

Caring for our future: reforming care and support



Caring for our future: reforming care and support

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

July 2012

© Crown copyright 2012

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or e-mail: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at Ministerial Correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS, or by email to caringforourfuture@dh.gov.uk.

This publication is available for download at www.official-documents.gov.uk and from our website at www.dh.gov.uk.

ISBN: 9780101837828

Printed in the UK for The Stationery Office Limited
on behalf of the Controller of Her Majesty's Stationery Office

ID 2498463 07/12

Printed on paper containing 75% recycled fibre content minimum

Foreword

We all want to live a full and active life, to live independently and to play an active part in our local communities. Supporting people to live this way is a central ambition of the Coalition Government. It is also the purpose of this White Paper.

The unfortunate truth is that this is not the life lived by many of those with care and support needs. For them, the daily reality can be a life of dependence, of struggling with daily tasks, of loneliness and isolation.

Across the country, the quality of care and support that people receive can vary considerably. Services that are available as standard in some places are unavailable in others. And all too often, the system only grinds into action in response to a crisis, rather than acting quickly to prevent one.

Our system of care and support, developed in a piecemeal fashion over more than six decades, is broken and in desperate need for reform.

Individuals and their carers should have far better support and they need to be in control of the services they use. People need to have the peace of mind that if they or their loved ones need care they will be treated with respect, safe from abuse and neglect, and that it will be simple to arrange. We are putting in place radical changes to make this a reality.

Two core principles lie at the heart of this White Paper. The first is that we should do everything we can – as individuals, as communities and as a Government – to prevent, postpone and minimise people's need for formal care and support. The system should be built around

the simple notion of promoting people's independence and wellbeing.

The second principle is that people should be in control of their own care and support. Things like personal budgets and direct payments, backed by clear, comparable information and advice, will empower individuals and their carers to make the choices that are right for them. This will encourage providers to up their game, to provide high-quality, integrated services built around the needs of individuals. Local authorities will also have a more significant leadership role to play, shaping the local market and working with the NHS and others to integrate local services.

But we have to do more than just keep people healthy and out of hospital, as important as that is. We need as a society to understand that people with care needs very much have something to offer. Care and support should not just be about making people comfortable but about helping them to fulfil their potential, whatever their circumstances.

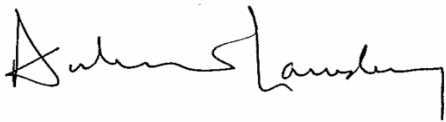
With a system as large and complex as care and support, change will not happen overnight. But if we act now to get the foundations in place, real change will inevitably follow.

The transformation envisaged by this White Paper and the forthcoming Care and Support Bill will come about only if it is a genuinely collaborative endeavour. We need to dissolve the traditional boundaries that lie between the third sector, private organisations, local authorities and individuals. And we need to listen. In particular, we need to listen to the voices of those using care and support, their carers, their families and

their friends. Their views and their insight will be vital if we want to get this right – now and in the decades to come.

We would like to thank all of those who have, over the last two years, helped to shape our vision for the future of care and support. Our thanks go to the many organisations that have worked with us, but most of all to the thousands of individuals with care needs and their carers who have done more to contribute to, inspire and inform the content of this White Paper than anyone else.

We know that, by working together, we can transform the system of care and support in England for the good of each and every one of us.

A handwritten signature in black ink, appearing to read 'Andrew Lansley'.

Rt Hon Andrew Lansley CBE MP

Secretary of State for Health

A handwritten signature in black ink, appearing to read 'Paul Burstow'.

Paul Burstow MP

Minister of State for Care Services

Contents

Foreword	3
Executive summary	7
What is care and support?	7
Why we need reform	7
Our vision for care and support	8
What the Government and its partners will do	10
Making it happen	11
Summary of key actions	12
Chapter 1: The case for change	13
What is care and support?	13
Problems in the current system	14
Opportunities from reform	17
The scope of the White Paper	17
Chapter 2: Our vision for care and support	18
Principles	18
Making the system work for you	19
Chapter 3: “I am supported to maintain my independence for as long as possible”	21
A: Strengthening support within communities	22
B: Housing	27
Chapter 4: “I understand how care and support works, and what my entitlements and responsibilities are”	29
C: Better information and advice	30
D: Assessment, eligibility and portability for people who use care services	32
E: Carers’ support	34
Chapter 5: “I am happy with the quality of my care and support”	36
F: Defining high-quality care	37
G: Improving quality	40
H: Keeping people safe	43
I: A better local care market	45

Chapter 6: “I know that the person giving me care and support will treat me with dignity and respect”	49
J: Workforce	50
Chapter 7: “I am in control of my care and support”	53
K: Personalised care and support	54
L: Integration and joined-up care	57
Chapter 8: Making it happen	62
Delivering the vision – the draft Care and Support Bill	62
Taking forward our vision together	63
The financial context	63
Timetable of actions	64
Beyond 2015	65
Endnotes	66

Executive summary

What is care and support?

Care and support is something that everyone in this country will experience and be part of at some point in their life. Some people have impairments from birth, or develop an impairment or mental health condition during their childhood or working life, and need some help to lead an active and independent life. More than eight out of 10 people aged 65 will need some care and support in their later years. Even if we do not need care ourselves, most of us will know a family member or friend who does. Almost 5 million people in England care for a friend or relative – some for more than 50 hours per week.

Why we need reform

During our *Caring for our future* engagement in autumn 2011, we heard from thousands of people who use or work in care and support. Many told us how high-quality care and support

had transformed the way they live their lives. However, others said the current system was letting down older and disabled people. We heard that:

- too often the system only reacts to a crisis;
- society is not making the most of the skills and talents that communities have to offer;
- people do not have access to good information and advice;
- access to care varies across the country and is confusing;
- carers have no clear entitlement to support;
- not all care is good. The quality of care is variable and inconsistent;
- people often feel 'bounced around' and have to fight the system to have the joined-up health, care and support they need; and
- our growing and ageing population is only going to increase the pressures on the current system.

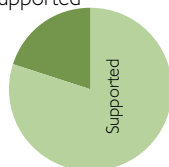
Care and support affects a large number of people

In England there are...

...around 380,000 people in residential care, 65% of whom are state-supported



...around 1.1 million people receiving care at home, 80% of whom are state-supported



...1.8 million people employed in the care and support workforce



...and around 5 million people caring for a friend or family member.



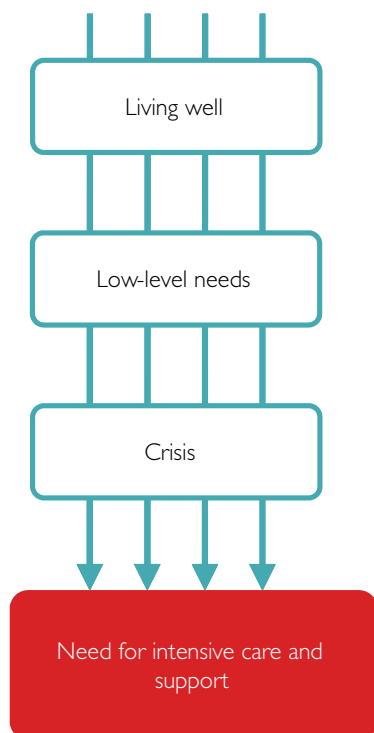
It is clear that we cannot improve care and support by pouring ever more money into a system that does not work. We need to do things differently. We need radical reform to promote people's independence and give them real choice and control over their lives. This will ensure that resources are used in the best possible way to promote better outcomes and a better experience of care and support.

First, the focus of care and support will be transformed to promote people's wellbeing and independence instead of waiting for people to reach a crisis point. Active communities will reach out to those around them, families and individuals will have better information to plan and prepare for their future, and people will have more options to keep them well and independent.

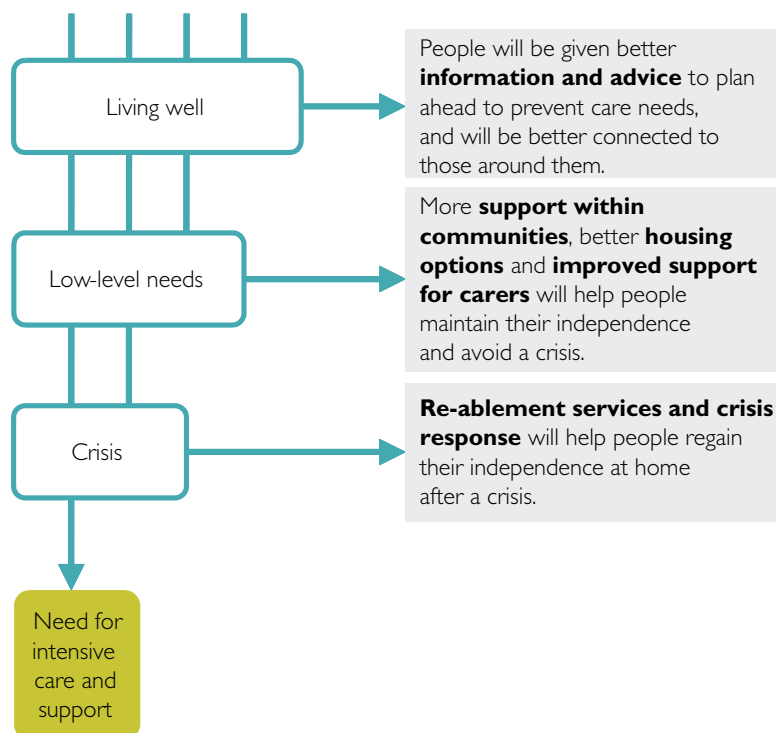
Our vision for care and support

This White Paper sets out a new vision for a reformed care and support system.

