

Social Care Reform

(This document refers to a specific government papers and reports, but it gives an indication of the Church of England's views on Social Care Reform)

1. BACKGROUND

1.1 Social Care is a generic term used to cover social work services, personal care, protection of vulnerable individuals and provision of social support. The range, cost (£16.5bn annually) and complexity of Social Care have all increased markedly since the National Assistance Act 1948, contributing to the need for reform:

The laws and regulations with regard to the range, provision and accessibility of services have become excessively complex;

Pressures are emerging because of an ageing population: over 65s in the UK population are estimated to rise from 10.6m in 2010 to 16.1m in 2035;

Difficulties in attaining fair and adequate funding are reaching crisis point: under current regulations 1 in 10 over 65s will have to pay at least £100,000 in care costs while 800,000 people with light to moderate needs receive no Social Care;

Variance in eligibility assessment has resulted in inequitable access to services: Care needs are categorised as low, moderate, substantial or critical, but a national assessment tool does not exist. Local authorities also vary with regard to which categories they decide to fund.

‘1.2 A Vision for Adult Social Care: Capable Communities and Active Citizens’

This White Paper, published on 16th November 2010 set the tone for subsequent discussions. It identified six key principles:

Personalisation: *individuals not institutions must take control of their care. Personal budgets, preferably as direct payments, ought to be provided to all eligible people. Information about care and support ought to be available for all;*

Partnership: *care and support ought to be delivered in partnerships between individuals, communities, the voluntary and private sectors, the NHS and councils, including wider support services, such as housing.*

Plurality: *the variety of people's needs ought to be matched by diverse service provision, with a broad market of high quality service providers.*

Protection: *there ought to be sensible safeguards against the risk of abuse or neglect. Risk ought not to be an excuse for limiting individuals' freedom.*

Productivity: *greater local accountability ought to drive improvements and innovation to deliver higher productivity and high quality care and support services. Agreed quality outcomes ought to support transparency and accountability.*

People: *the Social Care workforce ought to provide care and support with skill, compassion and imagination, and be given the freedom and support to do so. The whole workforce, including care workers, nurses, OTs, physiotherapists and social workers, alongside carers and clients, is needed to lead the proposed changes.*

1.3 The Law Commission report, ‘Adult Social Care’

This report was published on 11th May 2011 and noted:

‘The legislative framework for adult residential care, community care, adult protection and support for carers is inadequate, often incomprehensible and outdated. To this day, it remains a confusing patchwork of conflicting statutes enacted over a period of 60 years. There is no single, modern statute to which service providers and service users can look to understand whether (and, if so, what kind of) services can or must be provided. The overall aim of the project is to provide a clearer, modern and more cohesive framework for adult social care.’

1.4 The report of the Commission on Funding of Care and Support (The Dilnot Commission)

Published on 4th July 2011, this widely supported report advocated:

***Individuals’ lifetime contributions** towards their social care costs – which are currently potentially unlimited – should be capped. After the cap is reached, individuals would be eligible for full state support. This cap should be between £25,000 and £50,000. The Commission considered £35,000 to be the most appropriate and fair figure;*

***The means-tested threshold**, above which people are liable for their full care costs, should be increased from £23,250 to £100,000;*

***National eligibility criteria** and portable assessments should be introduced to ensure greater consistency;*

***All those who enter adulthood with a care and support need** should be eligible for free State support immediately rather than being subjected to a means test;*

***Cost:** The Commission estimated that its proposals – based on a cap of £35,000 – would cost the State an additional £1.7 billion annually.*

1.5 ‘Caring for Our Future’ and the Draft Care and Support Bill

The Government’s response to the Law Commission and Dilnot commission reports was generally positive. On 11th July 2012, the Government published the White Paper, ‘*Caring for Our Future*’ alongside a draft Social Care Bill. The stated objectives of these are to:

***Focus on people’s wellbeing** and support them to stay independent for as long as possible;*

Introduce greater national consistency in access to care and support;

Provide better information to help people make choices about their care;

Give people more control over their care;

Improve support for carers;

Improve the quality of care and support;

Improve integration of different services.

1.6 ‘Caring for our Future’ and the Draft Care and Support Bill undoubtedly indicate the nature and direction of Social Care reform and have the potential to be as significant as the Health and Social Care Act (2012). The current economic climate is a significant factor in the debate. In 2010/11 the cost of Social Care for one million over 65s was £9.4bn and for half a million people living with disabilities, £7.1bn. In spite of this, the Prime Minister endorsed the Dilnot proposals, accepting their financial implications (16/8/12); thus, going further than ‘Caring for the Future’.

