best to deliver services. We understand that one size will not fit all, and that services should evolve and respond to local needs. We will not seek to prescribe a process or service in detail, but will question if the desired or preferred outcomes are not being achieved.

The development of this guidance will not replace the work being carried out by the Care Quality Commission (CQC), but will help it in its role by highlighting what the very highest quality care looks like. As the guidance develops, we will look for the regulator to incorporate it into local authority assessment frameworks and consider how best to reflect these in the NHS performance framework.

“An independent review body is needed to set standards and support delivery of services.”

Stakeholder response to the Consultation

²² See: <http://tyze.com/>

Independent body

We want the National Care Service to have an independent body to take on the role of both producing national guidelines and acting as a knowledge bank for the sector to identify high quality, cost-effective interventions.

“It is important we have different kinds of evidence, including robust qualitative analysis, in which people’s needs are brought to the fore.”

Stakeholder response to the Consultation

Today there is a vast amount of information produced that is readily accessible to most people across different channels. It is often easy to find some guidance or research, but more difficult to know whether it is reliable, relevant or complete. In future, we want professionals to be able to easily find the information they require, to be confident in its robustness, and to be able to apply it in order to improve services for users and value for money for the taxpayer.

As well as producing national guidance, we also want this new body to be an up-to-date, quality-assured knowledge repository of best practice, innovation and implementation tools for social care. It will bring together all the sector knowledge on key issues, evaluate it and disseminate the information through appropriate channels to professionals. It will provide evidence of what works now, and will also be forward-looking, providing the sector with the support to improve services in the future. Gaps in evidence will be identified, and the body will work with researchers and those who use services to strengthen the knowledge base.

The final decision on which body will undertake this work has yet to be made. However, we want this body to span the traditional boundary between care and health and be able to make links to other relevant areas, such as housing. The body will also have to demonstrate robust methodologies for evaluating the costs and benefits of interventions. In the meantime, we expect NICE and SCIE to continue to work collaboratively to support both the health and care sectors.

Measure quality – by collecting data on quality we can better understand how to improve quality, benchmark performance and help people to make informed choices

We want the National Care Service and its partners to collect as much meaningful data as possible so that we have information on what we do well, and on where we need to improve. We want to ensure that people who are choosing, commissioning and providing services can make meaningful judgements about how well services are performing. We will work with the bodies who currently gather data on services to identify what gaps, if any, there are in the availability of relevant data, and how we can best fill these.

The CQC currently requires all registered providers to demonstrate effective quality assurance as part of accreditation

“I feel the service user must be the person to decide what they get and how they choose to use it.”

Public response to the Consultation

and ratings. It regularly assesses how well providers are doing against different quality measures. In the future, we will consider whether the CQC might take into account how well providers are meeting the outcomes specified within the national quality guidelines.

The Audit Commission has developed a new way of assessing public services through Comprehensive Area Assessments. These focus on how all local services, including health and care and support services, work together to deliver better outcomes for the communities they serve. The results of these assessments are made publicly available in one place. Public services and partnerships are then encouraged to compare themselves to other areas and to learn from the best, while local people are invited to engage with their local services and challenge them to do better.²³

The NHS Information Centre provides data governance and information across both health and social care. It is running a Data Quality Programme,²⁴ which puts a specific emphasis on improving the quality of data provided by and about services. We expect that local authorities and care providers will make use of the support available to improve the quality of data they collect, in order to help improve decision-making and drive up the quality of care in their areas.

However, this is not all about the central monitoring of quality, but about local leadership, with local organisations measuring themselves against others and seeking to learn from the best and improve where necessary.

Publish information on quality – by monitoring and publishing information on performance the National Care Service can better understand variation, identify best practice and focus on improvement

As well as encouraging the general availability of more information on the quality of services – so that users can make well-informed choices and providers know where they need to improve – the National Care Service will also need to assess how different local authorities are performing.

It is important that we assess performance effectively, to ensure that people receive the expected quality of care and support – wherever they might live. In creating a performance framework, we will balance the need for a more effective national performance framework for local authorities with our drive for closer integration between health and care services. This will mean that we develop smarter, more effective measures that really reflect what people using care and support services want and need.

²³ See: <http://oneplace.direct.gov.uk/pages/default.aspx?gclid=CIHywLnW0aACFSMslAodBlkByg>

²⁴ See: www.ic.nhs.uk/services/the-data-quality-programme

In line with *Putting the frontline first: smarter government*,²⁵ the Government is looking to streamline the national performance framework for local authorities, including reducing the number of National Indicators for local areas by April 2010, and making further reductions from 2011. We will also be introducing new performance frameworks for the NHS and local government for 2011/12, as the current frameworks were designed for the previous Spending Review period. To support our vision, we are going to ensure that the new performance frameworks for local government and the NHS support this move towards better integration of services.

To do this, we are working to ensure that we have indicators that are based on shared outcomes across health and care services. Over the last year, we have been working with ADASS, the CQC and the Local Government Association to develop this new set of indicators. We are engaging with groups of service users and carers' representatives to make sure that the new indicators focus on outcomes that people actually want, rather than on what we already know. Our proposals for the National Indicator Set will focus on care and support, and on common health and wellbeing priorities that are relevant to the NHS, local authorities and their partners.²⁶

Within this overall set of performance indicators, developed in conjunction with the sector, we are also examining the case for a small number of shared mandatory indicators for PCTs and local authorities. These will encourage integrated working and the delivery of more efficient services which improve outcomes for individuals.

We envisage that any mandatory indicator will be given the same status across performance frameworks for both the NHS and local government. We will examine the case for all future indicators through collaborative work with interested partners working in local government and the NHS, carers and service users.

Recognise and reward quality – by recognising and rewarding quality we can ensure that the right incentives are in place to support improvements in quality

Personal budgets will further develop the market for care and support services by giving people more control over the services they use. We will make sure that people using services are fully informed about the performance of providers, so that they can choose providers offering high levels of service.

²⁵ *Putting the frontline first: smarter government*, HM Government, 2009

²⁶ *Making policy count: developing performance indicators for health and social care partnerships*, Department of Health, 2009. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110999

We envisage that making information about performance more easily available to people who use services will help to ensure that those services which offer high quality care and customer satisfaction will attract more business than competitors who offer poorer value for money and lower quality care. Asking local authorities to make performance information available will help people in making these choices.

In implementing the National Care Service, we will look at the case for formally recognising those services which perform very well and achieve excellent outcomes.

As part of the licensing scheme pilot (outlined earlier in this chapter), we will look at rewarding those employers who can demonstrate they meet high standards of induction, training and supervision. Employers will be able to be kitemarked under the National Care Service. Commissioners of care will be able to require kitemarking as part of their contracting arrangements, and self-funders and those with personal budgets will be able to use the kitemark as a sign of quality.

We understand that many care and support providers are individuals or very small businesses, and we will work closely with the sector and with users to determine how best to balance the burden on providers with the benefits for users.

Safeguard quality – by regulating effectively we can ensure that all those using the National Care Service are safe and have confidence in the services they are using

We want all those needing care or caring for others to have full confidence in the services they are receiving, and for people in vulnerable situations to feel protected. This means having a system of regulating care, services and professionals that balances risks effectively – ensuring that people receive good quality care which is tailored to their needs, while being protected against abuse and exploitation.

Regulation

We now have a joint regulator for health and social care. The CQC regulates all health and adult social care services which provide regulated activities in England – whether these are provided by the NHS, local authorities, private companies or third sector organisations. From 1 October 2010 all providers – whether private or public – will need to register with the CQC. In order to register, they will need to meet 16 different requirements, and will be consistently monitored to ensure that they continue to meet those requirements.²⁷

“There should be a minimum standard of support.”

Public response to the Consultation

²⁷ See: www.cqc.org.uk/guidanceforprofessionals/registration/newregistrationsystem.cfm

Under the National Care Service the CQC will continue to ensure that the care and support that people receive is appropriate to their level of need. However, we also want the CQC to play a vital role in driving up quality. Under the National Care Service the CQC will build on the way it currently assesses quality, and we shall consider how it might take the national quality guidance into account when assessing local authorities and care providers. Part of this assessment will be taking into account what individuals and carers say about their experience of care.

“We need adequate inspections and real penalties for failing to meet standards, especially when harm is caused.”

Public response to the Consultation

Safeguarding

The consultation on *No secrets* identified that safeguarding was everyone’s business.²⁸ Safety, safeguarding, dignity and quality are inextricably interlinked. We have listened carefully to the feedback and noted the huge level of interest, and have decided that work to safeguard vulnerable adults should have a statutory basis. We have decided that new legislation should be introduced which makes Safeguarding Adults Boards statutory and this, together with new guidance, will introduce an effective balance of empowerment and safeguarding.

Workforce regulation

Ensuring effective workforce regulation is important in ensuring the workforce delivers high quality care, making sure everyone is safe and treated with respect.

This will be a priority for the National Care Service. All social workers and occupational therapists now have to be registered, and this requirement will be maintained in the future. The Independent Safeguarding Authority has been set up to provide assurance that individual workers do not present a risk to those they serve, and will be important in providing the means of excluding people unsuitable to work in the sector. Earlier, we outlined how we are developing plans for a licensing scheme for all social care workers.

Strong leadership – by providing strong leadership we can drive the quality agenda forward

We want strong leadership of the care and support sector, in order to ensure that everyone feels supported during this period of change and within the National Care Service. Part of this will be determined leadership from the centre, but we also know that for the National Care Service to be a success we will need leaders throughout the system, driving change and improvement at every level.

²⁸ *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*, Department of Health, 2000

We know that what we have set out in this White Paper is challenging. We are asking the sector to learn to work better together with health counterparts, while building capacity to deliver higher quality care. This will require both health and social care professionals to change – everyone will need to be open and enthusiastic to new ways of working, positively build new relationships and to energetically break down current boundaries.

At the centre, we are going to look at how the different bodies that lead health and social care can work better together and in the interests of both sectors. For example, we will explore extending the role of the National Quality Board²⁹ to cover both social care and health.

Under the National Care Service we will also ensure that there is an integrated approach to the development of talent and leadership. Work is also under way to improve joint working between the National Skills Academy and the NHS Institute, as this will be an effective way to develop the talent to lead the National Care Service in the future.