The **current system** does not offer enough support until people reach a crisis point



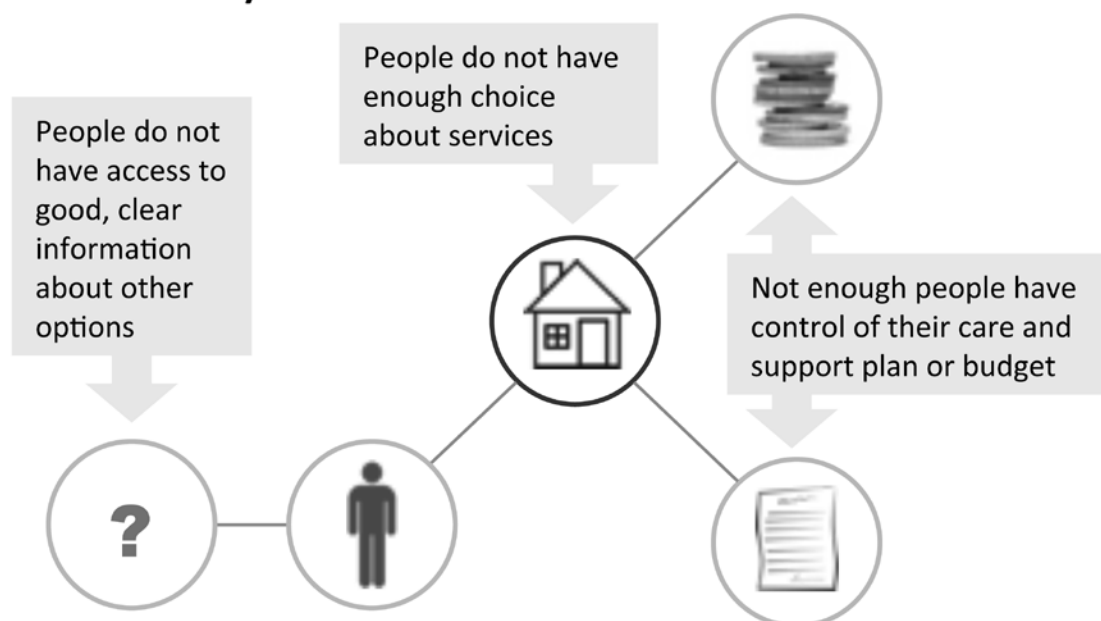
The **new system** will promote wellbeing and independence at all stages to reduce the risk of people reaching a crisis point, and so improve their lives



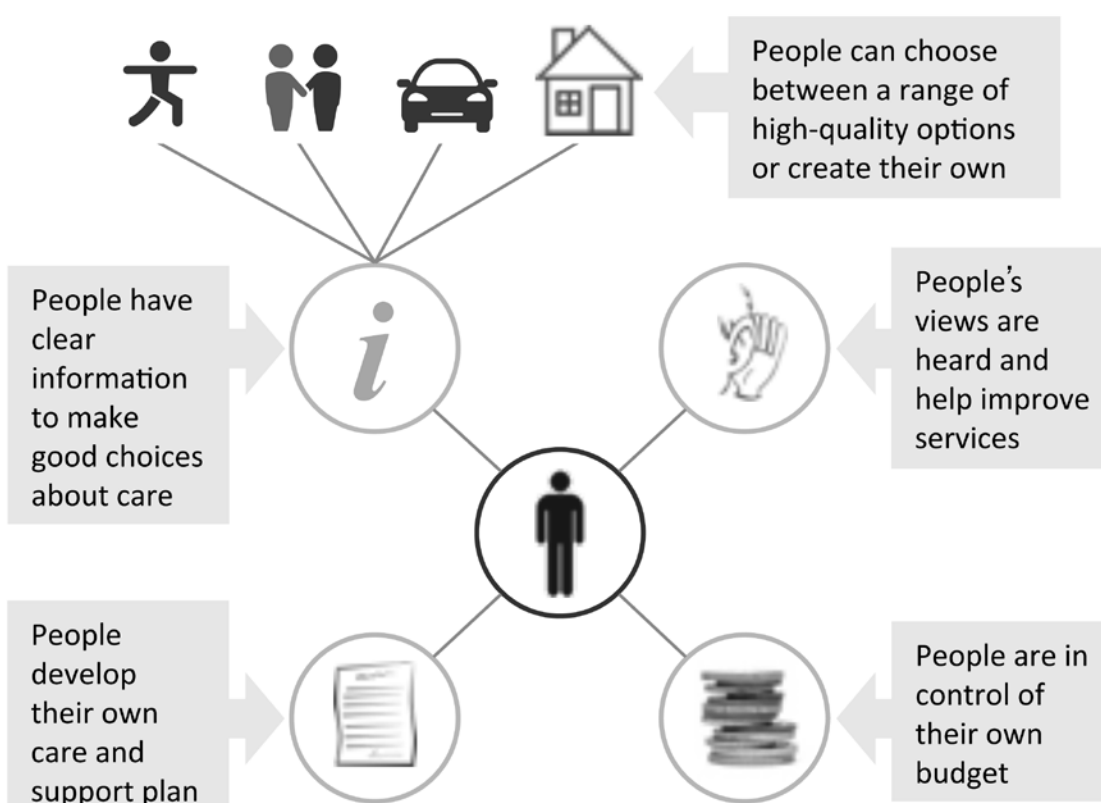
Second, we will transform people's experience of care and support, with high quality services that respond to what people want. This means that people will have control over their own budget and their own care and support plan. They will be empowered to choose the care and

support that best enables them to meet their goals and aspirations. We will put people, and not institutions, in control.

In the current system...



In the new, person-centred system...



What the Government and its partners will do

For people who use services, for carers, and for families, our vision will mean:

“I am supported to maintain my independence for as long as possible”

We will help people stay active, connected and independent, through better support in communities and improved housing options.

We will:

- stimulate the development of time banks, time credits and other approaches that help people share their time, talents and skills with others in their community;
- involve communities in decisions about health and social care commissioning;
- develop, in a number of trailblazer areas, new ways of investing in services that help people to stay active and independent, such as Social Impact Bonds; and
- establish a new care and support housing fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people.

“I understand how care and support works, and what my entitlements and responsibilities are”

Carers and people who use services will be more confident about the support they can access, and understand the options available to help them remain independent for as long as possible.

We will:

- establish a new national information website, to provide a clear and reliable source of information on care and support;
- support local authorities to develop new online information about local care and support options, with start-up funding of £32.5 million from the Government;

- introduce a national minimum eligibility threshold, bringing greater consistency in access to care and support across England;
- remove the barriers that can keep people from moving to a different local authority area, by ensuring that no-one's care and support is interrupted; and
- extend the right to an assessment to all carers and introduce a clear entitlement to support so they can maintain their own health and wellbeing.

“I am happy with the quality of my care and support”

People should be confident that their care and support will be of a high standard and will respond to their personal needs and goals.

We will:

- set out what people should expect when using care and support, and the roles and responsibilities of different organisations to deliver this;
- give people access to clear and comparative information about the quality of care providers and the options they offer, so that people are empowered to make informed decisions;
- strengthen the ways that people can comment on their experiences of care and support by supporting new feedback websites;
- require local authorities to develop and maintain a diverse range of high-quality care providers in their area, so that people have different care options to choose from;
- rule out crude ‘contracting by the minute’, which can undermine dignity and choice for those who use care and support; and
- consult on further steps to ensure service continuity for people using care and support, should a provider go out of business.

“I know that the person giving me care and support will treat me with dignity and respect”

We will put in place more training and development opportunities, so that people

are confident that the care workforce will be compassionate and sensitive to their needs.

We will:

- place dignity and respect at the heart of a new code of conduct and minimum training standards for care workers;
- train more care workers to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017; and
- appoint a Chief Social Worker by the end of 2012, to provide a leadership role for the social work profession and to drive forward social work reform.

“I am in control of my care and support”

We will ensure that people are in charge of their care and support budget, and that different services are shaped around their needs and goals.

We will:

- legislate to give people an entitlement to a personal budget as part of their care and support plan, and will strengthen our ambitions on direct payments;
- improve access to independent advice to help people eligible for financial support from their local authority to develop their care and support plan;
- develop, in a small number of areas, the use of direct payments for people who have chosen to live in residential care, in order to test the costs and benefits; and
- invest a further £100 million in 2013/14 and £200 million in 2014/15 in joint funding between the NHS and social care to support better integrated care and support.

Making it happen

Underpinning many of our proposals will be the comprehensive modernisation of care and support law. By changing the law, we will place people's needs and goals at the centre of how care and support will work in the future, and will ensure that local authorities work for the wellbeing of everyone in their area, not just the few. Alongside this White Paper, we are publishing a draft Care and Support Bill for public engagement and Parliamentary scrutiny. We are also publishing a progress report on funding reform.

But we cannot achieve our vision for a transformed system without a real shift in the way that everyone – the Government, local authorities, the NHS, care users and their families, care providers, voluntary organisations, care workers, and communities – approaches care and support. Change will be the shared responsibility of leaders at every level of the system, from chief executives to registered managers to personal assistants. This is a long-term plan for the reform of care and support, which will happen in stages over the next 10 years. Together with our partners we will now make this ambitious reform a reality.

Summary of key actions

The Government will work with partners – including carers, people who use services, local authorities, care providers and the voluntary sector – to make our vision a reality. The key actions we will take include:

- Stimulating the development of initiatives that help people share their time, talents and skills with others in their community.
- Developing and implementing, in a number of trailblazer areas, new ways of investing in supporting people to stay active and independent, such as Social Impact Bonds.
- Establishing a new capital fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people.
- Establishing a new national information website, to provide a clear and reliable source of information on care and support, and investing £32.5 million in better local online services.
- Introducing a national minimum eligibility threshold to ensure greater national consistency in access to care and support, and ensuring that no-one's care is interrupted if they move.
- Extending the right to an assessment to more carers, and introducing a clear entitlement to support to help them maintain their own health and wellbeing.
- Working with a range of organisations to develop comparison websites that make it easy for people to give feedback and compare the quality of care providers.
- Ruling out crude 'contracting by the minute', which can undermine dignity and choice for those who use care and support.
- Consulting on further steps to ensure service continuity for people using care and support, should a provider go out of business.
- Placing dignity and respect at the heart of a new code of conduct and minimum training standards for care workers.
- Training more care workers to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017.
- Appointing a Chief Social Worker by the end of 2012.
- Legislating to give people an entitlement to a personal budget.
- Improving access to independent advice to help people eligible for financial support from their local authority to develop their care and support plan.
- Developing, in a small number of areas, the use of direct payments for people who have chosen to live in residential care, to test the costs and benefits.
- Investing a further £100 million in 2013/14 and £200 million in 2014/15 in joint funding between the NHS and social care to support better integrated care and support.

Chapter I: The case for change

The care and support system in England today is not fit for the 21st century. It does not support people to stay as independent as possible, or empower them to take control of their lives. And because the system is not fit for purpose, it cannot respond effectively to increasing pressures over the coming years from a growing and ageing population. It is in everyone's interests to make changes.

What is care and support?

