

Caring for our future: Shared ambitions for care and support

Adult social care engagement exercise



What is 'Caring for our future'?



- Caring for our future: Shared ambitions for care and support was launched on Thursday 15th September and will run until early December.
- It is a discussion with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.
- Caring for our future is an opportunity to bring together the recommendations from the Law Commission and the Commission on the Funding of Care and Support with the Government's Vision for Adult Social Care, and to discuss with stakeholders what the priorities for reform should be.



Why are we engaging?



In recent months, two independent Commissions have sent reports to Government on two different aspects of care and support.

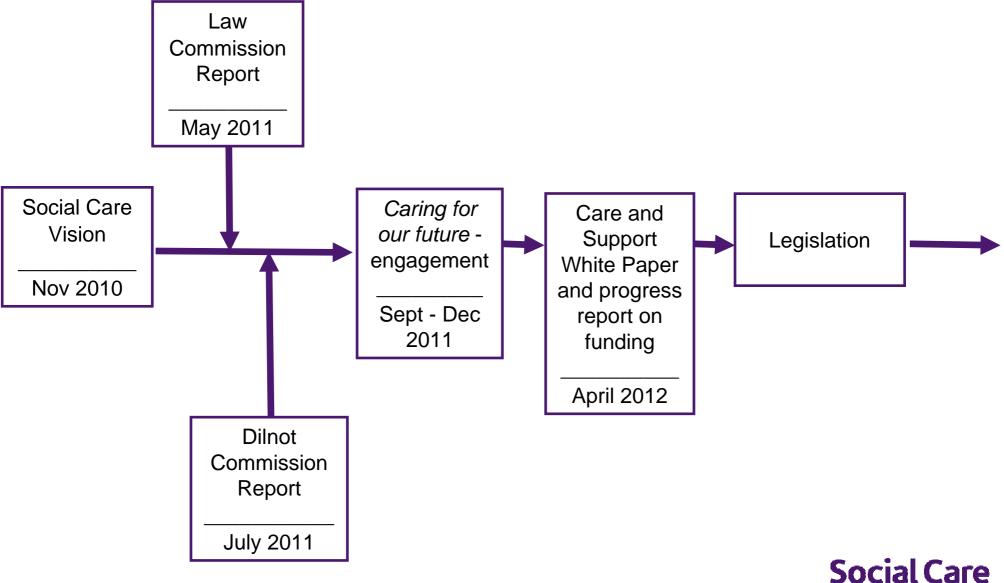
- Law Commission (May 2011): recommended bringing together all the different elements of social care law into a single, modern, adult social care statute. (see Annex 1)
- Commission on Funding of Care and Support (July 2011): made recommendations on how to fund care in the future as a partnership between the state and the individual (see Annex 2)
- We have also received a report from the *Palliative Care Funding Review*, which sets out how we could create a fair and transparent funding system which ensures integrated, responsive, high quality health and care services for those at the end of life.

We have an opportunity to get reform right so we want to have a wider discussion about every aspect of the system to help us decide what to do.



The Reform Timeframe





How will the engagement work?



- We have identified six key areas where we believe there is the biggest potential to make improvements to the care and support system.
- These areas are:
 - -Quality and workforce
 - -Personalisation
 - -Shaping local care services
 - -Prevention
 - -Integration
 - -The role of the financial services
- We have asked a leader from the care and support community to help the Government to lead the discussions for each of the six areas, supported by a small reference group. Our discussions over the autumn will help us shape these priorities.
- We also want to hear people's views on the recommendations made by the Commission on Funding of Care and Support and how we should assess these proposals, including in relation to other potential priorities for improvement. Social Care

Six engagement themes and discussion leaders



- <u>Quality</u>: how could we improve the quality of care and how could we support the care workforce to do this? *Imelda Redmond (Chief Executive, Carers UK)*
- <u>**Personalisation**</u>: how could we give people more choice and control over the care and support they use, and help them to make informed decisions? *Jeremy Hughes (Chief Executive, Alzheimer's Society)*
- Shaping local care services: how could we ensure there is a wide range of organisations that provide innovative and responsive care services and that respond to people's needs and choices?
 Peter Hay (President ADASS)

Peter Hay (President, ADASS)