2. ANALYSIS

2.1 The case for Social Care reform is widely accepted and the key principles identified in the relevant White Papers, the reports of the Law and Dilnot Commissions and the draft Care and Support Bill are generally to be welcomed. Nonetheless, certain issues require further attention. These may usefully be grouped around the six principles for reformed Social Care identified in the 2010 White Paper, ‘A Vision for Adult Social Care’.

2.2 Personalisation

Key Proposals

- *Social Care must support individuals’ wellbeing;
- *Universal entitlement to a personal budget and a right to request a direct payment;
- *Pilot of direct payments in residential care services;
- *Simplifying combining personal health and care budgets;

Building Social Care around the wellbeing of individuals requires more than expanding the current provision of personal budgets and direct payments. Support for clients and carers is needed to ensure that increased personal financial control results in better quality care. This may be particularly true for older people in residential care; the proposed pilot scheme is, therefore, welcome. There is also a particular concern that simplifying health and care budgets might blur the distinction between chargeable Social Care services and free Health services.

2.3 Partnership and Plurality

2.31 Integration: Key Proposals

- *Introduction of a duty for local authorities to promote the integration of services, including integration between Social Care and housing departments;
- *Transfer of an additional £300 million from the NHS to social care over two years to promote joint working between health and Social Care;
- *Development of plans to ensure that individuals with care plans have named professionals over-viewing their cases, able to answer queries;
- *Development of coordinated care models for older people across Health/Social Care;
- *Improvement of access to primary healthcare in care homes through the NHS Commissioning Board and local Clinical Commissioning Groups;
- *Use of data and evidence gathered in existing palliative care funding pilot sites to investigate the possibility of offering free Social Care at the end of life

In spite of significant focus on integration in recent years, progress has been patchy. Barriers to greater integration include: mismatched professional cultures; lack of shared vision and poor involvement of clients and the carers in commissioning and service design. In particular, improved care coordination is needed at key transition points, such as discharge from hospital.

New duties for local authorities to promote integration of services both between Health and Social Care, and between local authority Social Care and housing departments, is a welcome step towards greater integration. The Health and Social Care Act 2012 sets reciprocal duties on Clinical Commissioning Groups and Health and Wellbeing Boards. In order to derive maximum benefit from individuals having access to a named professional, it is vital that Health and Social Care services invest in care planning to ensure that the process is meaningful, fully involving clients.

End of life care pilots and assessing evidence with regard to the provision of free Social Care at the end of life are welcome. Their impact depends, however, on being able to assess when people are nearing the end of their life; this can be problematic for older people who may reach the end of their lives with multiple conditions.

2.32 Social Care Market: Key Proposals

- *Local authorities will be expected take a leadership role in a local area rather than simply purchasing and providing care and support;
- *Introduction of a duty on local authorities to promote diversity and quality in the provision of services;
- *Consultation on further steps to ensure service continuity for people using Social Care services, should a provider go out of business.

The Social Care market is not shaped by competition and consumer choice alone. For example, the majority of care is provided by family and friends. Other factors include the impact of regulation, local authority variation, client empowerment, public spending decisions and interaction with other parts of the public sector. Clients can be poorly placed to exert competitive pressure as individuals often make decisions at a time of crisis or when they are in a poor state of health, resulting in services being purchased on their behalf by statutory agencies. There is also no single 'care market'

and even when overall supply of services is acceptable there may be serious shortages in key locations or in specialist provision. Local authorities play an important part in shaping the local market and ensuring sufficient supply of appropriate services; the proposal to clarify their role and responsibilities is welcome.

2.34 Housing: Key Proposals

*To make a £200m investment in capital funding over five years (starting 2013-14) to encourage housing providers to develop new accommodation options.

*To extend Home Improvement Agencies services to people who are self-funding changes to their housing and/or seeking advice about available options.

Accessing suitable housing and altering existing housing for changing levels of ability and mobility is a key way of supporting people who are developing a need for care and support, but who are not (yet) in need of formal support. Aids, adaptations and equipment play a key role in preventing and reducing higher levels of need. There is, however, patchy provision of local authority support with aids, equipment and structural changes to housing. The additional funding for development of housing is, therefore, welcome but demand is likely to outstrip supply in the future.