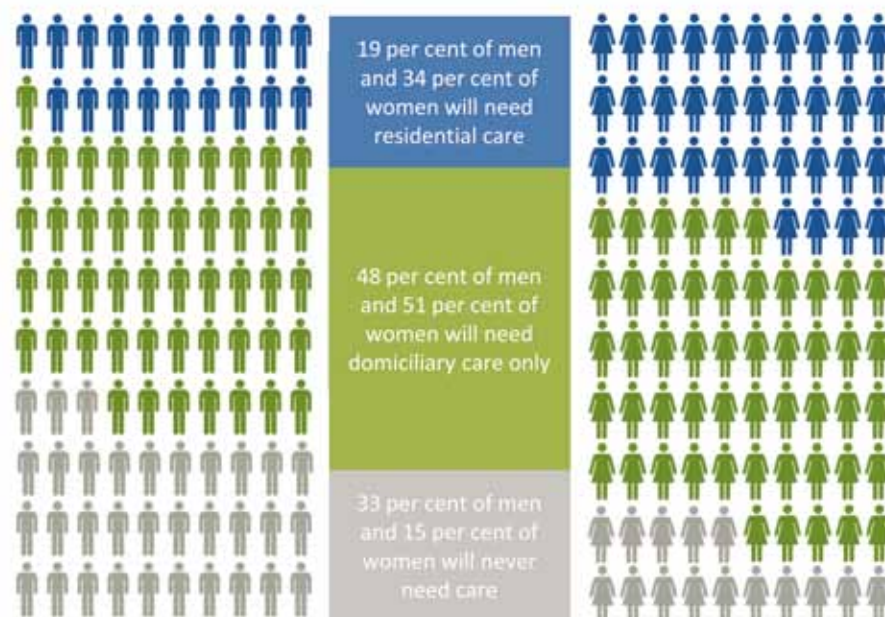
Care and support enables people to do the everyday things that most of us take for granted: things like getting out of bed, dressed and into work; cooking meals; seeing friends; caring for our families; and being part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups and networks:

for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care.

Care and support is something that affects us all: 76 per cent of older people will need care and support at some point in later life. We will all know someone, a family member or friend, who needs some extra care or support to lead a full and active life.¹

Who needs care?

At age 65, what are your chances of needing different types of care within your lifetime?



Source: Personal Social Services Research Unit

Problems in the current system

Over the past two years, and during the *Caring for our future* engagement in autumn 2011, we listened to the views of people who use or who work in care and support across England. While there were many examples of innovation and high-quality care, people told us about a range of recurring problems that we need to address to ensure that high-quality care and support is available to everyone who needs it. These problems include:

- Too often the system only reacts to a crisis.
- Society is not making the most of the skills and talents in communities.
- People do not have access to good information and advice.
- Access to care varies across the country and is confusing.
- Carers have no clear entitlements to support.
- Not all care is good. The quality of care is variable and inconsistent.

- People often feel 'bounced around' and have to fight the system to have the joined-up health, care and support they need.
- Our growing and ageing population is only going to increase the pressures on the current system.

Too often the system only reacts to a crisis

Care and support too often acts as a crisis service. Not enough is done to intervene early to support people to remain independent and healthy. Failure to support people at an early stage means that many people are needlessly admitted to hospital because they have an accident or crisis and lose their independence.

It is vital to stop people from getting into crisis and then having inappropriate services provided to meet the crisis need.

Public response to the
Caring for our future engagement

Housing plays a critical role in supporting people to live independently, and helping carers to support others more effectively. However, the NHS Future Forum reported that the NHS spends £600 million each year treating people due to severe hazards in poor housing, the vast majority of which are associated with falls.² Unsuitable or badly maintained housing is putting the health and wellbeing of thousands of people at risk.

Society is not making the most of the skills and talents in communities

Not enough is being done to encourage more active and inclusive communities. Loneliness and social isolation remains a huge problem that society has failed to tackle. Up to 16 per cent of older people in the United Kingdom are said to be lonely, potentially leading to poor physical and mental health, including depression.^{3,4} Carers have also told us that their caring role can mean they experience social isolation and financial hardship.⁵ As a society we cannot continue to turn a blind eye to those in our communities who need support.

Millions of people give their time to support friends, family members and neighbours who need some extra help to remain active, connected and healthy – but we need to do more. Support within communities can benefit everyone: volunteering can keep people active, promote physical and mental health and wellbeing, and strengthen local connections.⁶ Community support can also generate economic benefits: for example, by supporting people back into employment.⁷

People do not have access to good information and advice

There is a lack of understanding about how care and support works, meaning that very few people plan ahead for their care needs. This is compounded by a lack of easily accessible good-quality information and advice to help people consider their options and make informed decisions about how best to meet their needs.

Even if people have planned financially for their care and support needs, there is not enough good-quality advice to help them make early choices about housing modifications or extra support in the home, which are things that can keep people living independently for longer.

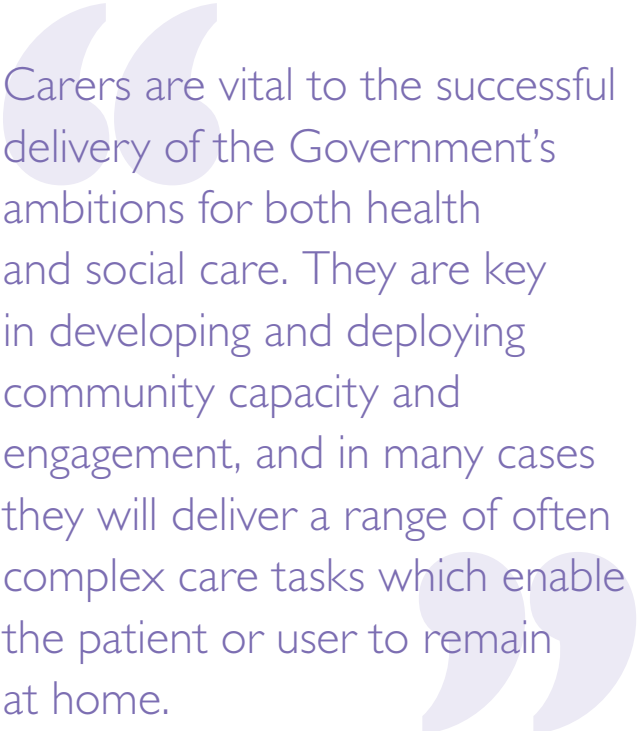
Access to care varies across the country and is confusing

The current system of assessment and eligibility is confusing and unpopular with carers and people who use services. It is right that different people should have different amounts and types of care and support according to their needs, goals and circumstances. However, it is unfair that access to this support varies significantly across the country.

With no clear idea of whether their future needs will be met, people are unable to plan for the future. This can prevent people from having the freedom to move to another part of the country (for example for work or to be close to family) in case support is unavailable in the new area.

Carers have no clear entitlement to support

The 5 million adults with caring responsibilities in England are too often forgotten or neglected. Assessments for carers are limited under current law, so their needs are often not identified. Even when carers' needs are identified, they are often ignored by local authorities and the NHS because there is no clear entitlement to carers' support. We know that this is preventing carers from accessing the support they need to look after their own health and wellbeing. Carers make a vital contribution to promoting the wellbeing and independence of the people they care for, and it is crucial to support them to care effectively and to have a life of their own alongside caring.



Carers are vital to the successful delivery of the Government's ambitions for both health and social care. They are key in developing and deploying community capacity and engagement, and in many cases they will deliver a range of often complex care tasks which enable the patient or user to remain at home.

Standing Commission on Carers

Not all care is good. The quality of care is variable and inconsistent

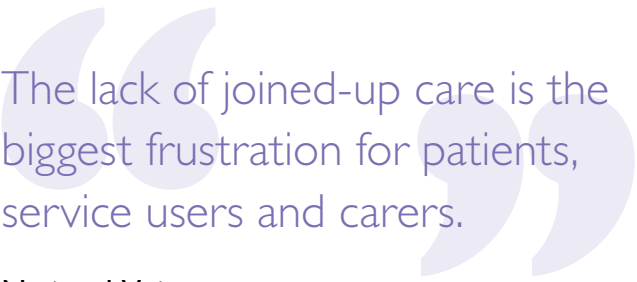
Too often, the current system falls short of basic standards of quality. Only 43 per cent of people in England think that people using care and support are treated with dignity and respect.⁸ There have been shocking examples of cruel treatment. Abuse is not always physical: the Equality and Human Rights Commission's inquiry into home care for older people found that care workers sometimes failed to respect people's cultural heritage or sexuality.⁹

We heard during the *Caring for our future* engagement that some local authorities were not giving people the choice and control over their care and support that they wanted. Instead these authorities were stifling the potential for innovation and flexibility by focusing solely on short-term savings and tightly prescribing the care package that an individual should receive.

There can be a lack of continuity in care and support, as staff turnover is very high.¹⁰ This makes it difficult for care workers, carers, and people who use services to develop strong, trusting relationships.

People often feel 'bounced around' and have to fight the system to have the joined-up health, care and support they need

People told us that there are often major gaps and overlaps between different services. People are admitted to hospital when they could be better cared for at home. Poor coordination between services leads to unacceptable delays, so people spend longer than they need to in a hospital bed when they could be at home with their family. A lack of involvement of families and carers in planning discharge can lead to the breakdown of the caring role and readmission to hospital.



The lack of joined-up care is the biggest frustration for patients, service users and carers.

National Voices

Fragmented health, housing, care and support are letting people down. A failure to join up also means that taxpayers' money is not used as effectively as possible, and can lead to increased costs for the NHS.¹¹

Our growing and ageing population is only going to increase the pressures on the current system

The number of people needing care is going to increase significantly in the years ahead. By 2030, population estimates show the number of people aged over 85 will be almost twice what it is now, and there will be 59,000 people aged over 100 – five times as many as there are today.¹² Over the next 30 years, the number of people living with dementia is projected to double, and the number of younger disabled adults will also rise.^{13 14} This is an opportunity for society to benefit from the skills that older and disabled people have to offer. However, without major reform, it also means that increasing pressure will be put on the current system, which is

too often failing to promote people's wellbeing and independence, or meet their aspirations.



The scope of the White Paper

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 and at different times in their lives. This White Paper is therefore for all adults, of every age, gender, ethnicity, religion and sexuality. The proposals cover England only. Alongside this White Paper, we are publishing the draft Care and Support Bill, and a progress report on funding reform.

Opportunities from reform

As well as facing up to current challenges, there is a huge potential for care and support reform to benefit wider society and the economy.

- **Promoting people's wellbeing and independence.** Better opportunities for individuals, families and communities to support each other and to plan ahead for their care could help to limit future demand for care and support and help to ensure taxpayers' money is used more effectively across health, care and support.
- **Contribution to economy and society.** Getting care and support right can enable the people who access care, and their families, to play a more active part in the economy and in communities. This benefits both them as individuals and society. Enabling carers to remain in the workplace will support economic growth, and will ensure that the country makes the most of their skills and talents.
- **Supporting businesses to grow.** Care and support is provided by a diverse range of organisations, including small businesses, voluntary organisations, social enterprises, user-led organisations, mutuals, and for-profit providers. We will continue to support diversity in the market to promote innovation, choice and better-quality care. Further opportunities will arise as new services develop, existing services are reconfigured, and new technologies emerge that can contribute to economic growth.