- <u>Prevention</u>: how could we support more effective prevention and early intervention to keep people independent and in good health for as long as possible? *Alex Fox (Chief Executive, NAAPS)*
- <u>Integration</u> (in partnership with the NHS Future Forum): how could we build better connections locally between the NHS and other care services? Geoff Alltimes (Chief Executive, Hammersmith & Fulham Council) Robert Varnam (Manchester GP)
- <u>The role of the financial services</u>: what role could the financial services sector play in supporting care users, carers and their families?
 Nick Kirwan (Association of British Insurers)

We also want to hear your thoughts on the recommendations of the Commission on Funding of Care and Support



- a. What are the strengths and weaknesses of the Commission's proposals in addressing the problems of the current system? What are the priorities for action coming out of the Commission's report, including in relation to other priorities for improvement in the system?
- b. What are the implications of the Commission's proposals on other areas of care and support reform?
- c. The Commission presented a range of options in relation to some of their recommendations, which would affect the balance between the financial cost to the individual and the taxpayer. These include:
 - -the level of the cap
 - -the contribution that people make to their living costs in residential care

What would be the implications of different options on the outcomes which the Commission hoped to achieve?



We want to think about what reform means for everyone



- As we think about the priorities for reform, we want to consider what reform would mean for:
 - all <u>individuals</u> throughout the time they experience a care need: this will mean considering how the system should meet the needs of children at the point of transition to adult services; working age adults; and of older people from all backgrounds and with all types of care need;
 - equality groups
 - families including carers; and
 - <u>staff</u> to deliver high quality care within a reformed adult social care system.





Who are we engaging with?

- Until early December, we will be engaging with a range of people and organisations involved with care and support.
- Together with our six key leaders from the care and support community, we will be attending events, holding meetings, listening to the views of user organisations, carers' representatives, care providers, and local councils on what the priorities for improving care and support should be.
- We want to use existing networks and events to hear the breadth of opinion on these issues.





After the engagement

- At the end of the conversation, the discussion leaders will bring together a view about the priorities for change. This will help the Government decide what to do.
- The Government will publish a White Paper in April 2012, alongside a progress report on funding reform. The White Paper will set out our approach to reform, to start the process of transforming our care and support system.
- The Government committed to legislating at the earliest opportunity



Getting Involved



- Organisations involved in care and support can take part in events and meetings attended by the discussion leaders.
- Send your views to your local or national representative group and ask them to take part in the engagement.
- Complete the feedback form on the website [www.caringforourfuture.dh.gov.uk] and return it by email to [caringforourfuture@dh.gsi.gov.uk] or by post to: Caring for our future, Area 117, Wellington House, 133-155 Waterloo Road, London, SE1 8UG.
- Send your feedback using the automatic online form.
- Post your comments directly onto the priorities for change pages on our website, or email or post them to the addresses above





Annex 1:

The Law Commission's report on adult social care



The Law Commission report (published May 2011)



The Law Commission's 76 recommendations span a broad range:

- A single statute for social care, supported by statutory principles which place the wellbeing of individuals at the centre of the law.
- Reformed regulations and statutory guidance to clarify legal status and support practice, and an end to directions.
- Rationalising the core processes for assessment, eligibility and provision of services into law, updating where necessary, and giving care and support plans a new legal footing.
- Updating legislation for carers to create parity with the rights and powers in relation to service users.
- Creating a new statutory framework with duties and responsibilities for adult protection and safeguarding.
- Clarifying the overlap with other services, such as the NHS and housing, to clear up practical issues.

Many recommendations go further than just law reform and relate to broader issues such as funding, which have been considered by the Commission on Funding of Care and Support. We will need to consider all reforms together in the engagement exercise.

Our approach to law reform



Our aims in reforming the law around adult social care are to:

- *Modernise* the legal basis to reflect the Government's ambitions for personalised adult social care.
 - Refocus the law around the person, not the service, by enshrining new statutory principles which place the wellbeing of the individual at the heart of individual decisions about care.
 - Create a new statutory framework to reflect the importance of safeguarding vulnerable adults and the responsibilities of local partners.
 - The Law Commission has made recommendations for new statutory principles, such as new recommendations on adult protection.
- Simplify the requirements of the law, supported by clear regulations and a reformed bank of statutory guidance.
 - Develop a more transparent framework which simplifies practice for care professionals, reduces burdens, and empowers individuals to better understand their rights and responsibilities.
 - The Law Commission has made recommendations on core social care processes like assessment, eligibility, care planning and provision.