2.35 Social Impact Bonds: Key Proposal

*To establish a number of ‘trailblazer areas’ to develop models of investment in preventative services, particularly focusing on Social Impact Bonds

Social impact bonds are a means of developing routes for private investment in public service provision; a service saves money by preventing or reducing demand for more expensive or intensive public services. As a mechanism for ensuring greater investment in certain preventative or innovative services social impact bonds and could prove to be useful.

2.36 Community and Capacity: Key Proposals

*To ensure care homes are better connected to their local communities, through partnerships with local schools, community groups, volunteering organisations and other care homes;

*To invest in the growth and development of ‘time-banking’, in order to encourage local communities to volunteer and share skills.

Supporting and encouraging community capacity is a key part of the Government’s overall strategy for local services although care homes, in particular, often have limited contact with their surrounding communities. Investing in ‘time-banking’ as a means of developing community capacity is a welcome step. Such schemes are most successful where they connect people to ‘low level’ support such as assistance with shopping or getting a lift. It is important, however, that these schemes are not seen as a substitute for the provision of a high quality Social Care service.

2.4 Protection

2.41 Safeguarding: Key Proposals

- *New legislation to require Local Authorities to convene a statutory Safeguarding Adults Board, with core membership to include Police and local NHS
- *Consultation on the draft Care and Support Bill to seek views about whether Local Authorities require new powers to ensure access to individuals suspected of being at risk of neglect or abuse.

Ensuring that people remain safe from neglect or abuse is a basic right and the creation of Safeguarding Adults Boards ought to assist in achieving this goal. A consultation on local authority powers to access someone at risk of neglect or abuse is also welcome, but this is a sensitive and complex area. Careful scrutiny of local authorities' use of such powers will be necessary.

2.5 Productivity

2.51 Eligibility and Assessment: Key Proposals

- *Introduction of a national eligibility threshold from 2015.
- *Development of a new assessment framework and consideration of options for new national eligibility criteria to replace existing;
- *Making care packages portable by ensuring assessed needs continue to be met when people move from one local authority to another until re-assessed (if necessary);
- *Allowing care needs assessment to be carried out by new providers, including social enterprises and the independent sector.

A national eligibility threshold would help ensure that all people can have certainty about the level of care and support they are entitled to. It is reasonable to suggest that this ought to be set at 'moderate' level (or its equivalent in a reformed system) to ensure that people with significant Social Care needs can maintain a good quality of life. The current assessment process is widely seen as confusing and bureaucratic; reviewing the assessment process to make it more streamlined and transparent is a positive step. There are serious concerns, however, about proposals in the White Paper to allow third parties to carry out assessments. It is not clear, for example, whether these proposals would weaken the statutory obligations of local authorities.

2.52 Information and advice, advocacy and brokerage: Key Proposals

- *Establishment of a national online information tool covering Health/Social Care services, combined with new local websites providing information about local services; Government has allocated £32 million in support for local authorities.
- *Improvement of access to independent advice and support for people eligible for local authority funded support.
- *Extension of local authority support in care planning to self-funding individuals.

Timely access to good quality information and advice can make a significant difference to individuals and carers in need of care and support, making it possible for individuals to plan ahead for care needs in later life. The complexity and uncertainty of the current system, combined with poor access to information and advice, makes it practically impossible for even the most conscientious of people to plan ahead or

make informed choices when they need care. The commitments in the White Paper to improve the quality of information and advice, as well as making it easier for people to access, are, therefore, welcome. There is a concern, however, with regard to the accessibility of online services: information and advice must be accessible to everyone in a manner that best suits them. Information ought to be made available through a variety of channels, including web-based, telephone and face to face advice. The limited content in the White Paper on the importance of brokerage and advocacy services is also disappointing.

2.53 Prevention: Key Proposals

- *Introduction of legislation placing a clear duty on local authorities to incorporate preventative practice and early intervention into care commissioning and planning;
- *Launch of a national care and support evidence library in 2013 to support commissioning and provider practice;
- *Commitment to incorporating community-based capacity in planning local provision.

Investing in prevention and early intervention is a cost-effective way of supporting people with, or at risk of developing, care needs; greater emphasis on the role of prevention and early intervention is, therefore, welcome. It is encouraging that the Government intends to introduce new duties for local authorities to incorporate prevention into commissioning alongside launching a national evidence library. It is important, however, that local authorities take a broad view of prevention and that they involve clients and carers in designing services that work for them. Services should not only address prevention of health care needs, but also include areas such as emotional, psychological and social wellbeing.