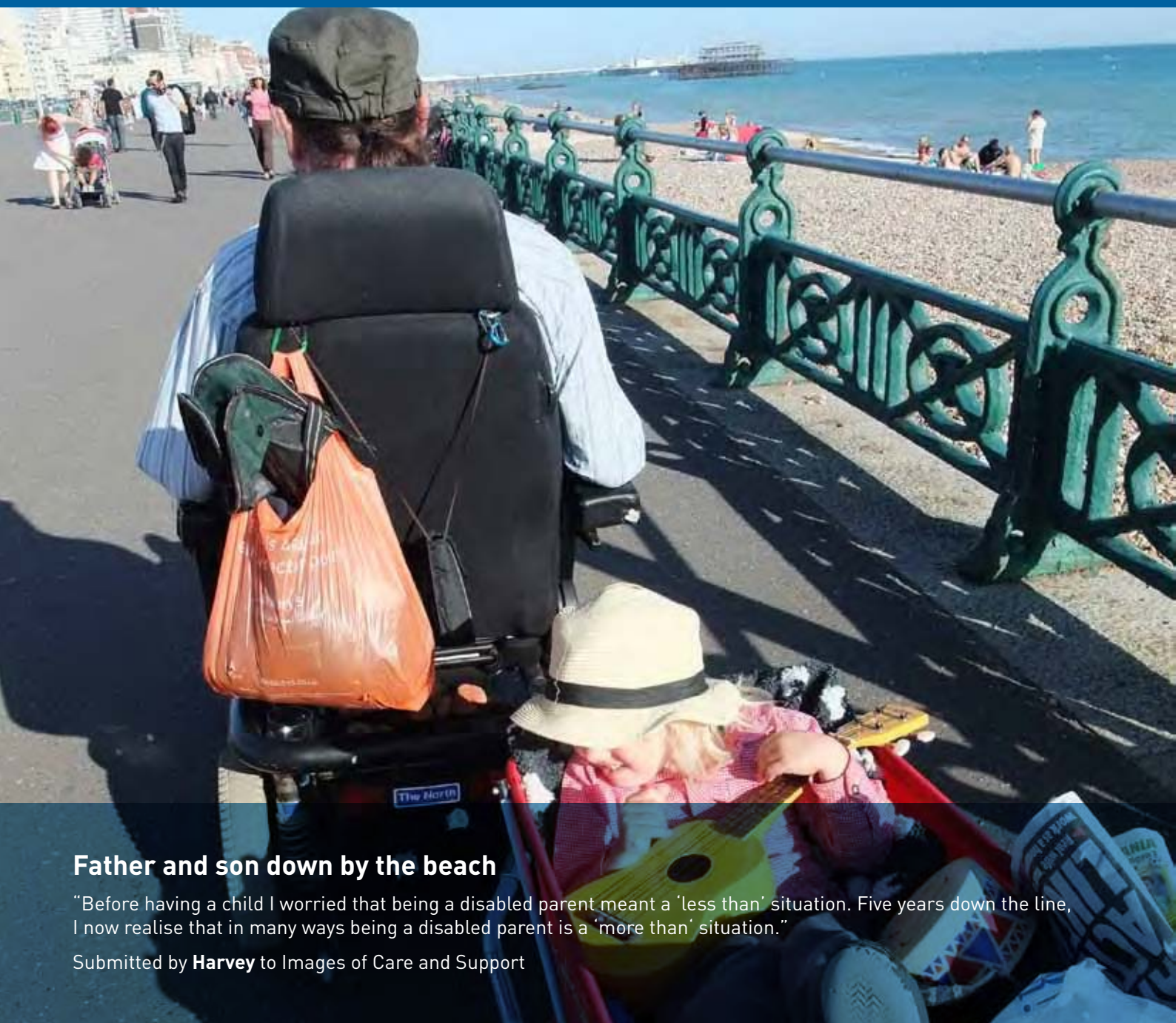
However, we think that it is important for organisations and individuals to support each other. We can only drive quality in care and support if those working on the front line day-to-day also take responsibility for driving up standards and supporting best practice. To do this effectively, we think that social care workers need a stronger collective voice to influence and drive change. Government can help with this to a certain extent. For example, we are supporting professional leadership for social work through the creation of the new national college of social work, owned by its members. In taking forward the National Care Service, we are keen to hear from representatives of the sector on how to best support strong, professional leadership for all.

Conclusion

In order to realise the vision we set out in Chapter 4, the Government believes that it is important to be clear about what people can expect from the National Care Service. We have explained the principles that will underpin quality in the National Care Service in this chapter, and we will work with the sector in developing the detail around this framework.

The next chapter explains how the National Care Service will be funded in a way which is fair and affordable to individuals, and sustainable for the state in the decades to come.

²⁹ See: www.dh.gov.uk/en/Healthcare/Highqualitycareforall/NationalQualityBoard/DH_095234



Father and son down by the beach

“Before having a child I worried that being a disabled parent meant a ‘less than’ situation. Five years down the line, I now realise that in many ways being a disabled parent is a ‘more than’ situation.”

Submitted by **Harvey** to Images of Care and Support

7

Fair funding

Summary

The Government believes that now is the time to change the way that care and support is funded in this country.

Under the current system, people face the risk of very high care costs. We know that 75 per cent of those aged over 65 will need some care during their retirement; and that around 20 per cent will face care costs of more than £50,000. Those who need care and support from a younger age can face costs that are far higher. We do not think that it is fair that people can be penalised so heavily, and so indiscriminately, because they need care and support.

We want to put fairness at the heart of the care and support system: a system in which everyone makes a contribution and, in return, will have the peace of mind that their savings and assets – which they have worked hard to build up – will be protected from the catastrophic costs of care.

This White Paper commits the Government to put in place a comprehensive system in which everyone is protected against the costs of care and in which no one needs to lose their home or their savings to meet their care costs. The comprehensive National Care Service will provide high quality care, for all adults in England with an eligible care need, free when they need it.

In order for this to be affordable, it requires a care system in which everyone makes a fair care contribution. At the start of the next Parliament we will establish a commission to help to reach consensus on the fairest and most sustainable way that people should contribute to this system. It will make recommendations to Ministers which, if accepted, will be implemented alongside the introduction of the comprehensive National Care Service in the Parliament after next.

Under the comprehensive National Care Service, the Government expects that people will continue to pay for their accommodation costs in residential care if they are able to do so. However, we will introduce a universal deferred payment system, so that no one has to sell their home in their lifetime in order to pay for residential care. We will also help people manage their finances effectively so that they can protect more of their assets, should they become liable for accommodation charges in residential care.

Attendance Allowance (AA) and Disability Living Allowance (DLA) are important benefits, providing flexible support for the additional costs of disability to those who receive them. This White Paper rules out any changes to AA or DLA in the next Parliament to fund the second stage of reform.

We will build the National Care Service around AA and DLA, and we will maintain these benefits as a flexible form of support.

As we roll out the National Care Service, we expect that local authorities will continue to take account of the support provided by disability benefits. However, we want to reduce the postcode lottery of the current system, and to ensure greater consistency around the extent to which AA or DLA (care component) is taken into account when determining the size of people's care packages. This will make the system fairer across England.

We are committed in principle to introducing a National Care Service underpinned by a funding system that provides high quality care, for all adults in England with an eligible care need, free when they need it.

People have consistently told us that they find the current system of care and support funding to be unfair and confusing. People can expect very different levels of support depending on where they live; they have to have relatively high levels of need before they are eligible for funding; and the state will only help people if they have spent down any savings that they have accumulated over the course of their lifetime. We agree that the current funding system can be unfair and unclear; and this is why we want to reform the way in which people pay for care and support.

This chapter sets out how the Government will address the elements of unfairness in the current system, and how we will build a National Care Service on the solid foundations of a fair and sustainable funding system.

The current funding system

Chapter 2 described how, in most cases at the moment, the state only provides social care to those on low incomes who cannot afford to pay for themselves.

People who need care in their own home may need to pay for it themselves, depending on what support is available from their local authority. Some extra help with the additional costs of disability may be available through disability benefits, such as AA, for those who qualify. Many people have to give up paid work in order to become a carer to a family member or friend.

Care costs can be particularly high for those in residential care. Those who own their own home, and do not have a partner or dependant living in it, will have the value of their home taken into account when their charges are being assessed. Someone in this situation will have to use their savings and the value of their home in order to pay for the costs of residential care, and will only receive support from the state once they have £23,000 or less.

For the large number of people who are expected to make provision for themselves, with no help towards the costs of care from the social care system, the current funding arrangements can seem very unfair. As life expectancy and expectations continue to rise, the potential costs of care and support become even greater and more uncertain. That is why we believe that it is necessary to reform the current system and ensure that no one is left without support.

Costs of care

To understand the potential implications of reformed funding for a care and support system, it is important to consider the costs people might face during their lifetime. The costs fall into two broad categories: costs for people who need some care and support throughout their lives; and costs for older people.

“I like the idea of being able to prepare for my old age but I don’t want my home to be taken to cover costs.”

Public response to the Consultation

Costs for people who need some care and support throughout their lives

People who are disabled when they are born, or who develop a disability or live with a mental health problem during their working life, are likely to need care and support over many years. As the cost of providing this care and support is potentially very high, many people are unable to afford the help they need without assistance from the state. This means that at present, most people who have a care and support need during their working life have their care and support funded by the state. In the future, more disabled people will be working, but those who are on low incomes will have their care and support funded by the state.

“I’m in my early seventies and I’ve worked for many years in a senior research role. My parents also put some money aside for me. With my pension and DLA I have a monthly income of approximately £1900, however my Personal Assistant costs £1200 a month...I’m terrified of the future...I feel that my impairment has caused me to age more rapidly and I don’t know what will happen when I run out of my savings and have to rely on the state...I’ve got a lot saved up but at the rate I’m going, I’ll definitely run out. I’m worried I won’t be able to continue the lifestyle and independence I’ve got at the moment.”

Public response to the Consultation

Costs for older people

Currently, relatively few older people receive care and support for free, as they will have had the opportunity during their working life to save for retirement. As such, many face very high costs.

In the future, the need for care and support will not just affect a minority of people – in fact, most 65-year-olds will have a care need in their retirement. This is particularly true of women, who generally live longer and are more likely to have a care need than men. Eighty-five per cent of 65-year-old women, and 68 per cent of 65-year-old men, can expect to have a care need at some point in their life (meaning that they will have needs in the critical, substantial or the top third of the moderate categories, as defined by Fair Access to Care Services criteria¹).

The cost of care in older age for a 65-year-old woman will average over £40,000, and the equivalent cost for a 65-year-old man will average around £22,000. This means that, for all 65-year-olds today, the average lifetime cost of care will be over £30,000.²

	Average expected lifetime cost of care for a 65-year-old
Female	£40,400
Male	£22,300
All	£31,700

Not only are more people going to face having to pay for care and support, but most people will have no way of knowing what their future care costs might be. The costs of care and support are very widely distributed, as illustrated in the graph overleaf.