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Our approach to law reform



Our aims in reforming the law around adult social care are to:

- Consolidate all existing legislation into one single statute for adult social care, and repeal old statute dating back over 60 years.
 - The Law Commission's analysis of the current will help us think about what needs to change, and how to change it.
- *Rationalise* and remove unnecessary top-down controls or restrictions to allow services to innovate and meet the changing needs of local people.
 - The Law Commission has made a number of recommendations on the structure of the new statute, and the approach to duties, powers, directions and regulations will inform our proposals.



What happens next?



- The Government's has committed to legislating at the earliest opportunity and our approach to law reform will take many of the recommendations of the Law Commission report as its foundation.
- We will publish our response to the Law Commission as part of the Care and Support White Paper in April 2012.
- As part of the engagement exercise, we want to hear your views on the Law Commission, alongside the Commission on Funding of Care and Support as well as the Vision for Adult Social Care. This will inform the decisions we make about how to take this forward.





Annex 2:

The Commission on Funding of Care and Support



Why the Commission was set up, and its terms of reference



• In the Coalition agreement, Government recognised the "urgency of reforming the system of social care to provide much more control to individuals and their carers, and to ease the cost burden that they and their families face."

Government asked the Commission to recommend:

- how best to meet the costs of care and support as a partnership between individuals and the state;
- how people could choose to protect their assets, especially their homes, against the cost of care;
- how, both now and in the future, public funding for the care and support system can be best used to meet care and support needs.

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The Commission's main recommendations



- Individuals' care costs should be capped, so that people who enter care after retirement do not have to spend more than £25k-£50k on care (this figure should be lower for those of working age who need care and support)
- People in residential care should still contribute towards their general living costs after they reach this cap, and a reasonable contribution to expect would be between £7,000 and £10,000
- Means-tested support should be extended to more people by raising the upper limit from £23,250 to £100,000
- Eligibility should be more consistent across the country, so that all councils offer services at the same level of need and people can more easily move between areas



Other recommendations



- Once a cap is implemented, Government might want to consider aligning means testing rules across care settings, by including the house in the domiciliary care means test
- Disability benefits could be re-branded to make their purpose clearer
- There should be **improved information and advice** for people in need of care, and for their carers
- **Deferred payments** should be more widely available, so that people can use wealth tied up in property without having to sell their homes

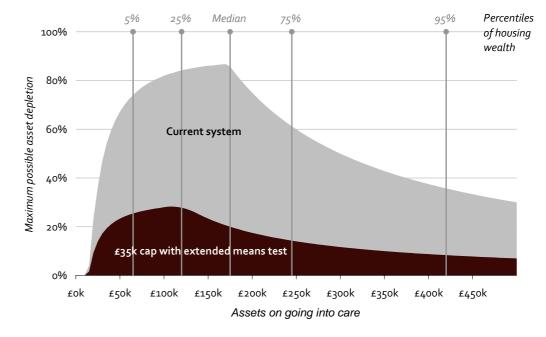


What did the Commission think the costs and impacts would be?



- The Commission estimated that its reforms would cost £2.2 billion in 2015/16
- The Commission concluded that its reforms would protect people from having to use almost all of their assets to pay for care (see graph)
- It also thought that people would have greater peace of mind, knowing that they would not face very high care costs

Maximum proportion of assets depleted for people going into residential care and accruing lifetime costs of £150,000



Source: Commission analysis



Government's response to the Commission on Funding of Care and Support



- The Government welcomed the Commission's report as an immensely valuable contribution to meeting the long-term challenge of an ageing population.
- The Government also highlighted that the proposal came at a cost, and that this needed to be weighed against other priorities for reform.
- The Government has started a period of engagement to help identify what the priorities for reform are. As part of the engagement it also wants to hear people's views on the Commission's recommendations.
- After the engagement, the Government will publish a White Paper on social care, along with a progress report on funding reform, in Spring 2012.