2.54 ‘Telehealth’ and ‘Telecare’: Key Proposal

- *Acceleration of telehealth/telecare programmes in the NHS and Social Care system.

There is strong evidence in some areas that assistive technologies, such as pendant alarms, monitors and sensors, can improve the safety and care of older people. Nonetheless the evidence on telehealth and telecare is mixed, with some studies showing that there may be less improvement in outcomes for people than anticipated. Further investment in services should be selective and evidence-based to ensure best value for money.

2.6 People

2.61 Quality, workforce and training: Key Proposals

- *Commitment to rule out ‘contracting by the minute’ by local authorities for services.
- *Age discrimination in NHS/Social Care will be unlawful from October 2012.
- *All registered providers of care services are to have a quality profile on the NHS and social care website, supplemented by client reviews and feedback on services. Quality ratings are to be developed within a year.

- *NICE is to be tasked with developing further quality standards and guidance. Providers will be supported in auditing practice against national quality standards.
- *A national code of conduct and minimum training standards is to be developed for care workers.
- *A Chief Social Worker is to be appointed by December 2012.
- *Leaders in the Social Care sector are to be supported through a Leadership Forum, development of a Social Care Leadership Qualities Framework and by strengthening the status of registered managers as leaders and advocates for quality care.
- *Creation of 100,000 new apprenticeships in Social Care over the next 5 years

Over recent years there have been significant concerns about the quality of care provided to older people. The Equalities and Human Rights Commission report into homecare services in 2011 found evidence of neglect and mistreatment. It also found that age discrimination was a significant barrier to older people getting the care they needed and raised questions about the workforce, highlighting low pay, poor training and high turnover of staff. The Government's proposals are, therefore to be welcomed.

In particular, 'contracting by the minute' is poor practice. A survey of UK home care providers found that nearly three quarters of homecare visits commissioned by councils are for 30 minutes or less, with one in ten visits rationed to 15 minute time slots. It is therefore welcome that Government has indicated that it wants to change the focus of commissioners from 'time and task' to outcomes and value.

2.62 Carers: Key Proposals

- *Extension of rights to carers for assessment and provision of support service; eligibility for services will be set at a national threshold;
- *Creation of stronger requirements for local health and social care organisations to coordinate efforts to identify and support carers;
- *The publication of a road map, setting out how carers will be supported to remain in the workforce.

Informal and family carers are the back bone of the Social Care system and provide the majority of the support that people use on a day to day basis. There are around 960,000 people over 65 who provide unpaid care to a friends or family. Often carers experience their own health and wellbeing problems as a direct result of their caring responsibilities. The current system frequently fails to provide the support they need. As well as experiencing difficulties in accessing specific support, such as respite care, carers often face additional stress caused by the complicated and underfunded care system, which can leave carers feeling abandoned and unrecognised.

The new entitlement for carers to receive services, as well as an assessment of their needs, is extremely positive. These proposals significantly strengthen their entitlements to services and rights when challenging poor provision of support. This duty, however, is likely to have a significant impact on the amount of support local authorities provide to carers and will require additional investment in order to make these new rights meaningful.

2.63 Key Proposal: Older Prisoners

*The establishment of a new framework for the provision of care and support in prisons.

Groups such as Age UK have consistently expressed concerns that older prisoners with health and care needs do not receive adequate support. There is a lack of explicit policy or guidance on commissioning services, which results in confusion about where responsibility for support lies. This proposal is welcome and ought to clarify which organisation or body is responsible for ensuring appropriate care and support is available for older prisoners.

3. CONCLUSION

Both the process of consultation and the Government's response to it, have been widely welcomed by clients, carers and interest groups. While a number of detailed issues remain to be resolved, a high degree of consensus has been reached, in part through an effective consultation/listening exercise, typified by the reports of the Law and Dilnot Commissions. The biggest obstacle to effective Social Care reform is adequate funding and it remains to be seen if, in fact, the Dilnot proposals endorsed by the Prime minister, can be implemented alongside the other reforms indicated in the White Paper, without a detrimental knock-on effect, especially in Health services. Nonetheless, the suggested programme for Social Care reform is, in general, to be warmly welcomed.

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