

REPORT TO: Health Policy & Performance Board (HPPB)
DATE: 8th November 2011
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Health and Adults
SUBJECT: 'Caring for our Future: Shared ambitions for care and support' Consultation
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide HPPB with an overview of the Government's *Caring for our Future: Shared ambitions for care and support* consultation document.

2.0 RECOMMENDATION: That the Members

- i) Note contents of the report; and**
- ii) Make comment as appropriate, in response to the consultation questions for inclusion into the local response.**

3.0 SUPPORTING INFORMATION

3.1 On 15 September 2011, the Government launched *Caring for our Future: Shared ambitions for care and support* – an engagement 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.

3.2 *Caring for our Future* is an opportunity to bring together the recommendations from :-

- The Law Commission (published in May 2011) : The Commission report said that adult social care law is outdated and confusing, making it difficult for people who need care and support, their carers and local authorities to know what they are entitled to. It recommended bringing together all the different elements of social care law into a single, modern, adult social care statute.
- The Commission on the Funding of Care and Support (published in July 2011): The Commission recommended that the amount that people have to spend on care over their lifetimes should be capped, although people in care homes

should continue to pay a contribution towards their living costs. The Commission also recommended that the current system of means-tested support should be extended, so that more people can get additional help in paying for care.

- The Government's Vision for Adult Social Care (published in November 2010)

3.3 The recommendations from these Commissions etc will be used as a basis for exploring what the priorities for reform should be and the HPPB are invited to comment on the consultation to inform these future discussions.

3.4 The Government have identified six areas where they believe there is the biggest potential to make improvements to the care and support system, as follows:-

3.4.1 **Improving quality and developing the workforce**

How can the quality of care be improved and how can the workforce be developed in order to do this?

3.4.2 **Increased personalisation and choice**

How can people be given more choice and control over the care and support they use and help make informed decisions?

3.4.3 **3.4.3 Ensuring services are better integrated around people's needs**

How can better connections be built locally between the NHS and other care services?

3.4.4 **Supporting greater prevention and early intervention**

How can more effective prevention and early intervention support be given to keep people independent and in good health?

3.4.5 **Creating a more diverse and responsive care market**

How can we ensure that there is a wide range of organisations that provide innovative and responsive care services?

3.4.6 **The role of the financial services sector in supporting users, carers and their families**

What role can the financial services sector play in supporting care users, carers and their families?

3.5 As part of *Caring for our Future*, the Government also want to hear people's views on the recommendations made by the Commission on Funding of Care and Support and how these proposals should be

assessed, including in relation to other potential priorities for improvement. The Commission's recommendations present a range of options, including on the level of a cap and the contribution that people make to living costs in residential care, which could help to manage the system and its costs.

- 3.6 As this is such an important issue for the Local Authority and its partners, in relation to the future provision of Adult Social Care, Halton wish to submit a local response to the consultation exercise and as such Halton Council Social Care Divisional Managers, Commissioners, Workforce Development staff, Key Health Stakeholders (5 Borough Partnership, Hospitals, PCT and Public Health), Domiciliary Care and Residential Care providers and Registered Housing Providers were invited to comment on the consultation questions.

Opportunities have also been taken to raise the consultation with partners during events/meetings that were already scheduled e.g. Health Partnership Board held on 13th October 2011.

A full list of consultation questions can be found in **Appendix 1**

- 3.6 The engagement exercise will run until early December, but the Government are asking for written comments as early as possible in order to inform discussions. **The deadline for written comments is 2nd December 2011**
- 3.7 The discussion will inform a Government White Paper on Social Care reform and a progress report on Funding Reform that will be published in **Spring 2012**.
- 3.8 Further details regarding the engagement exercise can be found on the DoH Website at the following link:

<http://caringforourfuture.dh.gov.uk/>

The Commission on Funding of Care and Support report can be found at :

<http://www.dilnotcommission.dh.gov.uk/our-report/>

4.0 **POLICY IMPLICATIONS**

- 4.1 Whilst the detail of the implications for the Local Authority will not be known until the White Paper is published, it can be assumed that there will be a number of potentially significant implications for the Council.
- 4.2 Local HealthWatch, which the Local Authority will be both accountable to and accountable for, may have a role to play in supporting any changes as a result of the White Paper.