Social Care



Annex 3: 'Caring for our future'- detailed questions



Q. What are the priorities for promoting increased (DH) Department of Health quality and supporting the workforce?

- 1. Should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?
- 2. How could the approach to quality need to change as individuals increasingly fund or take responsibility for commissioning their own care? How could users themselves play a stronger role in determining the outcomes that they experience and designing quality services that are integrated around their personal preferences?
- 3. How could we make quality the guiding principle for adult social care? Who is responsible and accountable for driving continuous quality improvement within a more integrated health and care system?
- 4. What is the right balance between a national and local approach to improving quality and developing the workforce? Which areas are best delivered at a national level?
- 5. How could we equip the workforce, volunteers and carers to respond to the challenges of improving quality and responding to growth in demand? How could we develop social care leadership capable of steering and delivering this?
- 6. How could we improve the mechanisms for users, carers and staff to raise concerns about the quality of care? How could we ensure that these concerns are addressed appropriately?



Q. What are the priorities for promoting increased DH Department personalisation and choice?

- 1. How could we change cultures, attitudes and behaviour among the social care workforce to ensure the benefits of personal budgets, including direct payments, are made available to everyone in receipt of community based social care? Are there particular client groups missing out on opportunities at the moment?
- 2. What support or information do people need to become informed users and consumers of care, including brokerage services? How could people be helped to choose the service they want, which meets their needs and is safe too? How could better information be made available for people supported by public funds as well as those funding their own care?
- 3. How could the principles of greater personalisation be applied to people in residential care? Should this include, as the Law Commission recommends, direct payments being extended to people [supported by the State] living in residential accommodation? What are the opportunities, challenges and risks around this?
- 4. How could better progress be made in achieving a truly personalised approach which places outcomes that matter to people, their families and carers at its heart? What are the barriers? Who has responsibility and what needs to change (including legislative)?

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Q. What are the priorities for creating a more diverse and responsive care market?



- 1. How would you define the social care market? What are the different dimensions we need to consider when assessing the market (e.g. type of provision, client group, size of provider, market share)?
- 2. How could we make the market work more effectively including promoting growth, better information for commissioners (local authorities and individuals), improved quality and choice and innovation?
- 3. Does there need to be further oversight of the care market, including measures to address provider failure? If so, what elements should this approach include, and who should do it?
- 4. Looking to the future, what could be the impacts of wider reforms on the market? What possible effects would the following have on the market: the recommendations of the Dilnot Commission's report, the roll out of personal budgets and direct payments, and the drive to improve quality and the workforce?



Q. What are the priorities for supporting greater prevention and early intervention?



- 1. What do good outcomes look like? Where is there practice-based evidence of interventions that support/enable these outcomes?
- 2. How could organisations across the NHS and Local Government, communities, social enterprises and other providers be encouraged and incentivised to work together and invest in prevention and early intervention including promoting health and wellbeing?
- 3. How could we change cultures and behaviour so that investment in prevention and early intervention is mainstream practice rather than relying on intervention at the point of crisis? How could we create mechanisms that pay by results/outcomes?
- 4. How could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing and to take action earlier in their lives to prevent or delay illness and loss of independence? How could we promote better health and wellbeing in society?
- 5. How could innovation in prevention be encouraged, identified and nurtured?



Q. How can we take advantage of the Health & Social Care modernisation programme to ensure of Health services are better integrated around people's needs?

- 1. What does good look like? Where are there good practice-based examples of integrated services that support and enable better outcomes?
- 2. Where should services be better integrated around patients, service users and carers both within the NHS, and between the NHS and local government services, in particular social care (for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc)?
- 3. How can integrated services achieve better health, better care and better value for money?
- 4. What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?
- 5. Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?
- 6. How can innovation in integrated care be identified and nurtured?



Q. What role could the financial services market play in supporting users, carers and their families?



- 2. To what extent would the reforms recommended by the Commission on Funding of Care and Support overcome these barriers? What kinds of products could we see under such a system that would be attractive to individuals and the industry?
- 3. What else could Government do to make it easier for people to plan financially for social care costs?
- 4. Would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so, how?
- 5. Would the reforms recommended by the Commission on Funding of Care and Support lead to an overall expansion of the financial services market in this area? How would this affect the wider economy?
- 6. What wider roles could the financial services industry play in, e.g.:
 - raising awareness of the care and support system;
 - providing information and advice around social care and financial planning;
 - encouraging prevention and early intervention;
 - helping people to purchase care, or purchasing it on their behalf; or
 - helping to increase the liquidity of personal assets ?



Department

of Health