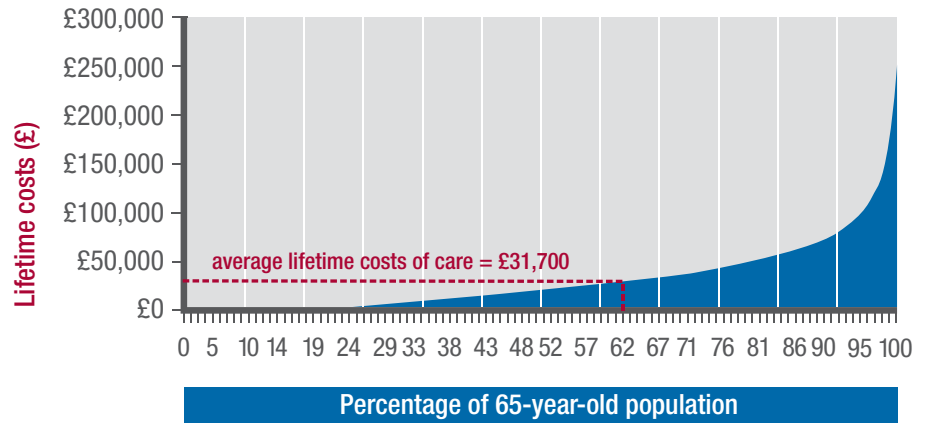
Around 20 per cent of people will need care costing less than £1,000 during their retirement, but 20 per cent will need care costing more than £50,000. A small proportion of people will face

¹ See: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113154

² Forder J and Fernandez J-L, *Analysing the costs and benefits of social care funding arrangements in England: technical report*, PSSRU Discussion Paper 2644, 2009, p. 26

exceptionally high costs – over 5 per cent of people will need care costing more than £100,000. People who need long-term and intensive care, either in their own homes or in a residential setting, can face care costs of around £12,000 per year. Without a way to predict what people’s needs may be, it is very difficult for people to plan appropriately.

Distribution of care costs for the average 65-year-old population³



“My Mum, a widow since 1989, has been in residential care (and lately nursing care) for nearly 10 years. My parents scrimped and saved to buy their own property as a safeguard for old age and to pass onto us, their children. Because my Mum owned that property, she has had to pay full fees for all of the 10 years.”

Public response to the Consultation

The five funding options

In the Government’s Green Paper *Shaping the Future of Care Together*, we set out five funding options: Pay for Yourself, Partnership, Insurance, Comprehensive and Tax-funded.⁴

In the Green Paper, we ruled out Pay for Yourself (on the basis that it was unfair that individuals who could not afford to pay for care would go without) and Tax-funded (on the basis that it would put too high a financial burden on the decreasing proportion of the population that is of working age).

The three remaining funding options – Partnership, Insurance and Comprehensive – all represented a major step forward in the provision of care and support.

In the Partnership option, everyone who qualified for care and support would be entitled to a set proportion – for example, a quarter or a third – of their assessed care and support costs paid for by the state. People who were less well-off would have more care paid for – for example, two-thirds – while the least well-off people would continue to get all their care for free.

The Insurance option would build on the Partnership option, offering the opportunity for people to cover the additional costs of their care and support through insurance, if they wanted to do so.

³ Ibid, p. 26

⁴ *Shaping the Future of Care Together*, HM Government, 2009, pp. 105–8

The Comprehensive option would provide free care when people need it for those who qualified for care and support, with everyone paying a compulsory contribution. This would protect everyone from the potentially catastrophic costs of care, but everyone would need to pay a contribution into the system.

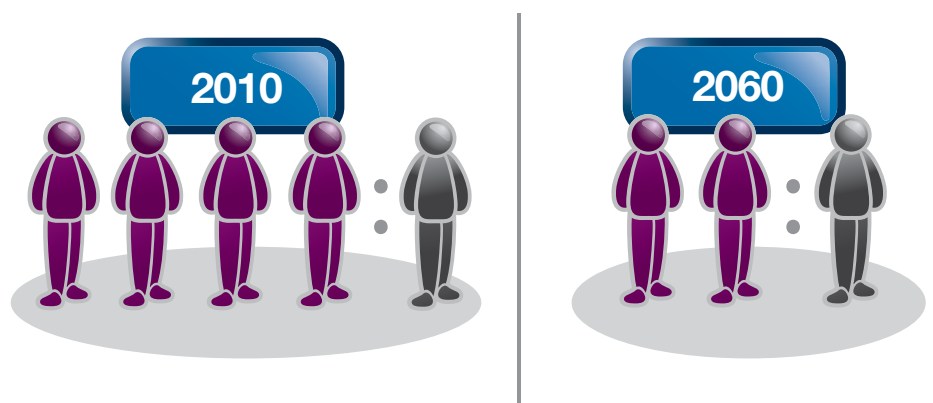
The Consultation demonstrated support for all three options outlined in the Green Paper. The Comprehensive option received most support (41 per cent), with Partnership supported by 35 per cent and Insurance by 22 per cent. The Care and Support Conference held on 19 February 2010 also came out in support of a comprehensive, compulsory system, with a variety of ways to pay the contribution.⁵

Tax-funding

As in today's system, the vast majority of public and private spending on care and support will be funded by the Government through general taxation. However, the funding options in the Green Paper were all underpinned by the principle that there should be a fairer partnership between the Government and individuals, so that no one has to face substantial costs without any state support.

We know that many people in the Consultation questioned our decision to rule out a fully tax-funded system in the Green Paper. However, we still think that this decision was the right one for the long-term sustainability of the system.

We believe that a system funded predominantly through increased taxation for working-age adults (such as income tax or National Insurance) would place a large burden on the working-age population – and this burden would increase significantly over time as the proportion of working-age people decreases, and the number of older people grows.



We know that, today, there are around four people under 65 for every person over 65. By 2060, this ratio will have changed dramatically, with just two people under 65 for every person aged over 65.

We also think that this solution is, in the long term, unfair between generations. The majority of people to benefit from a fully tax-funded system would be older people, and yet it is working-age adults who would face the largest burden in paying for it. We think that it is fairer to have a more targeted system to bring additional funding into the care and support system. We do appreciate that not all older people are well-off, but according to data from the Office for National Statistics, those aged between 65 and 74 are the second wealthiest age group in Britain, with an average total household wealth of £284,500, excluding private pension wealth. Those aged between 75 and 84 have an average of £235,000, excluding private pensions.⁶ By contrast, many younger people have significant debts from mortgages or student loans.

The chosen funding option

After carefully considering the results of the Consultation, the Government has concluded that the National Care Service should be based on the option that received the greatest public and stakeholder support – the **Comprehensive option**.

A comprehensive National Care Service will provide high quality care for all adults in England with an eligible care need, free when they need it. There are many reasons why this is the right long-term decision:

- It supports all adults with an eligible care need with a **universal entitlement to high quality care**, when they need it, whoever they are, whatever their age, wherever they live in England, and whatever condition leads them to need care.
- It provides support **based on need**, not on the ability to pay.
- The costs of care, which are indiscriminate, unpredictable and often catastrophic, will be **shared collectively, fairly and transparently** between the state and individuals.
- It **protects people's savings and assets**, in exchange for an individual contribution.
- It is **accessible, easy to understand and provides peace of mind**, as people will know in advance how much they will need to pay and that their care will then be provided by the state, free when they need it.

We rejected the Partnership option from the Green Paper, on the basis that it still leaves people exposed to catastrophic care costs. Under the Partnership option the state would cover a set proportion of people's care costs, but they would then need to pay for the remainder themselves. This means that people would not

⁵ A report of the conference is available at: <http://careandsupport.direct.gov.uk/news/2010/02/care-and-support-conference-19th-february-2010/>

⁶ *Wealth in Great Britain: Main Results from the Wealth and Assets Survey 2006/08*, Office for National Statistics, 2009, p. 12

have peace of mind that their savings and assets were protected from the costs of care. Those with the highest needs may still face the highest costs. We think this is unfair.

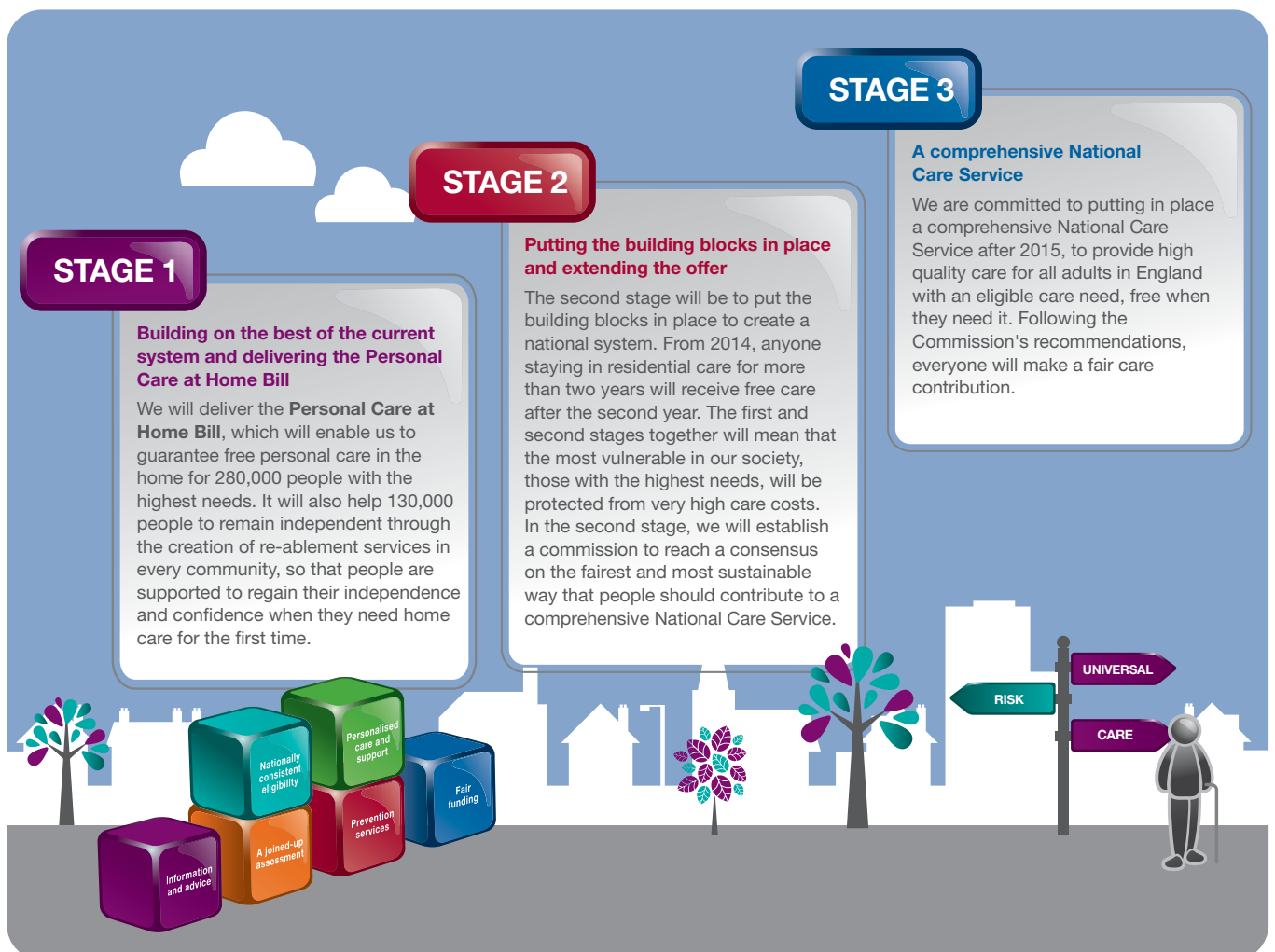
We also rejected the Insurance option from the Green Paper. Evidence from voluntary insurance systems in other countries shows that take-up of insurance would be low. For example, in the United States (one of the only countries with an established voluntary insurance market for long-term care) take-up is only in the region of 10 per cent of older people. Low levels of take-up would mean that the risks of catastrophic care costs would not be shared across everyone, and this would be likely to increase the cost of premiums. This could make voluntary insurance unaffordable for some people.