Chapter 2: Our vision for care and support

Our vision is one that promotes people's independence and wellbeing by enabling them to prevent or postpone the need for care and support. We will also transform the system to put people's needs, goals and aspirations at the centre of care and support, supporting people to make their own decisions, to realise their potential, and to pursue life opportunities.

While our care and support system is long overdue major reform, there are many examples of good practice that, taken together, demonstrate what is possible. The Government's vision is to transform the system to promote people's wellbeing and independence, and to put them in charge when they need care and support.

Principles

The following principles underpin the Government's approach to designing a reformed care and support system that promotes the wellbeing of those who use services and carers.

- The **health, wellbeing, independence and rights** of individuals are at the heart of care and support; timely and effective interventions help to ensure a good quality of life for longer.
- People are treated with **dignity and respect**, and are safe from abuse and neglect; everybody must work to make this happen.

- Personalisation is achieved when a person has real **choice and control** over the care and support they need to achieve their goals, to live a fulfilling life, and to be connected with society.
- The **skills, resources and networks** in every community are harnessed and strengthened to support people to live well, and to contribute to their communities where they can and wish to.
- **Carers are recognised** for their contribution to society as vital partners in care, and are supported to reach their full potential and lead the lives they want.
- A caring, skilled and **valued workforce** delivers quality care and support in partnership with individuals, families and communities.

Making the system work for you

The following chapters of this White Paper apply these principles, and set out in detail how the reformed care and support system will address the concerns that people have told us about. Over the coming years we will transform care and support in two major ways.

1. The focus of care and support will be to **promote people's wellbeing and independence instead of waiting for people to reach a crisis point**. We will support more active communities to reach out to those within them. We will enable families and individuals to plan and prepare for their future with better information. And we will ensure more options are available to keep people well and independent.
2. We will transform people's experience of care and support, **putting them in control and ensuring that services respond to what they want**. We will ensure that people have control over their budget and their care and support plan, and will empower them to choose and to shape the options that best enable them to meet their goals and aspirations.

This means that, in the future, we expect that people will say:

“I am supported to maintain my independence for as long as possible”

Care and support will be transformed to focus on people's skills and talents, helping them to develop and maintain connections to friends and family. Communities will be encouraged and supported to reach out to those at risk of isolation. And people will be able to access support, including better housing options, that helps to keep them active and independent.

“I understand how care and support works, and what my entitlements and responsibilities are”

Better national and local information will help people to understand the options available to them and help them to plan and prepare for their care and support. Greater consistency in access will give people the confidence to move around the country. Major new entitlements for carers will mean that they are better supported to carry out their caring role and to maintain their own health and wellbeing.

“I am happy with the quality of my care and support”

People will be empowered to make decisions about their own care and support due to radical improvements to information on the options available to them. People using care and support will be listened to, and local authorities and care providers will be able to respond more effectively to what people want and the concerns they have. This will drive improvements to the quality of care and support so that people are confident that it will be of a high standard.

“I know that the person giving me care and support will treat me with dignity and respect”

People's experience of care and support depends heavily on the sensitivity and compassion of the care workers who work with them. By setting out clear minimum training standards, recruiting more apprentices and supporting the transformation of the social work profession, we will ensure that people are confident that they will be able to develop trusting and rewarding relationships with those giving them care and support.



“I am in control of my care and support”

People will have control of their own care and support, so they can make decisions about the options available. We will give people an entitlement to a personal budget, and will strengthen our ambitions on direct payments. Care and support will focus on meeting people's individual needs and helping them to achieve their aspirations. People will not have to fight against the system: health, housing and care services will join up around them.

Together, these changes mean that the role that local authorities play in care and support is changing. Instead of purchasing or providing care and support, authorities will increasingly be expected to take a leadership role in a local area: identifying the needs of the local population, supporting communities to keep people active, empowering people to take control through personal budgets and direct payments, providing information and advice, and ensuring a responsive range of care and support options is available. This shift to a person-centred system is at the heart of our draft Care and Support Bill.

Chapter 3: “I am supported to maintain my independence for as long as possible”

Care and support will be transformed to focus on people’s skills and talents, helping them to develop and maintain connections to friends and family. Communities will be encouraged and supported to reach out to those at risk of isolation. And people will be able to access support, including better housing options, which keeps them active and independent.

We will:

- create shared measures of wellbeing across the 2013/14 editions of both the **Public Health and Adult Social Care Outcomes Frameworks**, with a particular focus on developing suitable measures of social isolation;
- legislate to introduce a clear duty on local authorities to incorporate preventive practice and early intervention into care commissioning and planning;
- involve communities in decisions around health and care services, through local Healthwatch and health and wellbeing boards;
- support social workers to connect people at risk of isolation to community groups and networks, using evidence from the **Social Work Practice Pilots**;
- support *My Home Life* and national care provider organisations to work with their members to develop ‘open care homes’ that build links with their local community;
- stimulate the development of time banks, time credits and other approaches that help people share their time, talents and skills with others in their community;
- develop, in a number of trailblazer areas, new ways of investing in supporting people to stay active and independent, such as **Social Impact Bonds**;
- establish a care and support evidence library to act as a bank of best practice in prevention and early intervention;
- establish a new care and support housing fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people; and
- work with Home Improvement Agencies to extend their services to more people who fund their own adaptations and ensure that people obtain timely support and advice.

A: Strengthening support within communities

Supporting active and inclusive communities, and encouraging people to use their skills and talents to build new friendships and connections, is central to our vision for care and support. Strong communities can improve our health and wellbeing, and reduce health inequalities.¹⁵ There are many different examples of this approach, such as *local area coordination*, *connected care* or *asset-based community development*. We want to build on these examples, so that approaches that promote support within communities are strengthened and developed across the country.



Tackling social isolation

Social isolation and persistent loneliness, particularly in later life, have a huge impact on people's health and wellbeing. More than a million people over the age of 65 report feeling lonely often or always, and a similar number report feeling trapped at home.^{16 17} Over half of homeless people say that they are alone.¹⁸

Social isolation is not something that the Government or services can tackle on their own, but we can initiate action to recognise and identify the most isolated people. We must work together to tackle social isolation. The work led by the Campaign to End Loneliness and the Local Government Association launched at the Government's recent loneliness summit is an important contribution to this.¹⁹ Building on the Department for Work and Pensions' Ageing Well programme, the Government will

work closely with the Age Action Alliance to find practical approaches to improve the lives of older people.²⁰

The voluntary and community sector is uniquely placed to reach socially isolated people and connect them to befriending services and other networks of friendship and support. We have already set out our vision for volunteering in the *Giving White Paper*, published in May 2011, and set up Big Society Capital to give social enterprises, charities and voluntary organisations access to greater resources to make a difference in their communities.²¹

Promoting community connections – Shared Lives

Paul, 50, has recently moved in with registered Shared Lives carer Sheila and her family. Sheila helped Paul to get a bus pass, to learn to use public transport and to cross roads safely, so that he can make use of the community for the first time in his life. He bought his first bicycle and enjoys long bike rides with Sheila and her husband, who have helped Paul become a visible and popular member of the community. He knows local shopkeepers, library staff and even bus drivers by name. Sheila encourages everyone to 'look out for Paul'. Paul does not have a lot of speech, but when asked if he understands what 'independent' means, he smiles and says 'walk'. Shared Lives Plus found that the average annual saving generated when someone moves from a care home or supporting living to Shared Lives is £13,000.

The 2013/14 Public Health and Adult Social Care Outcome Frameworks, to be published this autumn, will set out how we will measure the wellbeing of each local area. This will include a focus on the effects of social isolation, and we will work with the care and support sector to establish measures of loneliness that help to identify isolation. By April 2013 we will also publish an atlas of variation in wellbeing to help local authorities identify areas for improvement.

Making prevention and early intervention a core local authority role

As part of our modernisation of the NHS, the responsibility for commissioning health improvement and local public health activity will transfer to local authorities from April 2013.

As part of this shift to a more preventive approach to care and support, the Government will include a duty on local authorities to commission and provide preventive services in the draft Care and Support Bill. This means that local authorities will work with their communities to commission support that helps to keep people well and independent.

Building community-based support into local commissioning plans

We want communities to be much more involved in the decisions taken by local authorities and the NHS. **As part of our NHS modernisation, we expect local health and care commissioners to identify how the skills and networks in a community can make an important contribution to the health and wellbeing of local people and build this into their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.** This will promote care and support which keeps people active and connected to their communities. It will mean that care and support draws on community networks where possible, rather than segregating people in formal services. Commissioners will also need to consider how they can further support and nurture these community networks and increase people's awareness and understanding of how they can improve their own health and wellbeing.

The Think Local, Act Personal partnership, supported by Public Health England, will establish a collaborative network to support and spread the adoption of community-based approaches.

Supporting people to make connections – social work and Social Work Practice Pilots

Local authorities must empower social workers and other care workers to encourage people to use their skills and talents to help them build stronger relationships and networks with friends, family and the wider community.

As part of its commitment to open public services, including the creation and growth of public service mutuals, the Government is piloting new and innovative ways of working in social care and social work. This includes the Social Work Practice Pilots, which aim to liberate social workers from case management, allowing them to focus on promoting active and inclusive communities, and empowering people to make their own decisions about their care.

Social workers need to work in partnership with community organisations to connect people to peer-support networks and befriending schemes when they might otherwise be at risk of isolation, and to promote greater prevention and early intervention. The Pilots are exploring ways in which social workers can best achieve this.²² **We will work with the College of Social Work to ensure that community development is built into future practice.**

This will mean that people are supported to establish strong connections between themselves and community networks, including peer support, which will help them to stay active and will promote their wellbeing.

Community networks and venues

The Government has set out, in the *Giving White Paper*, its plans to train 5,000 community organisers and provide £80 million of investment through the Community First programme to encourage more social action in neighbourhoods of significant deprivation.

Networks of support can often come from organisations led by service users and carers, which act as the voice of disabled people and

carers, as well as delivering care and support. Last year we announced an investment of £3 million over four years that will aim to promote the growth of disabled people's user-led organisations.²³

Online peer support – Tyze Personal Networks

Jill, in her early 60s, has lived alone for the past 20 years and struggled with her weight and had depression for most of her adult life. In 2008 a life-threatening illness saw Jill rushed into hospital. Jill's two older sisters used Tyze Personal Networks to create a secure, online network of support, 'Team Jill', to help strengthen the relationships around Jill and address her isolation.