4.3 In particular, HealthWatch may have a role in supporting people to have more choice and control over the care and support they use by providing help to make informed decisions, ensuring services are better integrated around people's needs and improving quality through HealthWatch's role in gathering information and submitting recommendation reports.

4.4 The Health and Wellbeing Board and Clinical Commissioning Groups will have a role to play in supporting any changes that are identified in the forthcoming White Paper, with the Joint Strategic Needs Assessment identifying where prevention measures could be put in place.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Until the White Paper is published it is not possible to identify specific financial implications, however making changes to the funding system for care and support, as discussed in the Commission on Funding of Care and Support's report, would impact on all aspects of the care and support system.

5.2 The financial implications of the White Paper will need to be considered along side competing priorities in the current financial climate. These implications may become clearer with the progress report on Funding Reform due in Spring 2012.

5.3 One of the recommendations contained within the Law Commission report published in May 2011, was a recommendation concerned with '*building a single, streamlined assessment and eligibility framework*', which would lead to the potential of significant financial and resource implications for not only Halton but nationally.

5.4 Other potential implications may include:

- Greater role for commissioners in developing the care and support market in order to meet diverse and increasing needs.
- De-commissioning of existing services.
- Relationship building/management locally between the NHS and other care services – in a time where there is a lot of organisational change in all sectors.
- Establishing relationships with financial services in supporting care users, carers and their families – demystifying the financial support sector.
- Impact on social care staff in terms of their training, development and registration requirements
- Impact on the Complaints process and quality of information

- Greater emphasis on the work associated with early intervention and prevention (i.e. Team around the Family approach)
- Impact on the role of the Local HealthWatch, Health and Wellbeing Board and Clinical Commissioning Group in terms of supporting any changes that are identified in the forthcoming White Paper, as a result of this consultation.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The consultation is only concerned with Adult Social Care

6.2 **Employment, Learning & Skills in Halton**

There may be employment opportunities developed as a result of developing the care and support services market to meet increased and diverse needs. This may also impact on workforce development.

6.3 **A Healthy Halton**

Any changes as a result of the consultation will impact directly on the health and wellbeing of Halton residents in how they access care and support services and what services are to be made available.

6.4 **A Safer Halton**

The consultation does not impact on community safety

6.5 **Environment and Regeneration in Halton**

Depending on the outcome of the consultation the impact on urban renewal is not yet known. Physical outlets for delivery of care and support services may need to be adapted, increased etc

7.0 **RISK ANALYSIS**

7.1 Until the White Paper is published it is not possible to identify specific risks at this time. However, with any significant changes to care and support appropriate risk and impact assessments will need to be undertaken as part of any change.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report

9.0

LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Caring for our future: shared ambitions for care and support	http://caringforourfuture.dh.gov.uk/	Louise Wilson
The Commission on Funding of Care and Support report	http://www.dilnotcommission.dh.gov.uk/our-report/	Louise Wilson

Caring for our Future

Consultation Questions

1. What are the priorities for promoting improved quality and developing the future workforce?

a. 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?

b. 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?

c. 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?

d. 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?

e. 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?

f. 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

2. What are the priorities for promoting increased personalisation and choice?

a. 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?

b. 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?

c. 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?

d. 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

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

a. What does good look like? Where are there good practice-based examples of integrated services that support and enable better outcomes?

b. 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)?

c. How can integrated services achieve better health, better care and better value for money?

d. What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?

e. Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?

f. How can innovation in integrated care be identified and nurtured?

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

a. What do good outcomes look like? Where is there practice-based evidence of interventions that support/enable these outcomes?

b. 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?

c. 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?

d. 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?

e. How could innovation in prevention be encouraged, identified and nurtured?

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

a. 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)?

b. 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?

c. 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?

d. 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?

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

a. In the current system, what are the main barriers to the development of financial products that help people to plan for and meet the costs of social care?

b. 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?

c. What else could Government do to make it easier for people to plan financially for social care costs?

d. 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?

e. 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?

f. What wider roles could the financial services industry play in, eg:

- 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
- helping to increase the liquidity of personal assets?

7. Do you have any other comments on social care reform, including the recommendations of the Commission on Funding of Care and Support?