Building the comprehensive National Care Service

“Comprehensive seems like it includes everyone and does not allow for unjustified restrictions to some and not others. It seems like a more secure model.”

Public response to the Consultation

Under the comprehensive National Care Service, all adults with an eligible level of care need will receive care for free when they need it. **Need, and not means, will determine people’s eligibility for free care.** This principle has underpinned the development of the welfare state, and our successful and highly valued NHS.



We will build the National Care Service in three stages, building on our existing programme of reform and the best parts of our current system. The Fiscal Responsibility Act has committed the Government to halving the current deficit over four years. We therefore need to take a staged approach to reform, to ensure that our proposals are fully funded and sustainable. We believe this staged approach will mean that we can move forward with reforms to our care system over the next five years, extending entitlements and improving care. In this way, we can provide the vital support that we know people need now, while we put in place the building blocks of the National Care Service.

Stage one: Building on the best of the current system and delivering the Personal Care at Home Bill

We will start our transformation of the care and support system by delivering the **Personal Care at Home Bill**, which will enable us to guarantee that around 280,000 people with the highest needs will receive free personal care in their own home. It will also help 130,000 people to remain independent through the creation of re-ablement services in every community, so that people are supported to regain their independence and confidence when they need home care for the first time.

Stage two: Putting the building blocks in place and extending the offer

The second stage of reform during the next Parliament will be to put the building blocks in place to create a national system, in particular the establishment of clear, national standards and entitlements. Early in the next Parliament, we will introduce a National Care Service Bill as a further step towards a comprehensive National Care Service. In addition, from 2014, care entitlements will be extended so that **anyone staying in residential care for more than two years will receive free care after the second year**. The first and second stages together will mean that the most vulnerable in our society, those with the highest needs, will be protected from very high care costs.

During the next Parliament, we will also move rapidly towards setting out detail on how we will take forward full reform of the system in a third stage in which the comprehensive National Care Service becomes a reality.

Building the systems and processes to make the National Care Service a reality will take time. We must make an immediate start and we want to do this in partnership. We will establish a National Care Service Leadership Group by July 2010 to provide expertise and support delivery of the National Care Service. This group will advise the Government on a detailed implementation plan by the end of 2010.

As announced in the 2010 Budget, we will also establish a new task force to ensure that the reforms to the care system are accompanied by major efficiency and cost improvements.

Free care for those in residential care for more than two years

In the second stage of reform, we will build on the Personal Care at Home Bill, and introduce a new commitment that anyone staying in residential care for more than two years will receive free care after the second year. This commitment will be introduced from 2014, and will apply to those already in residential care as well as those who may go into residential care in the future.

We want to ensure that people who need care and support are able to stay in their homes and communities for as long as they wish to do so. However, we know that some people will prefer, or may need, to enter residential care – for example, if they are living on their own or their care needs are increasing. The costs of care in a residential setting can be very high. We estimate that, on average, people currently pay around £12,000 per year for their care costs in residential care.⁷ Around 5 per cent of all those who enter residential care will stay for over 10 years,⁸ and this could cost them over £120,000 in care costs alone.

In the current system, people in residential care often need to spend down their savings and the value of their home, to the last £23,000, before they receive any support from the state. We think that it is unfair that people can face such catastrophic care costs, without any help from the state. Therefore, in the second stage, anyone staying in residential care will receive free care after the second year.

Local authorities will assess people's needs, and will provide support on the basis of what they would reasonably expect to pay for someone with those needs. If people have chosen to enter a care home where the costs of care are higher than this assessed amount, people may need to make up the difference. People on low incomes will continue to have all their residential care costs paid for them by the state.

Together with the Personal Care at Home Bill, this commitment will mean that the most vulnerable in society, those with the highest needs, are protected from very high care costs, wherever they may need care.

Around 60,000 people, who previously would have faced very high residential care costs on their own, will now benefit from state support for their care costs. This will be a significant step towards a comprehensive National Care Service.

⁷ Forder J and Fernandez J-L, *Analysing the costs and benefits of social care funding arrangements in England: technical report*, PSSRU Discussion Paper 2644, 2009, p. 19

⁸ *Ibid.*, p. 21

Securing our care and support system over the next five years

The Government is determined to address the long-term challenges facing the social care system and to maintain and enhance the quality of care during a period of lower spending growth. It is committed to halving net borrowing in the next four years. To support the deficit reduction plan, the Government has set lower spending growth for the years after 2010/11. Reform to social care must be consistent with plans for fiscal consolidation and reflect the tough decisions that will need to be made in the next Spending Review.

The introduction of a new commitment that anyone staying in residential care for more than two years will receive free care after the second year is estimated to cost around £800 million when it is introduced in 2014/15, net of the reduced spending on AA. The social care system also faces demographic and other pressures. These pressures have raised spending on social care by around £700 million a year over the last decade.

To ensure reforms to social care are deliverable and affordable, the Government is setting out a plan to:

- extend the role of the NHS in funding social care, as a reflection of the savings to be made in the NHS from a reformed and integrated social care system
- realise significant efficiencies in social care.

Building on and extending existing efficiency plans and drawing on external research, the Government intends to use new forms of service delivery, the adoption of new technology and more provision of care in the home, shared management structures and joint working in the provision of care, consistent with the vision set out in the ground-breaking *Total Place: A Whole Area Approach to Public Services*.

The Government is determined to change the way in which the health and social care systems work together. The aim will be to deliver a total of £4 billion of savings and resources from 2014, as a platform for the introduction of stage two, including £1.8 billion of resources that the NHS would spend on delivering social care as part of a more closely integrated system. The efficiency task force, announced in Budget 2010, will set out in detail how these resources and efficiencies in health and social care will be realised, subject to final decisions in the next Spending Review and consistent with the protection for the front-line NHS budget to which the Government is committed.

The Government is also committed to extending working lives, which can give people a greater feeling of autonomy and allows them to make a greater contribution to the wider economy. Currently employers have the legal right to require individuals to

retire at 65. Budget 2010 announced that the Government intends shortly to launch a formal consultation on reforms to the Default Retirement Age, including considering options for removing it, increasing it, and reforming the legislative framework to strengthen the position of the employee.

Budget 2010 also announced a freeze in the inheritance tax threshold up to 2014/15. Spending totals will be set in the next Spending Review, when the Government will set out how best to use these additional funds to support social care.

The work of the efficiency task force, and the additional resources set out above, will therefore allow the Government to deliver the new free residential care entitlement and help to maintain the quality of care in the years up to its introduction in 2014 in the face of demographic pressures.

Making contributions to the comprehensive National Care Service

As well as putting in place the building blocks of the National Care Service, we also want to determine how it can be made to be sustainable in the long term, in a way that is fair between the generations. If we are to build a sustainable National Care Service, we need to start to take collective responsibility for sharing costs.

In order for this to be affordable, it requires a care system in which everyone makes a fair care contribution.

At the start of the next Parliament **we will establish a commission to help to reach a consensus on the right way of funding the system.** The Commission will determine the fairest and most sustainable way for people to contribute. It will make recommendations to Ministers which, if accepted, will be implemented alongside the introduction of a comprehensive National Care Service in the Parliament after next.

The Commission will determine the options which should be open to individuals so that people have choice and flexibility about how they pay their care contribution. Our expectation is that the Commission will consider all the various options for payment put forward by charities and the public as part of the Big Care Debate and at the Care and Support Conference. We will be clear about the principles we want the Commission to consider, such as fairness to all, including between generations.

The Commission

We are going to ask a commission to advise the Government on the fairest and most sustainable way in which people should make their contribution to a comprehensive National Care Service in England. We will shortly set out the Terms of Reference in detail. However, we expect the Commission will need to consider:

- People's ability to pay
- Intergenerational fairness
- The potential impacts on people preparing for their retirement
- Whether people should save for their care over their whole lifetime or contribute at the end of their life – or a mixture
- Administrative efficiency and cost effectiveness.

“Unless there is a comprehensive system which enables people in need to receive appropriate services, irrespective of their financial position, there will be an unfair and unequal system.”

Public response to the Consultation

“As we cannot predict our own care and support costs it is right that we contribute to them fairly; we would prefer to have a Comprehensive funding option put in place as this is fairer and simpler and offers peace of mind that any future care and support costs will be met and then we could share out our remaining savings as we wish.”

Public response to the Consultation

Stage three: The comprehensive National Care Service

The Government is committed to a comprehensive system, in which everyone is protected against the catastrophic costs of care and in which no one is faced with needing to lose their home or their savings to meet their care costs. A comprehensive National Care Service, which guarantees this, will be the goal of a third and final stage of reform.

The comprehensive National Care Service will provide high quality care, for all adults in England, free when they need it. Everyone with an eligible care need will have all their assessed care costs met by the state. Support will be provided for all forms of care: at home, in the community or in a residential setting. This support will be provided by local authorities in a personal budget, which individuals can then spend how they wish in order to meet their care and support needs.

Following the recommendations of the Commission, **everyone will make a contribution to the comprehensive National Care Service.**

The rest of this chapter will describe in more detail how the comprehensive National Care Service will work.

The comprehensive National Care Service

We want to put fairness at the heart of the care and support system: a system in which everyone makes a contribution and, in return, will have the peace of mind that their savings and assets – which they have worked hard to build up – will be protected from the catastrophic costs of care.

The Government is therefore committed to building a comprehensive National Care Service providing high quality care, for all adults in England, free when they need it.

Who will be eligible?

“This would rid people of fear and anxiety when they need social care, involves everybody contributing on the basis of affordability, and shares the risks and costs in an efficient way across all of society.”

Public response to the Consultation

In Chapter 5, we described how someone who needs care and support will go through a joined-up assessment process, with national eligibility criteria for care. People who are eligible for the comprehensive National Care Service will therefore know that they are entitled to have their assessed care needs met in full, wherever they live, and will know that the state will provide all of their support, free when they need it. In a significant change from the current system of social care, **need and not means will be the basis for eligibility for the comprehensive National Care Service.**

“A local system should allow for more flexibility, as long as this is provided in a fair manner.”

Public response to the Consultation

How will care be assessed and delivered?

During the Consultation we asked people whether they preferred a fully national or a part-national, part-local care and support system. No consensus emerged. We found that people wanted to balance a national entitlement of a certain amount and quality of care – ending the ‘postcode lottery’ – with local flexibility over the design and delivery of services.