Jill's health stabilized but she was told she would not be going home as she couldn't transfer herself from bed. Team Jill was able to connect with the expertise of the medical team to enable Jill to achieve her ambition of going home. They started a list of 'Get Jill Home' goals, like exercise routines and sessions with the physio. Tyze includes practical tools such as a calendar for goals and tasks as well as stories and photos, and a private vault for confidential information. Gradually Jill regained her strength and she was able to go home.

We expect local authorities (including parish councils), together with their local communities, to maximise the potential for spaces and buildings in a community to act as meeting places or centres for activity.

Leisure centres, libraries, day centres and community centres should be open, inclusive and culturally sensitive venues. Promoting the innovative use of venues in our communities will help to reduce social isolation and increase connections.

Connecting care homes to their communities

Residential care providers also have a role to play as neighbours and partners in local communities. Successful care homes will be an integral part of the community, bringing community groups and activities into their spaces in order to connect care home residents with their local community networks. Good examples of this include partnership arrangements between schools and care homes, which provide school pupils with an opportunity to learn from the experiences of care home residents and keep residents connected to people in their community. Encouraging volunteers to get involved with local care homes, to put on activities or simply to make new friendships, can be hugely rewarding for everyone involved. **The Government will support the work being led by My Home Life and national care provider organisations to work with their members to connect care homes to their local community.**



The Dementia Care and Support Compact, which ten major care providers have already signed up to, also includes a commitment to forge links in the community. The National Citizen Service and the English Community Care Association are working together to encourage more participants in the National Citizen Service to work with older people, including those with dementia, to improve their quality of life and build bridges across generations. The scheme will be piloted this year with a group of graduates from the summer programme, working with leading care home providers including Jewish Care,

Nightingale, Abbey Fields and MHA (Methodist Homes).

Building connections across generations

Abi recently had the opportunity to volunteer at a Christmas tea party for older people, organised by The Challenge Network – a provider of the National Citizen Service. She said: "Before visiting the centre, I thought it would be hard to interact with the people we were going to meet, as I had no previous experience of interacting with older people. When we got there, it was easier than I thought. After hearing their stories, we realised that we had similar interests. One of the social benefits of different generations interacting is that knowledge and experience can still be passed down from one generation to another."

From April 2013, the Government is also establishing new local Healthwatch organisations, which will champion the views of people using health and care services. Local Healthwatch will help to connect care home residents to their communities, by talking with them about their experiences and scrutinising how care homes are working.

Together, this will mean that care home residents are no longer at risk of being isolated from their local communities, and have the opportunity to discuss their views and experiences.

Encouraging supportive networks

People have enormous amounts to give to their communities in enthusiasm, ideas, experience, time, skills, talents and leadership. **We want to make it easier and more attractive for everyone, regardless of age or ability, to contribute to their communities and provide a helping hand to those who need it.**

We will support the growth and development of time banking, time credit and other approaches that help people to give their time and skills. These approaches come in a number of forms, all with similar principles in that they are based on members sharing their time and skills for the benefit of others and themselves. In practical terms, this could mean helping out with someone's gardening in exchange for an hour's worth of ironing from someone else. These initiatives create supportive and reciprocal networks and help build relations and connections between people in local communities.

To test these schemes, we are contributing to Project Carebank.²⁴ This web-based time bank scheme is being piloted in Windsor and Maidenhead, promoting support for people at risk of social isolation. The lessons from this and other projects will be shared nationally so that similar models can be adapted by local communities up and down the country.

We will continue to make the case for time-sharing schemes by working with Community Service Volunteers (CSV) and other partners across our communities to lead a 'call to care'.

This will bring together the available evidence, and examples of innovative leadership and expertise, to build a strong and credible case for communities and commissioners to roll out time-sharing approaches that will improve the health, care and wellbeing of our communities.

To give time sharing and other forms of reciprocal giving a boost, the Department of Health will also provide start-up funding through the Health and Social Care Volunteering Fund to support the development of locally owned and sustainable giving schemes. We know that these approaches are most successful when they are owned and driven by communities, so we want people to learn from others and then take action locally for themselves. Time sharing will encourage more people, including those who would not normally offer to volunteer, to give up some of their time to support others.²⁵

Time banking – Rushey Green

The award-winning Rushey Green Time Bank is an independent charity. Everyone's time is valued equally and a wide range of skills are recognised – from walking with someone to baking a cake. This ensures that everyone can be part of the time bank.

Giuseppe was referred by his GP five years ago, when he was still recovering after a stroke. He says: "What time banking does is important; it keeps me active and busy, and close to other people. It recognises that despite my limitations I have time and skills and makes it possible for me to use them. I also get practical help from others and this makes a huge difference to my life." He now considers himself to be an active and not a passive recipient of care.

A study found that the cost of a time bank would average less than £450 per member and could result in savings of over £1,300 per member for the wider economy, including social care.

that taxpayer funding is used only if services are successful. Projects could draw on the wide range of existing evidence of effective preventative interventions – for example falls prevention, or the prevention of medication errors in care homes.

Alongside Big Society Capital, an independent financial institution established by the Government to develop and shape a sustainable social investment market in the UK, the trailblazers will help build capacity and promote the expertise needed to support the greater use of Social Impact Bonds in care and support. Further details about the process for establishing the trailblazers will be published in autumn 2012.



Innovative approaches to investment

Prevention and early intervention is the support and practical help that enables people to remain active, and living in their own homes, for as long as they can. To encourage new investment in support that helps people to remain independent and at home, **we will develop, in a number of trailblazer areas, new approaches to investment, such as Social Impact Bonds.**

Social Impact Bonds are a way of attracting investment to provide up-front funding for the development of new and innovative services. Social investors weigh the social and financial returns they expect from an investment in different ways. They will often accept lower financial returns in order to generate greater social impact. We will explore whether Social Impact Bonds can be used in care and support to help people live independent lives. As a type of 'payment by results' tool, the Bonds ensure

Bringing together the evidence base

We will work with a range of expert bodies to ensure that there is a single bank of evidence for preventive interventions in care and support, to improve the way evidence is accessed and used. **We will launch a national care and support evidence library in 2013.** We will make use of existing evidence and available information about particular interventions, and will continue to learn lessons from using these approaches. We will also focus on options for identifying and addressing significant gaps in the evidence base where new research may be needed. Together, this will mean that commissioners can take decisions on the basis of high-quality evidence, and people will have greater access to effective support that helps to promote their independence.

B: Housing

The Government has already set an ambitious agenda for housing, in *Laying the Foundations: A Housing Strategy for England*.²⁶ This will ensure that housing and planning policies positively reflect the wide range of circumstances and lifestyles of older and disabled people. The Government has secured £6.5 billion from 2011/12 to 2014/15 for housing-related support, to help people live more independently and prevent people's needs from escalating. We are investing £1.5 million in *FirstStop*, which provides independent advice on housing, care and support.²⁷ We now want to take this agenda further.

Working together at a local level

Local authorities and the NHS will need to consider housing needs and resources when assessing the needs of their local area. Where needs are identified and prioritised, local commissioning plans should take account of these.

The draft Care and Support Bill will go further, and will set out new duties to be placed on local authorities to ensure that adult social care and housing departments work together. This will support adaptations and home repair services to join up better with people's care and support.

Integrating care and repair services in Wigan – Mears Group PLC

The home care and housing maintenance provider has been making services for older people more efficient by combining care with housing maintenance. Staff are trained to identify and report hazards that could potentially cause an accident. Older people in Wigan who have benefitted from this approach have said they feel safer knowing that trip hazards are repaired quickly, and are less likely to have an accident that leads to them having to go to hospital.

The National Planning Policy Framework, published in March 2012, stated that planning authorities should take account of and support local strategies to improve health, and social and cultural wellbeing for all.²⁸ To help developers and local authorities to plan effectively for the housing and care needs of older people, we are supporting the forthcoming industry-led toolkit, *Planning Ahead: Effective Planning for Housing and Care in Later Life*.

Stimulating the market for new housing options

We know that people's housing plays a critical role in helping them to live as independently as possible, and in helping carers to support others more effectively. However, people told us during the *Caring for our future* engagement that there were not enough specialised housing options for older and disabled people.

To help stimulate the development of more housing options, **we will set up a new care and support housing fund, which will provide £200 million of capital funding over five years from 2013/14 to encourage providers to develop new accommodation options for older people and disabled adults.**

Local authorities must plan for a range of accommodation to meet different people's needs and requirements. However, we believe that there is a particular need to develop a greater supply of accommodation for the growing number of older people who are homeowners. We will look at ways for our capital fund to encourage the development of specialised housing for this group. Evidence from the Personal Social Services Research Unit has shown that extra-care homes (one model of specialised housing) provide good outcomes for recently retired people who have low-level care needs, as well as being cost-effective alternative to residential care.²⁹

During the *Caring for our future* engagement, we also heard that access to suitable land was an issue for many potential developers of housing for older and disabled people. The Department of Health and the NHS are already identifying land which is no longer required for health purposes and are seeking to make this available for the benefit of the local area.³⁰ Decisions on the use of this land will be the responsibility of local authorities, but **we expect NHS organisations, working with their local authorities, to give particular consideration to developing housing for older and disabled people.**

Aids and adaptations

Aids and adaptations are crucial to help people stay independent at home for as long as possible. The Government is already supporting people to adapt their homes through the Disabled Facilities Grant, worth £745 million over the four years to 2014/15.

We are spending £51 million over the same period on handypersons services to deliver small home repairs to minimise trip hazards in the home, or to ensure adequate heating and draught-proofing. Handypersons services and home adaptations are often carried out by Home Improvement Agencies: independent, not-for-profit organisations that provide advice on people's housing options and liaise with trusted local contractors to take forward the adaptations that people ask for.

We have heard that many Home Improvement Agencies rely on referrals from local authorities or Disabled Facilities Grant applications, and do not do enough to reach out to their whole populations. **The Government will work with Foundations, the national body for Home Improvement Agencies, to extend their service to more people who fund their own adaptations and ensure that people obtain timely support in securing appropriate home modifications.**

Accelerating the roll-out of assistive technology

Assistive technology is equipment that helps people to live independently and have greater control over their health and wellbeing, improving the quality of life for both users and their carers.³¹ It can include a simple call system or more complex fall detectors.

Telecare supporting independence³²

Mr Montague was a 47-year-old man who had experienced serious epileptic fits over a long period of time. This affected his mental capacity, especially his short-term memory. His epilepsy was managed by medication but this left him drowsy. Following the installation of a telecare system, he felt enabled to move from shared supported housing to a single tenancy where he could live more independently. Unfortunately, Mr Montague had a bad accident, but he was wearing his falls alarm so the rapid response minimised the consequences of his fall.

We know that assistive technology is not yet being used to its full potential to promote people's independence. **We will therefore take forward the Three Million Lives campaign, launched in December 2011, which will accelerate the roll-out of telehealth and telecare in the NHS and social care during a five-year programme to develop the market.** This is being supported by an investment of up to £18 million over four years by the Technology Strategy Board, to demonstrate how assistive technology can be delivered on a at greater scale. We will set out the incentives and support for widespread adoption of assistive technology later this year. Assistive technology will also be considered in the integration framework (see chapter 7).

Chapter 4: “I understand how care and support works, and what my entitlements and responsibilities are”

Better national and local information will help people to understand the options available to them and to plan and prepare for their care and support. Greater consistency in access will give people the confidence to move around the country. Major new entitlements for carers will mean that they are better supported to carry out their caring role and to maintain their own wellbeing.

We will:

- **establish a new national information website to provide a clear and reliable source of information on care and support;**
- **support local authorities to develop new online services that provide people with more consistent and more easily accessible information about their local care and support options, with start-up funding of £32.5 million;**
- **introduce greater national consistency in access to care and support, through a national minimum eligibility threshold;**
- **remove the barriers that keep people from moving to a new home in a different local authority area, by ensuring no-one's care and support is interrupted;**
- **require NHS organisations to work with their local authority partners and local carers organisations to agree plans and budgets for identifying and supporting carers;**
- **work with the Employers for Carers Forum to produce and publish a road map setting out action to support carers to remain in the workforce;**
- **transform support for carers by extending the right to an assessment, and introduce a new entitlement to support for them to maintain their health and wellbeing.**

C: Better information and advice

People have told us that getting access to good-quality information and advice at the right time is essential to improving care and support. This is a key theme throughout our proposals on housing, quality, personalisation and integration. We will also act to improve national and local care and support information services.

Better national care and support information

From April 2013, for the first time, the Government will provide a clear, universal and authoritative source of national information about the health, care and support system. We will create a new single portal for health and care, which will consolidate the best of existing national online services such as NHS Choices (including Carers Direct) and NHS Direct. It will include an explanation of how the care and support system works, who might be eligible for financial support from the state, and how much care costs. It will set out how people who use services and carers can go about accessing an assessment and housing support in their local area. It will ensure that people are more aware of the options available to them to maintain their connections and independence.

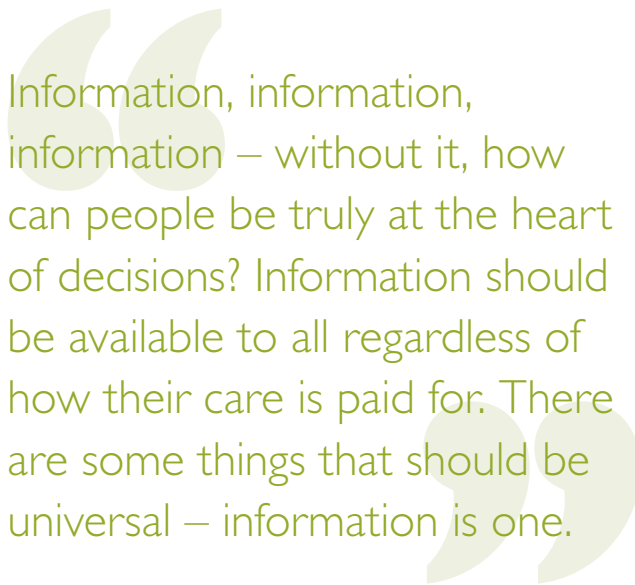
As part of this national information offer, **the NHS 111 urgent care telephone service will help to signpost callers that may also have social care needs to their local authority.** We will explore, with current NHS 111 providers, future developments that support further integration as the 111 service is fully rolled-out across England in 2013.

To improve information about care providers, the Government will ensure there is a comprehensive national, easy-access directory of care providers within the portal. This will include enhanced information on the quality of care providers though the new provider quality profile (set out in chapter 5).

To help everyone to enjoy the benefits of the internet, the Government is supporting Go On UK, a radical cross-sector partnership which aims to bring the benefits of the internet to every individual and every organisation in every community in the country. Local authorities will also ensure that information is available in other formats.

Improving local authorities' information offer

The Government will legislate to ensure that local authorities provide a comprehensive information and advice service. All local authorities currently provide information on care and support to their local populations, usually though a mixture of web-based, telephone and face-to-face services. However, we know that the coverage and quality of this information is highly variable.



Information, information, information – without it, how can people be truly at the heart of decisions? Information should be available to all regardless of how their care is paid for. There are some things that should be universal – information is one.

Public response to the
Caring for our future engagement

We will legislate to ensure that people get information on how the care and support system works locally and how people can access care and support, regardless of whether they are entitled to any state-funded support towards the costs of their care. Local authorities will also provide information on the options available in the local area to meet different care needs and preferences, and this should be linked to the

national directory of care providers and the care provider quality profile.

Better online information and support

We know that increasing numbers of people want to get information about care and support through the internet. New ways of providing information online are being developed by a range of suppliers. These online services include self- and supported assessment, and easy-to-access information on preventive support, support for carers, and local care providers. They provide a better customer experience, and allow local authorities to understand the needs of their local population in more detail. They will provide wider access to information and supplement more targeted provision of paper, telephone and face-to-face information provision for those who will need or prefer such contact. **We expect to see all local authorities radically improving their online information and support services and we will provide £32.5 million of start-up funding over two years from 2014/15 to support them in doing so.**



D: Assessment, eligibility and portability for people who use care services

More consistent eligibility

At the last Spending Review the Government made the decision to prioritise funding for care and support. The additional funding it has provided means that, with a focus on efficiency, local authorities can maintain current levels of eligibility for care and support. However, we recognise that the current system of locally determined eligibility is confusing and unfair for many. Therefore, from 2015, **we will introduce a national minimum eligibility threshold.** Once implemented, local authorities will be free to set their eligibility threshold at a more generous level, but will not be able to tighten beyond the new national minimum threshold.

In 2015, we expect the significant majority of local authorities to have eligibility thresholds of 'substantial', given the prioritisation of resources for social care in this Spending Review.³³ In setting the level of the national threshold, the Government will need to review the eligibility position of local authorities and the resources available, and take into account work to develop options for a potential new assessment and eligibility framework. **Given the commitment to a national threshold, and the funding in this Spending Review, there should be no need for local authorities to tighten current eligibility thresholds.**

These changes will mean that people's entitlements to care and support will be much clearer and fairer, reducing the variations in access that currently exist between local authorities. We think it is right that people's individual care and support plans continue to be determined by their needs and circumstances, so that care and support does not become a 'one size fits all' service. However, introducing more consistency to access will help people to plan for their future with much greater certainty. **It will give people using services, and carers, greater confidence that they can move around the**

country without losing access to care and support.

Developing options for a new assessment framework

To support the move to a national minimum eligibility threshold we will develop and test options for a potential new assessment and eligibility framework, in consultation with people who use services, carers, academics, local authorities, social workers, and health and care professionals. **We will look at the role of assessment in a reformed system to develop options which will seek to provide both local authorities and individuals with a clear view of the skills, talents and goals of people seeking to access support.** We will also examine how to streamline the assessment process, making it easier to understand, and encouraging more users and carers to self-assess. For example, we will examine better information sharing between social care and disability benefits, which could help to prevent people from having to tell their story multiple times.

Portability

The introduction of a national minimum eligibility threshold will help to overcome some of the barriers that people face when they wish to move home. **We will go further, and legislate to require local authorities to continue to meet the assessed needs of people who have moved into their area immediately,** until they carry out a new assessment of their own. This will ensure that no-one sees an interruption in their support before a new assessment is made, and a new package of care and support is put in place.

We believe that it is right for people to be reassessed by their new local authority when they move home, as their needs, goals and ambitions may change. However, we will place a duty on local authorities to provide a written explanation if the result of the new assessment is different from that of the previous local authority. The draft Care and Support Bill also sets out new duties on the local authorities involved to share

information to encourage a smoother transition. This will include the ability for people to request an assessment before they move home.

These proposals will give people who use services, their carers, and their families much greater freedom to live independently and the confidence to move around the country as they wish. They will enable people to pursue employment opportunities and move closer to family members.

Choice and control over assessment

We want people to have choice and control over who carries out their assessment. The Social Work Practice Pilots programme is already supporting new providers, including social enterprises and the independent sector, to offer assessment and care management, so that people have more choice over this important aspect of their care and support. Carers' centres are one example of these new models. Our ambition is for many more new providers to offer assessment services, and we will consider this as part of our work to develop and test options for a new framework.

The Right to Provide initiative in care and support, which builds on the Department of Health's successful Right to Request scheme, will support this transformation.³⁴ It supports front-line staff to set up and run organisations delivering care and support, empowering them as professionals and transforming the services they provide. Eligible applicants will receive financial support with appropriate development costs from the Social Enterprise Investment Fund, in recognition of the challenges faced in developing new organisations from scratch.

Clarifying responsibility for supporting offenders in custody

Under current law, it is unclear who is responsible for assessing and providing support to offenders in prison.³⁵ There is evidence that this has led to care needs not being assessed or identified, which increases the risk of re-offending when people leave prison.^{36 37} We will develop, with stakeholders, a new framework for the provision of care and support in prisons, so it is clear where responsibility lies.

Recognising armed forces veterans

In recognition of the contribution made by armed forces personnel injured whilst on active service the Guaranteed Income Payments made under the Armed Forces Compensation Scheme will, from October 2012, not be required to be used to pay for social care arranged by the public sector.

E: Carers' support

As partners in care, carers make a vital contribution to promoting the wellbeing and independence of the people they care for. The support provided by millions of carers is testament to the strength of our society and our communities. However, we also recognise that caring brings challenges. Providing better support to carers is therefore crucial to ensure that they can maintain their own health and wellbeing, care effectively and have a life of their own alongside caring.

Identifying and supporting carers

The Government set out its plans for identifying and supporting carers in *Recognised, valued and supported*.³⁸ This included a £400 million investment in breaks for carers, funded by the NHS. The Government expects the NHS to work with its local authority partners and local carers organisations to agree plans for identifying and supporting carers, and to publish them by 30 September 2012. The Standing Commission on Carers has identified some excellent practice: for example, GP prescriptions to give carers a break from caring. However, there is still an unacceptable variation in access to tailored support for carers. **From April 2013 the NHS Commissioning Board and clinical commissioning groups will be responsible for working with local partners to ensure that carers are identified and supported.**

Early identification of carers is critical to ensuring access to timely information, advice and support. The Department of Health is funding work by the Royal College of GPs and the voluntary sector to increase awareness and understanding of carers' needs among GPs and other healthcare professionals.