Taking this forward, we want a National Care Service that achieves this balance. To ensure that the system is transparent, Chapter 5 set out that nationally consistent eligibility criteria for social care will be enshrined in law for the first time, and will set the point at which someone becomes eligible for state support in England.

However, local authorities will continue to lead the delivery of care, based on local knowledge and expertise. We want to give local authorities the flexibility to deliver innovative solutions that are tailored to local conditions and individual outcomes.

“We think that local government should set payment levels so that each local authority is able to respond to demand in their area for care and support and could tailor delivery of services. Decisions taken at the local level are more likely to be informed by local opinion and circumstance, whilst decisions taken at a national level can be too far removed from the people they are supposed to help to be responsive to demand.”

Stakeholder response to the Consultation

This will mean that some of the significant local variations associated with care provision at the moment will be removed. There will be substantial national consistency and certainty for individuals. However, **people will receive care and support that is appropriate and tailored for them**, based on local circumstances. Local authorities will allocate a personal budget to each individual, which will be tailored to each person’s needs and circumstances and what they want to achieve.

We do not think that we will be able to achieve the best outcomes for individuals, families, carers and communities under a fully national system, where the Government would determine how much support people receive, without knowing their individual circumstances. However, we do want to ensure that the support provided by local authorities is suitable, and that it meets people’s needs properly. The Care Quality Commission will therefore regularly assess local authorities to ensure that

standards of support are being maintained. Chapter 6 set out how quality will be embedded throughout the National Care Service.

We have looked at whether we should take into account the care and support provided by carers in the new system. Carers are one of the mainstays of the care and support system, and we recognise the invaluable role they play in it. In rolling out the National Care Service, we will continue to take into account the role played by carers in providing care and support when assessing how much care someone is entitled to. We are going to look at ways in which to better support carers, for example by providing high quality services supporting those for whom they care.

“I think it should be done in a fair way so that everyone receives the amount of care they need but should pay according to what they can afford.”

Public response to the Consultation

How will people make their contribution to the comprehensive National Care Service?

We know that the costs of care are indiscriminate, unpredictable and often catastrophic. We do not think that it is fair that many people have to face these costs themselves. As a society, we therefore need to take collective responsibility for sharing these care costs, in a way that will give people peace of mind and allow them to plan properly for later life.

As today, the Government, through general taxation, will continue to fund the majority of spending on care and support. However, when we introduce a comprehensive National Care Service that is universal and free when people need it, we think that it is right that everybody should pay a contribution.

The Commission will determine the fairest and most sustainable way for people to contribute and will determine the options which should be open to individuals so that people have choice and flexibility about how they pay their care contribution. Our expectation is that the Commission will consider all the various options for payment put forward by charities and the public as part of the Big Care Debate and at the Care and Support Conference. We will be clear about the principles we want the Commission to consider, such as fairness to all, including between generations.

We do not want to pre-empt the recommendations of the Commission. **We have therefore ruled out a compulsory care contribution prior to the introduction of the comprehensive National Care Service.**

The Commission will make recommendations to Ministers which, if accepted, will be implemented alongside the introduction of the comprehensive National Care Service in the Parliament after next.

⁹ This guidance is called the *Charging for Residential Accommodation Guide* (CRAG). See: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107292

Accommodation costs for residential care

The Government believes that people who need care and support should be encouraged to stay in their own home for as long as they wish, and are able to do so. However, some people will prefer, or may need, to move into residential care – for example, if their needs are increasing, or if they are living on their own.

When someone moves into a residential home, their costs have two elements:

- Firstly, there is the cost of care. Under the comprehensive National Care Service, everyone's assessed care costs in residential care will be met by the state.
- Secondly, there are associated charges, such as the costs of utilities and food. These 'accommodation costs' are not covered by any of the reforms, and we would expect individuals to fund these themselves if they can afford to do so.

We think it is right that accommodation costs are treated differently to care costs, since they include many of the things, such as food and utilities, which people living in their own home are expected to pay for. The Department of Health currently produces guidance for local authorities on charging for residential care.⁹ We anticipate that this guidance will be the basis for charging for people's accommodation costs. We know that most local authorities do a good job of securing reasonably priced accommodation in their local areas, but we want to ensure that reasonably priced and affordable accommodation is available in every area.

Deferred payments for accommodation costs

While we believe that the majority of people should pay for their own accommodation costs in residential care, we think that it is unfair that people may have to sell their own home, when they did not plan to do so, to meet these costs.

Under the comprehensive National Care Service, we will therefore introduce a universal deferred payment system for accommodation costs in residential care. This means that **no one will be forced to sell their home in their lifetime** to pay for the accommodation costs of residential care.

Many local authorities already offer deferred payments, but it is not universal across England. We are therefore going to require local authorities to provide accessible deferred payment agreements to everyone who cannot afford to pay their accommodation costs without using up the last of their savings and selling their home.

Not everyone who is in residential care will be eligible for a deferred payment agreement. People who have a high income or savings will still be expected to use these means to pay for their accommodation costs. In the current system, people become eligible for a deferred payment agreement once they have less than £23,000 in savings (excluding the value of their home). We envisage that this will continue.

We also know that, where schemes currently exist, they are often not well publicised and people find it difficult to get information. Therefore we will make sure that accessible information is available, giving people detail on how the deferred payment scheme works, who is eligible, and how to apply.

Other sources of support

We want to help people manage their finances effectively so that they can protect more of their assets, should they become liable for accommodation charges in residential care.

We will do this by ensuring that people have access to good information and advice – through the range of channels identified in Chapter 5 – about the options available to help them meet accommodation costs, over and above the universal deferred payment system.

This will include advice on retirement planning; information on the range of commercial products (such as savings and insurance) that can help them to meet accommodation costs; and details of relevant charitable organisations that might provide further advice and support.

However, we acknowledge that some existing financial products are not suitable for everyone; in the case of insurance products such as annuities, premiums can be high and unaffordable to some. We will therefore consult with the insurance industry to identify opportunities for innovative and more affordable products to cover accommodation costs under a comprehensive National Care Service; and we will ask experts from the National Care Service Leadership Group to work with them to explore and, where appropriate, remove barriers that might prevent these services working effectively.

In addition, the National Care Service Leadership Group will look at other proposals that could help people with accommodation costs. For example, we will ask them to engage with the property services sector, the Local Government Association and third sector organisations to identify and evaluate potential options for rental schemes that could allow people to generate an income from vacated properties, and then to develop any promising ideas that could cover or contribute to their accommodation costs.

Disability benefits

We recognise the role that disability benefits, including AA, play in supporting people's independence. These benefits often enable people to pay for basic help such as additional heating or extra laundry. They can also help people maintain their involvement in the community, for example by paying for travel to social events, and provide support to people who might not get support from the social care system.

We also recognise the importance that people attach to having flexibility over how benefit payments are spent.

During the Consultation, people told us how much they valued the support that disability benefits, and particularly AA, provide. This White Paper rules out any changes to AA or DLA in the next Parliament to fund the second stage of reform. **We will build the National Care Service around AA and DLA**, and we will maintain these benefits as a flexible form of support.

Ensuring consistency in care and support funding

As we move forward to the third stage of reform, we will ask the Commission as part of their work to examine how we can improve care and support to make it easier for people to access all the support they need, and to look at the relationship between AA, DLA and social care.

We will ask the Commission to look, for example, at the way in which AA and DLA (care component) are taken into account by local authorities and at ways of giving people more choice about both the care they get and the way they contribute to the National Care Service.

We know that, currently, many local authorities consider income from AA and other benefits when determining how much state support they provide to an individual. In doing so, they expect individuals to use a proportion of their AA or DLA (care component) to help fund their care.

However, we also know that there are significant differences between local authorities around how disability benefits are taken into account when assessing someone's care package, with no consistency between local authorities in whether and how this is done. Some disregard a set amount, some perform complex disability-related expenditure calculations to determine how much to disregard, and some completely disregard all income from disability benefits. We think this can be confusing, and makes the postcode lottery in the current system worse.

As we roll out the National Care Service, which will be a significantly more generous system that will support a greater range of people, we expect that local authorities will continue to take account of the support provided by disability benefits.

If local authorities did not take these benefits into account when determining people's care packages, many people would benefit disproportionately from the introduction of a comprehensive National Care Service, and this would be unaffordable for the state.

We want to reduce the postcode lottery of the current system, and ensure greater consistency around the extent to which AA or DLA (care component) is taken into account when determining the size of people's care packages. Therefore, we will ask the Commission to look at how, under the comprehensive National Care Service, all local authorities could take a consistent approach to the amount of people's AA or DLA (care component) that is disregarded, to cover remaining disability-related expenditure. This will make the system more affordable for the state.

This would mean that, as is the case with social care now, a proportion of people's AA and DLA (care component) will be consistently seen as a core part of the package provided by the comprehensive National Care Service.

Following the Commission's recommendations, we will ensure that there are no cash losers among people in the social care system at the time of reform.

Conclusion

The creation of the National Care Service will signal a fundamental change to care and support provision in this country. It will build on the transformations that have taken place over the last 10 years. But to be successful, we know that the National Care Service must be built on the foundations of a fair funding system – one that supports and gives choice to those who need care and support, while at the same time being affordable to individuals and to the state.

We believe that moving towards a system in which people receive their care free when they need it will better support individuals and bring huge benefits to their families and carers. It has involved some difficult decisions, and we appreciate that such a fundamental change to the care and support landscape will leave some people uncertain about the future. But we are confident that the comprehensive National Care Service will provide hundreds of thousands more people with the care and support they need, and will form a central part of our vision for a modern society.

The next chapter describes in more detail how we will make our vision for the National Care Service a reality.

“You need to cover all in a fair way. It is not reasonable to have those who save throughout life then lose all... we are a society and support each other.”

Public response to the Consultation



Swimming against Alzheimer's

"Ron, 80, from Gosport had Alzheimer's. A swimmer all his life, he went twice a week to the local pool until his condition worsened. He then got a personal assistant who swam with him. His wife said they were the only nights of the week she had a full night's sleep."

Submitted by **Fiona** to Images of Care and Support



Caring with fun

"Cycling is a popular activity with the users of Wilshaw House in Ashton-under-Lyne. Housing 21's specialist day centre for people with dementia has a particular focus on encouraging social interaction, independence, self-esteem and – as the picture of Barbara shows – a little bit of fun too."

Submitted by **Wendy** to Images of Care and Support



Fourth generation

"My 83 year old mom and her great granddaughter. Mom is in a wheelchair but you can't tell from this beautiful photo. My mom is partially sighted, suffers with heart disease, arthritis and high blood pressure but still enjoys life. I took this photo on one of our weekly shopping trips. Jade (my granddaughter) is always with us; her saying is 'Come on nannies, let's shop till we drop' and we do. Mom grew up in poverty but when she had me and my brother we always had what we needed so now it's my turn to care for her."

Submitted by **Carol** to Images of Care and Support

8

Making the National Care Service a reality

Summary

We have set out an ambitious vision for the National Care Service. But delivering the radical overhaul of our system of care and support during a period of fiscal consolidation will be challenging and therefore we propose to implement the National Care Service in three stages that build on the best of existing services.

The first stage is to create a step change in the provision of services in the home and in our communities. These services are essential if we are to ensure that more people are supported in their homes, and that costs in the system are to be controlled. Central to this is the Personal Care at Home Bill. We will also continue our reforms of extending personalisation, supporting carers, integrating services and consolidating national strategies, which are already delivering real benefits for people.

The second stage of reform, during the next Parliament, will be to put in place **the building blocks** of a national system of care and support, in particular the establishment of clear, national standards and entitlements. Putting the building blocks in place will take time. So we must make an immediate start and we want to do this in partnership. We will establish a National Care Service Leadership Group by July 2010 to provide expertise and support delivery of the National Care Service. The group will advise on a detailed implementation plan by the end of 2010.

The building blocks are as follows:

- Introduce a National Care Service Bill in the next Parliament. This will set out the duties of the Secretary of State and local authorities to lead the delivery of care to those who need it.
- Enshrine national eligibility criteria for social care in law.
- Build a new quality framework to drive up quality throughout the care and support sector.
- Commission national information and advice through a range of approved information and advice partners. We will also look at how we can give people confidence in information and advice by developing a National Care Service 'brand' that people can trust.
- Consolidate on the reforms in *Putting People First* so everyone can access a personal budget, if eligible.
- Introduce reforms to ensure that health and care services work together.
- Support the workforce in preparing for the National Care Service.

From 2014, care entitlements will be extended, meaning that anyone staying in residential care for more than two years will receive free care after the second year. At the start of the next Parliament, we will also establish a commission to help to reach consensus on the fairest and most sustainable way for people to contribute to a comprehensive National Care Service. The Commission will also determine the options that should be open to people so that they have choice and flexibility about how to pay their fair care contribution and will make recommendations to Ministers which, if accepted, will be implemented in the Parliament after next.

The final stage of reform, after 2015, will then be a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it, whoever they are, wherever they live and whatever the condition that leads them to need care. During this stage, we will take forward the Commission's recommendations on how people should make their contributions to the system to ensure that the National Care Service is sustainable and can provide high quality care for generations to come.

In the previous chapters, we set out an ambitious vision for the National Care Service and explained how that vision would be delivered through a solid foundation of six pillars, ensuring that there will be consistent services – wherever someone lives in England. But the Government believes that it is important to go further and describe how we will introduce the National Care Service.

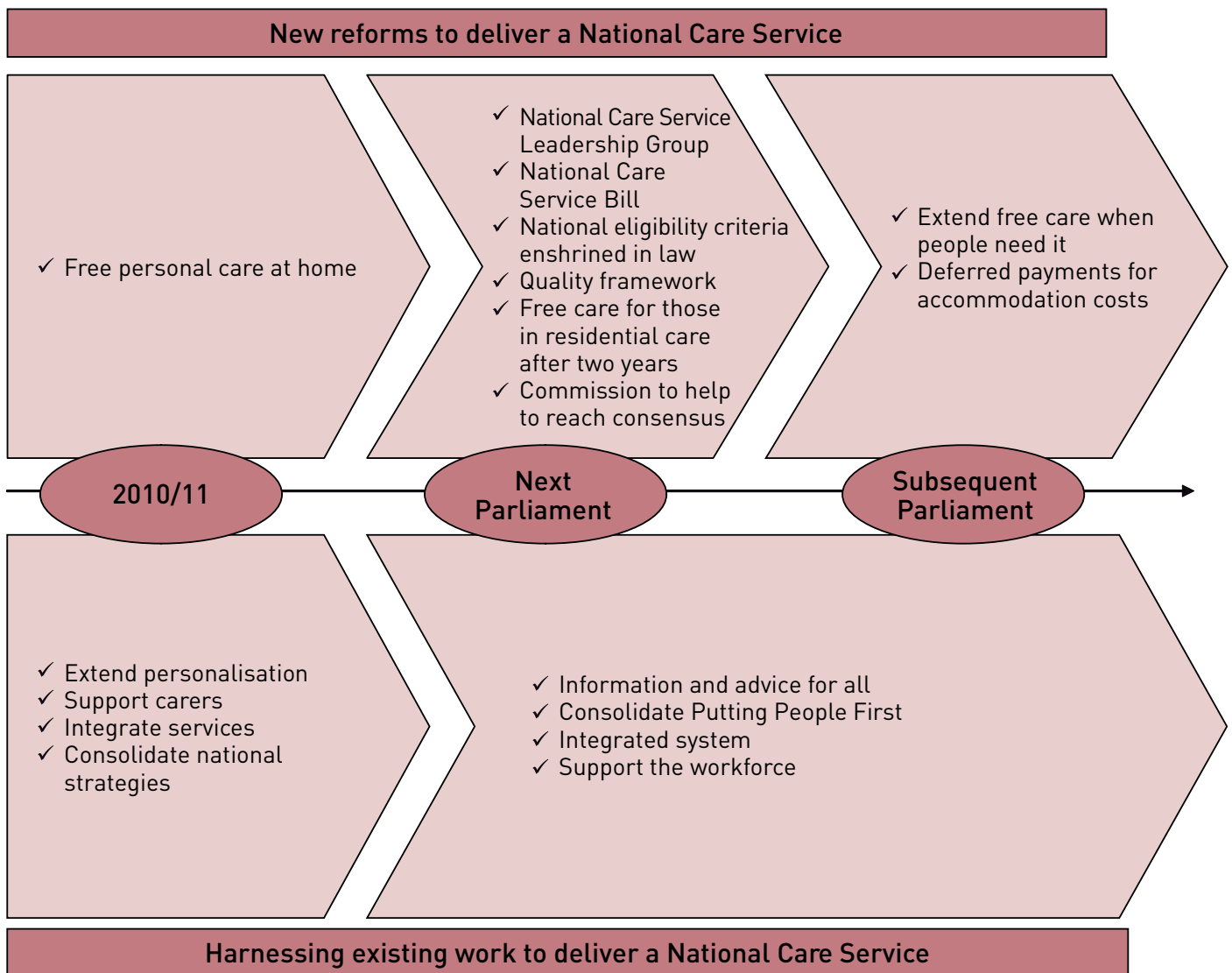
“I am very relieved to hear and read that the Government is formulating a plan for the aged to pay for their care in a fair way.”

Public response to the Consultation

Building the National Care Service

As set out in Chapter 4, given the scale of the proposed changes we will implement in stages before delivering the full ambition of the National Care Service. The diagram below sets a high-level proposed timetable for the introduction of the National Care Service in three stages.

This chapter sets out these three stages in more detail.



Stage one: Building on the best of the current system and delivering the Personal Care at Home Bill

Free care in the home

We will start our transformation of the care and support system by delivering the Personal Care at Home Bill, which will enable us to guarantee that around 280,000 people with the highest needs will receive free personal care in their own home. We will also see the creation of re-ablement services in every community, ensuring that there is a service for people to be supported to regain independence and confidence when they need home care for the first time. This will put prevention at the heart of the system, improving quality, empowering people, and saving the NHS and social care money.

The new plans will be introduced in 2011, and it will form the first step towards creating a National Care Service that is fairer, more sustainable and supports people to stay well and independent for as long as possible.

Extend personalisation

Our approach is to transform services to improve outcomes and experience for the people who receive them. The next phase is to offer everyone who is eligible a personal budget.

“Personalised care and support is the key to upholding an individual’s human rights.”

Stakeholder response to the Consultation

To meet the stringent requirements of fiscal responsibility it is vital that money gets to people who need care and support, and that it is spent well. We are determined to achieve high levels of efficiency and to tackle the challenges placed on services through the need for fiscal responsibility. Local authority expenditure on strategic management, assessment and care management of care and support can vary between 10 and 20 per cent of their total expenditure on care and support. We believe that our more streamlined approach, guaranteeing a simpler, portable assessment and the offer of a personal budget, will enable local authorities to reduce the cost of running the system to that currently achieved by the best local authority. So we will ensure that local authorities allocate the vast majority of their funding for care and support directly to care through personal budgets, in line with the most efficient and effective local authorities.

Support carers

Carers are central to the Government's plans for care and support. Our carers' strategy in 2008 set out a 10-year strategic vision to enable carers to maintain a balance between their caring responsibilities and a life outside caring. The End of Life Care Strategy also recognises the importance of supporting carers both practically and emotionally through a person's illness and after their death. We will sustain the commitments set out in these strategies.

We recognise the essential and valuable role that carers play, and want to support them in carrying out their caring role in the context of living their own lives. This is why we are improving flexible working, Jobcentre Plus support for carers and a new memorandum of understanding between government and Employers for Carers, to ensure a positive contribution to supporting carers in the workplace and building on the commitments in the carers' strategy.

In addition there will be a new Carer's Credit for those caring for disabled people for at least 20 hours a week. From April 2010, it will be possible to get a full basic State Pension based on caring responsibilities.

Integrate services

We want all local areas to deliver improved services and outcomes for their population, and we believe that working more closely across the health and care boundary is critical to this. It is therefore key to ensure that all local areas are working together effectively – not by dictating structure or solutions, but by ensuring that the health and care systems are aligned to support this. To do this we will encourage joint commissioning and pooled budgets between local authorities and primary care trusts (PCTs) in the National Care Service. In stage two, we will take further concrete steps to firmly ensure joint working.

Consolidate national strategies

Over the past few years, the Government has worked closely with local authorities, the care and support professions and national organisations to define national strategies for priorities in care and support, for example Valuing People Now, the national dementia strategy, the autism strategy and New Horizons. The National Care Service will draw on and develop all these strategies to sustain and deliver the commitments in each.

Stage two: Putting the building blocks in place and extending the offer

Establishing national leadership

During the next Parliament, we will put in place the building blocks of a national system of care and support, in particular the establishment of clear, national standards and entitlements. But building the systems and processes will take time. So we must make an immediate start and we want to do this in partnership. We will establish a National Care Service Leadership Group by July 2010 to provide expertise and support delivery of the National Care Service. One of its tasks will be to advise the Government on a detailed implementation plan by the end of 2010.

The National Care Service Leadership Group would support the delivery of the National Care Service by preparing for system reform in all of the six pillars of the National Care Service. It will engage the full range of stakeholders in implementing the National Care Service, and it will advise across government on delivering the main change programmes set out in this White Paper.

Alongside the National Care Service Leadership Group, as announced in Budget 2010, a task force will ensure that the reforms required to build the National Care Service are accompanied by major efficiency and cost improvements. The task force will support local authorities to identify efficiencies as they deliver transformation and ensure that the available funds are spent as wisely as possible.

Implementation of the National Care Service will be overseen by a Cabinet committee. The committee will receive advice from the National Care Service Leadership Group on implementation progress and process.

When implementing the National Care Service, we will work closely with all three devolved administrations on any changes that affect them, in order to reach a shared understanding on how to ensure the best possible outcomes for all people in the UK.