A life alongside caring

It is also important that carers who want to retain or re-enter employment are able to do so, so that they can contribute their skills and talents. Not only is this good for the economy and for society, it is good for the carer too. That is why the Government has committed to extend the right to request flexible working to all employees. This should help to remove any stigma from those, including carers, who consider that a request for flexible working may damage their future career prospects. Skills for Care, the body responsible for developing the skills of the care workforce, is working closely with the Employers for Carers Forum to encourage workplace support for carers. **The Government and Employers for Carers hosted a summit in June 2012 to explore how carers can be best supported in the workplace, and together we will produce and publish a road map setting out action to support carers to remain in the workforce.**



Clearer entitlements to carers' assessments and support

We know that we need to do more to support carers' health and wellbeing. **We will therefore transform support for carers by legislating to extend the right to a carer's assessment, and provide an entitlement to public support for the first time.** This is a radical reform, which will remove many of the limitations in current law and means that carers and people who use services will have equal access to an assessment, with greater consistency in the way that carers are treated. This will help carers to access the support they may need in order to balance their caring responsibilities with a life of their own.

In addition, we will set a national minimum eligibility threshold for support for carers, just as we will for people who use services. Unlike the system today, where local authorities are not obliged to provide support to a carer even when they have identified a need, there will be a duty on local authorities to provide support to carers, which will be equivalent to that for people who use services.

To enable local authorities to determine whether a carer has eligible needs, we will develop options for a new eligibility framework. We will develop this new framework with a range of partners, including carers, alongside the development of proposals for a new assessment and eligibility framework for people who use services.

Taken together, this means that, for the first time, carers will have a clear legal entitlement to support. **These major new entitlements will mean that carers are identified earlier, are given greater choice and control over their own lives, and are better supported to balance work, education or leisure activities with their caring role.**

Chapter 5: “I am happy with the quality of my care and support”

People will be empowered to make decisions about their own care and support through radical improvements to information on the options available to them. People using care and support will be listened to, and local authorities and care providers will be able to respond more effectively to what people want and the concerns they have. This will drive improvements to the quality of care and support so that people can be confident that it will be of a high standard.

We will:

- **set out clearly what good-quality care looks like and what people should expect when using care and support;**
- **ban age discrimination in health, care and support from October 2012;**
- **give people access, from today, to clear information about the quality of individual care providers;**
- **work with a range of organisations to develop comparison websites that make it easy for people who use services, their families and carers to give feedback and compare the quality of care providers;**
- **refer home care to the National Institute for Clinical Excellence as the topic for a quality standard, as part of a library of care and support quality standards to be developed from April 2013;**
- **pilot a new care audit in 2013 to highlight how well residential care providers are delivering dementia care, encouraging them all to improve their care;**
- **put action to protect people from abuse and neglect on a statutory footing, with clear duties on local authorities, the police and the NHS to work together to keep people safe;**
- **rule out crude ‘contracting by the minute’, which can undermine dignity and choice for those who use care and support; and**
- **consult on further steps to ensure service continuity for people using care and support should a provider go out of business.**

F: Defining high-quality care

High-quality care – principles and standards

The Government believes it is vital that everyone understands what high-quality care and support looks like, what people should expect when using care and support, and the roles and responsibilities of different organisations to deliver this.

Different types of care and support are used by people who are at different stages of their lives, including those at the end of their lives. So, in care and support, good quality does not have the same meaning for everyone, because good quality depends on the point of view of the person using services. However, there are still some basics that services have to get right if they are going to deliver high-quality care. A high-quality care and support service must consist of the following core components:



The three components of safety, effectiveness and a positive experience of care are linked. A service cannot be judged to be good quality just because it is safe, if its effectiveness or people's experiences are ignored.

A high-quality service means that people should say:

- I am supported to become as independent as possible.
- I am treated with compassion, dignity and respect.
- I am involved in decisions about my care.
- I am protected from avoidable harm, but also have my own freedom to take risks.
- I have a positive experience of care that meets my needs.
- I have a personalised service that lets me keep control over my own life.
- I feel that I am part of a community and participate actively in.
- The services I use represent excellent value for money.

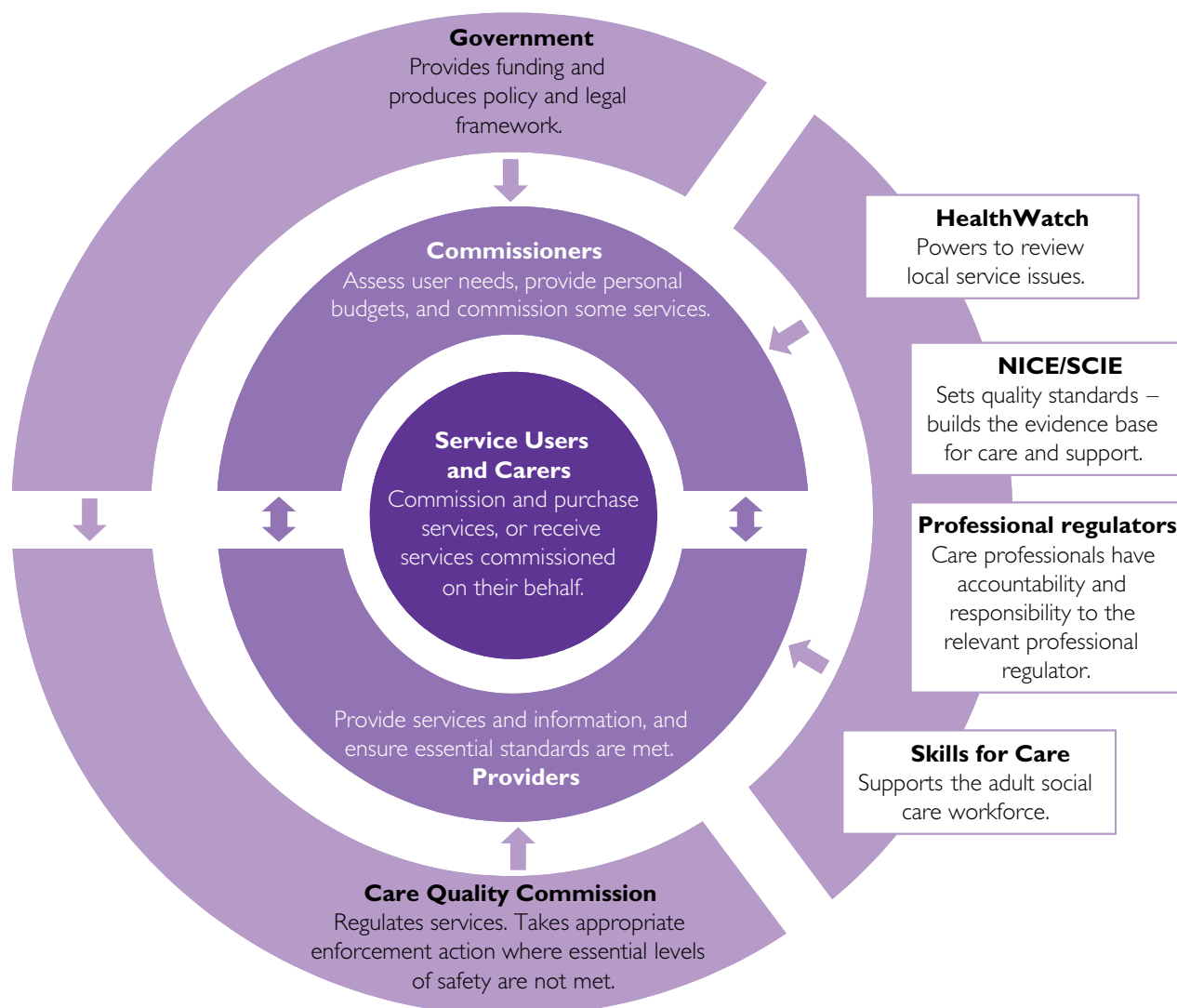
Outlawing age discrimination

We are committed to promoting equality in care and support, and will implement the ban on age discrimination in NHS and social care services from October 2012. No areas will be exempt from the ban. We believe this approach will eradicate harmful discrimination, whilst allowing people of different ages to be treated differently where this is beneficial or justifiable.

Roles and responsibilities

Clear roles and responsibilities for those involved in the commissioning and provision of care and support need to be set out at all levels. Alongside this White Paper, published on the *Caring for our future* website, we have set out what the different organisations within care and support do to secure quality. This is summarised in the diagram overleaf. **Above all, it makes clear that the quality of care and support is first and foremost the responsibility of providers.** Management Boards, non-executive directors and leaders must ensure that systems are in place which accurately provide assurance to themselves, service users and their families, and the public that the essential requirements are being met.

Roles and responsibilities in care and support



We will work with staff, carers, people who use services and the public to ensure that a clear concept of care and support quality is embedded and understood. **We must also secure high-profile leadership for quality in the sector, and we have asked the Think Local, Act Personal partnership to develop this work.**³⁹ A final version of this framework will be published before the end of 2012, taking into account feedback from the partnership's work.

Better regulation

The Department of Health recently undertook a Capability Review of the Care Quality Commission. The Review found that there had been a number of performance shortcomings in the Commission's early years. Stakeholders

involved in the Review wanted lessons to be learned from these shortcomings, building on the recent improvements they acknowledged had already been made, to deliver better regulation.

The Care Quality Commission has recently published an action plan setting out how it intends to meet that challenge.⁴⁰ They introduced a new regulatory model that will see most care providers inspected once a year. The Commission is boosting its inspection capacity and capability, including the use of experts drawn from specialists in care and support and people who have experience of using services. It will better engage stakeholders (including care providers) in informing and shaping the way the Commission regulates care and support. The membership and

structure of the Board are being strengthened, as well as its strategic capability.

The Department of Health has started a review of the regulations that underpin the registration system operated by the Care Quality Commission. This review will consider whether the system is addressing the appropriate level of risk, and whether it strikes the right balance between providing assurance for patients and service users and imposing burdens on providers of health social care services. We expect to consult on any proposals for changes to the regulations that may emerge from this review towards the end of this year.

The Department of Health and the Care Quality Commission will work together to ensure that these and other actions deliver improvements to protect people who use services.

It is also essential for the Care Quality Commission to have access to high-quality information so that it can judge the risk of a service not meeting essential standards and prioritise an inspection if required. The Commission is therefore developing a range of mechanisms to gain better intelligence and strengthen early-warning systems for failures in care. This will include information from local Healthwatch organisations.

G: Improving quality

Information and voice

Better information on provider quality

Better information is crucial to ensure that people can make an informed choice between care providers. **We welcome the steps taken by care providers to collect and publish a set of quality measures on a voluntary basis as part of a sector-led transparency and quality compact.** We are exploring with the care sector how these measures can be expanded to include a 'friends and family test' which providers can use to gain feedback on user and carer experience of care providers. This could either be a standard, simple and regular survey, or a simple score system based on personal recommendations.