A National Care Service Bill

The current legislative framework of care and support has evolved over time as the care and support system has grown. This iterative approach to legislation has created a framework that can be difficult to understand and can lead to inconsistencies.

To ensure that the National Care Service has a proper legal basis, and as a major step towards the creation of the service, the Government will introduce a National Care Service Bill in the next Parliament. This will set out the duties of the Secretary of State and local authorities to lead the delivery of care to those who need it.

“I welcome the introduction of a standardised national assessment process, which will remove a postcode lottery.”

Public response to the Consultation

Nationally consistent eligibility criteria for social care enshrined in law

Nationally consistent eligibility criteria for social care will be enshrined in law for the first time. This will ensure greater consistency and set the point at which someone becomes eligible for state support in England. The new criteria will build on the best elements of existing guidance, including personalisation and prevention.

The National Care Service Leadership Group will set up a sub-group of experts to advise Ministers on what the new eligibility criteria for the National Care Service should be. Following advice from the group, the Government will consult on the proposed new criteria before introducing new secondary legislation to enshrine the principles in law.

Over time, we want to move towards more aligned eligibility across a wider range of services and disability support to provide a more joined-up experience for people. We will ask the National Care Service Leadership Group to look at the case for this and how it might be done.

We want to improve the gateway for accessing social care and disability benefits to make it simpler and easier for people to apply for the support they need, and provide a better service. We also want to move towards creating a joined-up process that will give access to care and support services. We will begin by aligning the referral processes for social care and Attendance Allowance through a single portal to both forms of support.

We will explore whether a joined-up assessment process could be further developed and extended in future. Experts from the National Care Service Leadership Group will investigate the business processes, IT changes and legal requirements necessary to make this a reality.

Local authorities will continue to deliver assessment using the guidance that has recently replaced the Fair Access to Care Services guidance until implementation of the National Care Service. They will continue in this role, using the new eligibility criteria and national assessment process when it is fully implemented. We will work with local authorities and the Care Quality Commission (CQC) to establish standards for assessment and a regime for accrediting local authorities as approved assessors for the National Care Service.

Quality framework

In Chapter 6 we set out how important it is to be clear about quality. We want to build a quality framework, in order to drive up quality throughout the care and support sector. We will design the framework in conjunction with the sector.

As part of the framework we will implement our plans for a body to define, promote and support implementation of effective and high quality services. We intend to have this body established before the end of the next Parliament and it will look at quality and cost-effectiveness.

Information and advice for all

We are committed to ensuring that everyone understands the role of the National Care Service and how to access it. Local authorities have the lead responsibility for information and advice on care and support, and they are making encouraging progress in promoting self-directed care and personal budgets.

At a national level, we will look at how we can give people confidence in information and advice by developing a National Care Service 'brand' that people can trust. However, there is more to do to prepare people for the new arrangements, so as well as supporting local authorities, we will commission national information and advice through a range of approved information and advice partners.

Consolidating Putting People First

The Government and local government leaders have been working together to transform social care through Putting People First. The aims of Putting People First extend over 10 years, and we will consolidate the programme within our reform plan to ensure that government and local leaders continue to work together to generate the right foundations for a National Care Service.

We know that many people who receive care and support would like to stay in their own home, rather than move into a residential care home. We want the National Care Service to support people with that aspiration. As part of our detailed implementation plans, we will set out a challenging objective for the National Care Service to support more people to be cared for in their own homes. It is right that we offer people the choice to stay in their own home where this is appropriate.

"It works well if everybody in the loop is aware of what is going on and everybody sticks to the plan. It works badly when organisations work independently of each other at the service user's expense."

Stakeholder response to the Consultation

Integrated system

We will introduce a number of steps to ensure that health and care services and wider services are working together. We will:

- introduce a new statutory duty on all NHS bodies and local authorities to work together to develop and deliver integrated services under the National Care Service
- explore with the National Quality Board how its role can best be used to improve quality in care and support as well as healthcare

- identify practical ways to encourage joint working between PCTs and local authorities, including joint commissioning on the key priorities identified by local areas and exploring shared mandatory indicators for PCTs and local authorities
- use the new joint health and social care regulator, the CQC, to support local progress on integrating services.

Supporting the workforce

The Government will continue to support the development of the workforce through implementation of the social care workforce strategy, *Working to Put People First*, and taking forward the recommendations of the Social Work Task Force in *Building a safe and confident future*.

Looking forwards, we are going to support the workforce in preparing for the National Care Service:

- The Government will map out what it requires from national workforce delivery bodies in order to drive up quality – for example set higher standards; promote appropriate training and development; develop leadership skills – and how this will be delivered in the quality framework. We will then consult with the sector on the best ways to achieve this.
- We also plan to introduce a regional demonstration site for a licensing scheme for all social care workers, whether in residential care, home care or as personal assistants. This will be the basis of a Learning for Quality campaign, to raise the skills of the care workforce and ensure that it is valued for the vital and excellent job that it does.

Free care for those in residential care for more than two years

It is very clear that the risk of losing all your income or assets to pay for long-term care represents an unacceptable burden on the peace of mind and finances of some families. As we move towards a free when people need it, comprehensive National Care Service, from 2014 care entitlements will be extended meaning that anyone staying in residential care for more than two years will receive free care after the second year. The first and second stages together will mean that the most vulnerable in our society, those with the highest needs, will be protected from very high care costs and many more people will be supported in their own homes.

A commission to help to reach consensus

During the next Parliament we will also move rapidly towards setting out detail on how we will take forward full reform of the system in a third stage in which the comprehensive National Care Service becomes a reality.

For this to be affordable requires a system in which everyone makes a contribution. At the start of the next Parliament, we will establish a commission to help to reach consensus on the fairest and most sustainable way for people to contribute to the system. The Commission will also determine the options that should be open to people so that they have choice and flexibility about how to pay their care contribution and will make recommendations to Ministers which, if accepted, will be implemented in the Parliament after next. Our expectation is that the Commission will consider all the various options for payment put forward by stakeholders and the public as part of the Big Care Debate and at the Care and Support Conference.

We will shortly set out the Terms of Reference in detail; however, we expect the Commission will need to consider:

- people's ability to pay
- intergenerational fairness
- the potential impacts on people preparing for their retirement
- whether people should save for their care over their whole lifetime or contribute at the end of their life – or a mixture
- administrative efficiency and cost effectiveness.

Stage three: A comprehensive National Care Service

“With the Comprehensive model everyone knows where they are.”

Stakeholder response to the Consultation

Free care when people need it

The final stage of reform, after 2015, will be a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it, whoever they are, wherever they live and whatever condition leads them to need care. During this stage, we will take forward the Commission's recommendations on how people should make their contribution to the system to ensure that the National Care Service is sustainable and can provide high quality care for generations to come.

We will also set out the detailed arrangements for implementation and transition. However, through the reforms we are already undertaking, and the further reforms that will be implemented in the next Parliament, the foundations will be in place for a consistent service, free when people need it and underpinned by high standards and strong support for families, carers, the workforce and local communities.

Accommodation costs

While more people will enjoy free care and support, there will still be some people who worry about meeting the costs of accommodation in residential care from their current income and fear having to sell their home. To remove this fear we will require all local authorities to operate a standard universal deferred payment system so that no one has to sell their home in their lifetime in order to pay for residential care.

We will also provide information on the range of commercial products, such as savings and insurance, that can help them to meet accommodation costs; and details of relevant charitable organisations that might provide further advice and support.

However, we acknowledge that some existing financial products are not suitable for everyone; in the case of insurance products such as annuities, premiums can be high and unaffordable to some. We will therefore consult with the insurance industry to identify opportunities for innovative and more affordable products to cover accommodation costs under a comprehensive National Care Service; and we will ask experts from the National Care Service Leadership Group to work with them to explore and, where appropriate, remove barriers that might prevent these services working effectively.

In addition, the National Care Service Leadership Group will look at other proposals that could help people with accommodation costs. For example, we will ask them to engage with the property services sector, the Local Government Association and third sector organisations to identify and evaluate potential options for rental schemes that could allow people to generate an income from vacated properties, and then to develop any promising ideas that could cover or contribute to their accommodation costs.

Future roles and responsibilities

The National Care Service will be led by local authorities, in partnership with the NHS, working with third sector organisations, the private sector and communities to provide effective, higher quality services. This embodies the approach set out in *Total Place: A whole area approach to public services*.

Implementing a National Care Service will require changes to roles and responsibilities:

- **Local authorities** will have statutory responsibility for leading the National Care Service locally. This will include information and advice on care and support; carrying out assessments for social care applying national rules and systems; safeguarding vulnerable people; encouraging care and support suppliers to innovate and widen the range of services; and working with other public services to secure better health and wellbeing.

“Although the Government is best placed to lead, local authorities are best placed to strategically plan and implement the joined-up approach, as a ‘one-size-fits-all’ model would fail to factor in the make-up of local agencies and the demographics of the local community. All partners should be involved in the development and implementation of the joined-up service.”

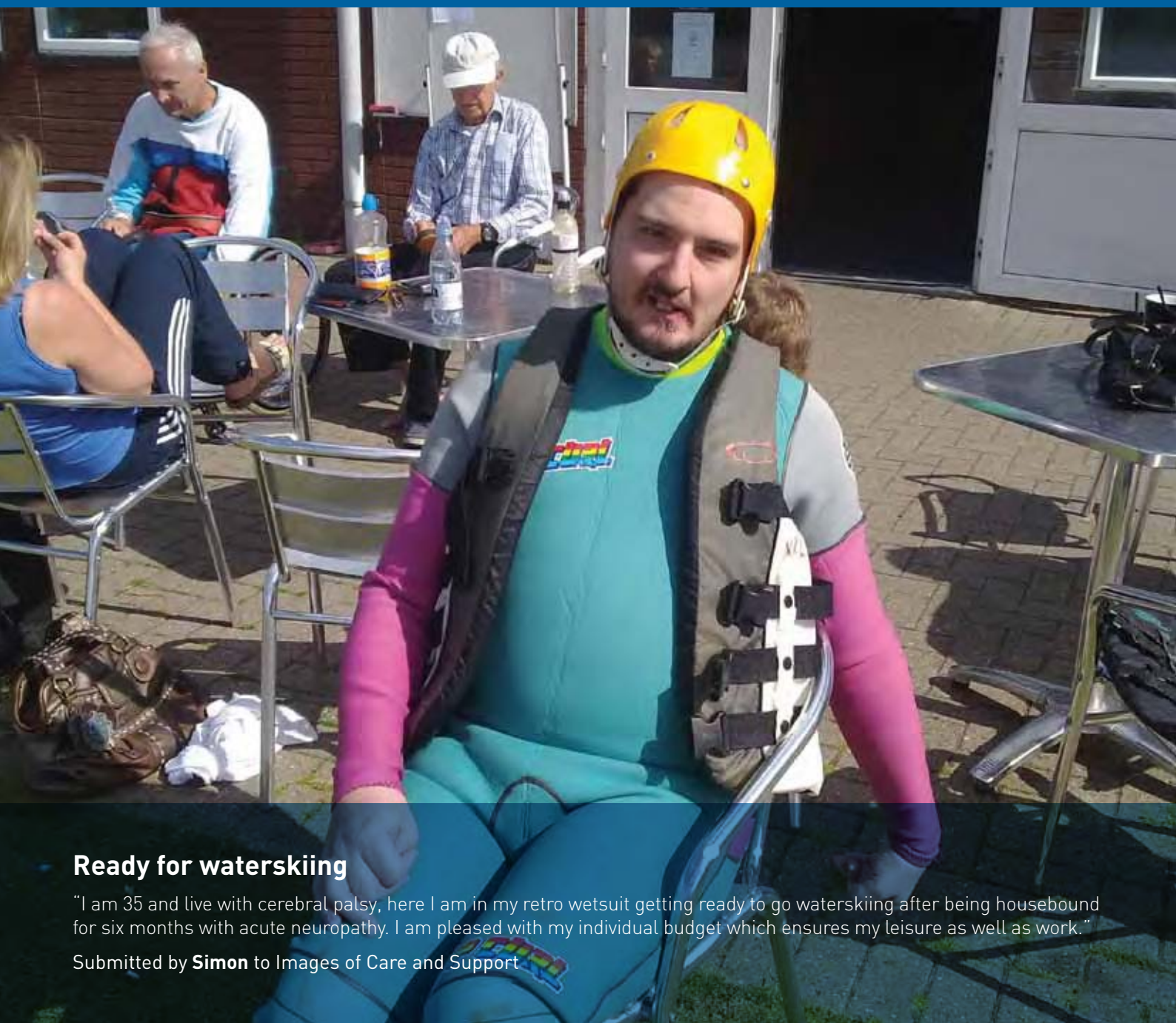
Stakeholder response to the Consultation

- The NHS will have a statutory duty to work with local authorities to achieve an integrated adult care and support system.
- The **Department of Health** will legislate for the national rules for assessment and eligibility for care and support based on advice from external experts, and will ensure that there is nationally available information and advice on care and support.
- **Communities and Local Government** will continue to support local government and communities to develop stronger communities, administer funding and take forward integrated housing solutions.
- The **Department for Work and Pensions** will work with the Department of Health to align the referral processes for social care and Attendance Allowance, and will explore whether a joined-up assessment process could be further developed in future.
- The **CQC** will ensure that the guidance from the independent effectiveness body is built into delivery and the work of local authorities, and will ensure that minimum standards of quality are guaranteed for all.
- The **Audit Commission** will assess value for money across health, social care and local government, and will flag effective services through its wider assessment of public services.

Every part of England will gear up to deliver health, care and support so that everyone who needs care and support can get it free when they need it. We will work with local government to make sure that the planning and delivery of this vital service learns the lessons from *Total Place*, and has the resources and support to succeed. At a time when local authorities are working hard to deliver value for money and to sustain local services, the implementation of a National Care Service offers opportunities to simplify systems, improve efficiency and share services with other local authorities and the NHS.

Conclusion

We will combine reforming legislation with national leadership to drive forward the building of the National Care Service. This will put in place the architecture for a comprehensive care and support system, free when people need it, for all adults in England. Working with local government, the NHS, advisory bodies, regulators, businesses and staff, we will harness every available contribution to make a secure and successful transition to the National Care Service.



Ready for waterskiing

"I am 35 and live with cerebral palsy, here I am in my retro wetsuit getting ready to go waterskiing after being housebound for six months with acute neuropathy. I am pleased with my individual budget which ensures my leisure as well as work."

Submitted by **Simon** to Images of Care and Support

Glossary

Accommodation costs	Cost of food, utility bills, rent/mortgage that everyone faces either in their own home or in residential care.
Activities of Daily Living (ADL)	Basic activities such as bathing, dressing, eating and using the toilet.
Area Based Grant	Money allocated directly to local authorities which they are free to use as they see fit to support local priorities.
Attendance Allowance (AA)	<p>A tax-free benefit for people aged 65 and over who need help with personal care because they are physically or mentally disabled.</p> <p>From 12 April 2010 the weekly rates are:</p> <p>Higher rate: £71.40 Lower rate: £47.80</p>
Basic care	The care and support that is needed to help people meet their assessed needs.
Care and support	The mixture of financial, practical and emotional support that helps people to do the everyday things that most of us take for granted such as getting out of bed, dressed and into work; choosing what and when to eat; and getting out of the house, being able to see friends and care for our families.
Carer	Someone who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability.
Carer's Allowance	A taxable benefit to help people who spend at least 35 hours a week looking after someone who is disabled. From 12 April 2010, the weekly rate is £53.90.
Carers Direct	Information, advice and support for carers on the NHS Choices website and via a telephone helpline (www.nhs.uk/CarersDirect or 0808 802 0202).
Community care	Care that is provided in the community such as meals on wheels, day centres, short-term respite care, equipment, home adaptations and telecare.

Co-production	Services where people combine some of their own time and effort with some public resources such as professional help.								
Deferred payments	A scheme whereby self-funding care home residents can ask their local authority to delay charging their care home fees until after they die.								
Direct payments	Any part of an individual's personal budget (see below) which is received as cash.								
Disability Living Allowance (DLA)	<p>A tax-free benefit for children, and adults claiming before they reach the age of 65, who need help with personal care or who have walking difficulties because they are physically or mentally disabled.</p> <p>From 12 April 2010 the weekly rates are:</p> <table> <tr> <td>DLA care element</td> <td>DLA mobility element</td> </tr> <tr> <td>Higher rate: £71.40</td> <td>Higher rate: £49.85</td> </tr> <tr> <td>Middle rate: £47.80</td> <td>Lower rate: £18.95</td> </tr> <tr> <td>Lower rate: £18.95</td> <td></td> </tr> </table>	DLA care element	DLA mobility element	Higher rate: £71.40	Higher rate: £49.85	Middle rate: £47.80	Lower rate: £18.95	Lower rate: £18.95	
DLA care element	DLA mobility element								
Higher rate: £71.40	Higher rate: £49.85								
Middle rate: £47.80	Lower rate: £18.95								
Lower rate: £18.95									
Disability-related expenditure (DRE)	Reasonable expenditure needed for independent living by someone with a disability or care need, for example to cover the additional costs of special dietary needs, domestic help or transport.								
Disabled Facilities Grant	A local council grant to help towards the cost of adapting homes to enable people to continue to live in them. A grant is paid when the council considers that changes are necessary to meet people's needs, and that the work is reasonable and practical.								
Domiciliary care	Care provided to people in their own home.								
Extra Care Housing	Accommodation with design features and support to help people live independently.								
Fair Access to Care Services (FACS)	Guidance for local authorities about how to decide who is eligible for social care. The FACS framework was introduced in 2003 to address inconsistencies across the country about who gets support. It was replaced in February 2010 by <i>Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care</i> . The revised guidance places eligibility criteria within a wider context of personalisation and prevention, to address not only the needs of individuals but also of the wider community.								
Home care	The care that is provided at home. This usually includes personal care (see below), but can also include some non-personal care such as help with cleaning, shopping or washing clothes.								
Independent Living Fund	A fund that makes payments to disabled people to help them lead a more independent life. Payments can be used to pay a care agency or to employ someone to provide personal and domestic care in the home.								
Joint Improvement Partnership	A partnership of organisations involved in improving services within social care.								

Joint Strategic Needs Assessment (JSNA)	An assessment of local levels of need for health and social care that is carried out by local authorities in partnership with PCTs.
Local government performance framework	The local government performance framework includes a set of National Indicators. These indicators cover all the national or priority outcomes that local authorities are responsible for delivering.
NHS Operating Framework	The Operating Framework for the NHS sets out the priorities for the NHS for the year ahead. It outlines the specific business and financial arrangements for the year.
Ordinary residence	The place a person has chosen to adopt as their home. It is a key term for local authorities. Where a person is ordinarily resident determines who is responsible for providing certain care services for them.
Partnerships for Older People Projects (POPPs)	Early intervention projects that target older people in their homes and communities instead of focusing on hospital-based crisis care. The Department of Health has invested £60 million in Partnerships for Older People Projects. The projects have shown that investing in preventative approaches and working together can deliver savings as well as better outcomes for people.
Performance framework	A mechanism for monitoring and regulating performance. Local government and the NHS both have performance frameworks.
Personal budget	An amount of funding set aside specifically to meet the assessed need of a named individual. If all or part of the personal budget is given as cash, this is called a direct payment.
Personal care	The care people need to assist them with activities of daily living such as bathing, eating a meal or getting out of bed. This care can take place at home or in residential care.
Portability	A person's ability to move anywhere in England and take the results of their needs assessment with them.
Primary care trust (PCT)	A local NHS body that is responsible for commissioning healthcare services to meet the needs of people within its geographical area.
Quality framework	The aim of a quality framework is to support those delivering care and support in improving the quality of care. It covers areas such as being clear about what high quality looks like, and how quality is safeguarded, measured and rewarded.
Re-ablement	Helping people to get back some of the skills and confidence they may have lost through poor health, a disability or going into hospital or residential care. Short-term programmes of re-ablement help people to re-learn and practise personal care tasks such as washing and dressing, so that they can live independently at home for much longer.
Regional Improvement and Efficiency Partnerships	These aim to improve the care and support system's ability to respond to people's needs, bringing together regional partners under the leadership of local authorities and Directors of Adult Social Services.

Regulation

In care and support, the Government seeks to encourage a consistent minimum standard of care that supports the wellbeing and dignity of individuals. In April 2009, the regulation of adult social care services transferred to the Care Quality Commission. The General Social Care Council is the social care workforce regulator in England.

Residential care

Care in a residential care home, rather than in someone's own home.

Right to Control

The Department for Work and Pensions' White Paper *Raising expectations and increasing support: reforming welfare for the future*, published in December 2008, set out the Government's proposals for the Right to Control. This right is about empowering disabled people by giving them greater choice and control over public money currently spent on their behalf. This would put people in charge of deciding how their care and support needs can be best met. We are currently piloting the Right to Control, and will look carefully at the results of these pilots before setting out the way forward.

Supported living

A combination of housing and support services agreed through a three-way relationship involving the service user, the local authority and the support service provider.

Supporting People

This programme, launched in 2003, provides funding for housing-related support services in England. It put in place structures that enabled partnerships of local authorities, health and probation services to make decisions about improvements and local investment in housing for people whose circumstances mean that they may be vulnerable. Through the programme's grants, now part of councils' Area Based Grants, opportunities exist for increased innovation in joint commissioning of these services.

Telecare/telehealth

Technological innovations that can provide the care and reassurance people need to allow them to remain living in their own homes.

Third sector organisations

Non-governmental organisations that are value driven and which principally re-invest their surpluses to further social, environmental or cultural objectives. The term includes voluntary and community organisations, charities, social enterprises, co-operatives and mutual societies.



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