While supporting this initiative, the Government will take further steps to ensure the public has access to timely and reliable information so that people can make choices more confidently.

From today, every registered residential or home care provider will have a provider quality profile on the NHS and social care information website at www.nhs.uk.

At first, the quality profile will contain information such as:

- Basic details about the provider and the type of care and support it offers.
- Details on how the care provider meets the Care Quality Commission's essential standards, including its latest inspection reports.

Over the next year we will add to the quality profile. By April 2013, it will give people a fuller picture of the quality they can expect from a care provider and will contain information such as:

- Key measures to demonstrate the effectiveness and quality of care, collected as part of the provider transparency and quality compact – including information on falls, staff training, medication errors and pressure sores.

- Whether the care provider meets new National Institute for Health and Clinical Excellence (NICE) quality standards, once developed, as well as other recognised quality charter marks, such as My Home Life and the Dementia Care and Support Compact.
- Information on complaints.
- The views of the users of the care provider, and their families, pooled from high-quality feedback websites.
- Feedback and reports from local Healthwatch, if available.

Care providers will also be able to add their own information, including pictures and videos, to their quality profile.

We will continue to develop the content of the quality profile further, in partnership with the care and support sector. It will be nationally determined and consistent, to enable easy comparisons between care providers across the country. As well as supporting the public in making decisions about the right care and support options for them and their families, it will assist care providers in benchmarking their performance and will support the development and training of staff.

Quality ratings

When making a choice between different care providers, people want to be able to compare them quickly before getting into the detail of the quality of different options. **Within 12 months, the Government will enable open access to the data on the provider quality profile, to support the production of independent quality ratings that are easy to understand and continually updated.**

We will work with trusted organisations which are already making progress in this area, and with potential new providers, to grow and develop a range of care comparison websites over the next two years.

Strengthening the voice of users and carers

People who use care services, and carers, must be confident that they will be heard and their feedback will be taken seriously. This is essential to improving quality in the care and support system, and to preventing abuse.

All providers are required, by law, to have a clear and effective complaints system, and this is monitored by the Care Quality Commission. If the care provider or a local authority does not resolve a complaint to someone's satisfaction, that person can then ask the Local Government Ombudsman to investigate. The Ombudsman will be clearly signposted through the new national information website for care and support.

To promote better transparency the Ombudsman is committed to publishing data on complaints, and how these were resolved, by 2013. This will include data on named local authorities or providers against which complaints have been upheld, whilst protecting the privacy of the individuals concerned.

We are also strengthening the ways in which people can feed back on their care and support. **The Government supports the development of websites which allow people who use services, and carers, to feed back directly to providers and commissioners about good or poor-quality practice and provide user ratings.**

We will work with these websites to ensure that they work effectively and safely for people using care services, carers, and care providers. From April 2013, we will also pool the comments from high-quality feedback websites onto a feedback area of the provider quality profile, bringing online feedback together in one place. These feedback websites will make it easier for people to raise concerns, and will help people to make better choices about care providers by highlighting the experiences of others who have used those services. Together, this will drive improvements in people's experience of care.



The Government is also establishing new local Healthwatch organisations from April 2013. Local Healthwatch will be the local consumer champion for social care and health. Volunteers will have an important role to play in carrying out the functions of local Healthwatch including, for example, visiting care homes. We expect that local Healthwatch organisations will make active use of their power of entry, allowing them to visit any care services in their local area, including those they have received concerns about, talk to the people using them, and make recommendations back to the providers and local authority commissioners. Local Healthwatch organisations will also be able to make reports and recommendations to the Overview and Scrutiny Committee, the Care Quality Commission or Healthwatch England if they have concerns about services.

We will provide training for new local Healthwatch organisations to take on their responsibilities in relation to care and support, which will include ensuring that Healthwatch organisations have a good understanding of human rights for people in care homes. We will also support work led by voluntary organisations and the care home sector to develop approaches to help local Healthwatch make best use of lay people and programmes connecting care homes with their communities. This will help ensure that local Healthwatch is best placed to fulfill its functions, helping to spot and resolve users' concerns in care homes as they arise. Later this year, we will start testing this approach in specific locations, working with local Healthwatch, voluntary sector and provider organisations to learn lessons that could be adopted in a wider roll-out.

This will complement the use of *experts by experience* – people with experience of using care services – who are also working alongside Care Quality Commission inspectors, gathering the experiences and views of people that use those services and feeding them back into the inspection process.

Improving the evidence base

Expanding the role of NICE

To develop better evidence of what high-quality care looks like, we are expanding the role of the National Institute for Health and Clinical Excellence (NICE) into adults' and children's social care.⁴¹

NICE and the Care Quality Commission will work together to ensure that related standards (whether quality or regulatory) are complementary.

With support from the Social Care Institute for Excellence and other social care organisations, NICE is currently piloting two joint NHS-social care quality standards, covering the care of people with dementia and the health and wellbeing of looked-after children and young people. **From April 2013 onwards, in consultation with the care and support sector, care users, their families and carers, NICE will develop a library of quality standards and guidance to improve the quality of social care.** Home care has been formally referred to NICE as a subject for the production of a social care quality standard, drawing on the findings of the Care Quality Commission's current programme of inspections of home care, and the work of the Equality and Human Rights Commission. Work to scope and develop it will commence in April 2013.

By creating a library of social care quality standards we will provide commissioners and providers with evidence-based descriptions of what good care and support should look like. This will also help people using care and support, carers and families to understand what they should expect.

Promoting audit methods in care and support

To help care providers test themselves against national quality standards, we will work with care providers to develop and pilot a new, nationally agreed, care audit for local use in 2013 and 2014. The pilot

care audit will focus on dementia care. It will help residential care providers to focus on delivering high-quality dementia care by allowing them to test the quality of their care practice against the nationally agreed NICE standard for the care of people with dementia. The care audit will allow providers to identify how they can improve the service they give to people. If successful, there will be a wider roll-out of a programme of care audits on different aspects of social care.

H: Keeping people safe

A high-quality service must be one that keeps people safe from harm. In setting out safeguarding as one of the domains in the Adult Social Care Outcomes Framework, we have emphasised the need for services to safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm.

When abuse does occur, effective local safeguarding arrangements must identify it quickly and take appropriate action:

for example, by resolving the situation that led to the abuse in the first place, and by supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Keeping people safe depends upon strong multi-agency and multi-disciplinary partnerships.

All providers and commissioners of care services have a responsibility for the quality and safety of those services. The police have responsibilities to reduce crime and keep communities safe. Local authorities need to provide leadership within communities. Citizens and communities have an important role to play in preventing, detecting and reporting abuse.

Cases like those at Winterbourne View and Ash Court are appalling examples of neglect, and of physical and emotional abuse. Such failings are unacceptable. The Government has published its interim findings on the quality of care received by people with learning disabilities, and an action plan for improvement.

Legislating for Safeguarding Adults Boards

We will legislate to ensure that all agencies work together at a local level to prevent abuse. Local authorities, as the lead organisations, will have a responsibility for convening a statutory Safeguarding Adults Board, with core membership from police and NHS organisations. There will be flexibility for local authorities and their partners to decide which other key local organisations should attend. Member agencies will work collaboratively with the community, including local Healthwatch, to publish a strategic plan which sets out what the Board members are going to focus on, how they are going to work together, and the outcomes upon which they will be judged. The Board will also publish an annual report on the exercise of its functions and its success in achieving their strategic plan. It is vital that the Local Safeguarding Children Board and the Safeguarding Adults Board clearly understand each other's roles and responsibilities and work collaboratively on shared concerns.

Local authorities will be clearly empowered to make safeguarding enquiries, and Boards will also have a responsibility to carry out safeguarding adults reviews. These would identify and learn lessons from cases of abuse and neglect, in order to prevent future cases from happening.

We intend to use the opportunity of pre-legislative scrutiny on the draft Care and Support Bill to consult specifically on whether a new power should be created for local authorities to access and see a person who may be at risk of abuse or neglect, in cases where the local authority may not otherwise be able to carry out a safeguarding enquiry.

We know that, in many areas, there are already well-established safeguarding adults boards in place, supporting the hard work and skill of front-line professionals. We do not want to undermine existing effective arrangements. However, all local authorities and their local safeguarding partners, including the police and NHS organisations, should take action from now, ensuring that they have robust safeguarding boards and other arrangements in place.

Whistleblowing

Front-line staff are often best placed to see when services need to improve, and that is why whistleblowers are crucial in helping to raise standards for people who use care and support.

On 1 January 2012, the government-funded whistleblowing helpline, provided by Mencap, was opened up for the first time to staff and employers in care and support. The service provides free, independent and confidential whistleblowing advice to staff who want to raise a concern but are not sure how to go about it or what protections they have in law if they do. The helpline also offers advice on best practice for whistleblowing policy for employers.

The Care Quality Commission has also strengthened its arrangements for dealing with whistleblowing. A dedicated team of call handlers are trained to deal with whistleblowing calls and are responsible for tracking contacts through to a satisfactory conclusion with the Commission's inspectors. Since this specialist team was set up in June 2011, it has dealt with over 4,200 contacts. Whistleblowing concerns can be raised with the Commission through its National Customer Service Centre telephone line.

I: A better local care market

Supporting a diverse range of quality care providers

Enabling people to choose from different care providers, which offer different ways of meeting people's needs and goals, will help to drive up the quality of care. The Government supports the diverse range of care providers that currently offer care and support, including user- and carer-led organisations, small and micro enterprises, and social enterprises. **To strengthen this diversity, the Government will introduce a duty upon local authorities to promote diversity and quality in the provision of services.**

User-led organisations at the forefront of care and support

With assistance from micro-enterprise support agency Community Catalysts, Becky and Sarah started an enterprise to assist people to manage direct payments. They offer support and advice on being an employer alongside training for personal assistants. All their staff are disabled and receive either direct payments or personal budgets. Becky herself is deaf. Others often see this as a barrier, but Becky says the real challenge is that "too often deaf people are seen as not able to manage their own budgets". Becky and her team work hard to encourage commissioners to make more use of non-traditional services and approaches which meet people's wishes.



To help local authorities carry out this duty, we are offering support to every local authority to create a market position statement or to develop their existing one.

A market position statement sets out a local authority's ambitions for working with care providers to encourage the development of a diverse range of care options. It can include statements about local demand for different care and support options, the local authority's vision for care and support, and commissioning policies and practices.

This work will build on the dialogue that has started between the Association of Directors of Adult Social Services and care providers around fee levels and commissioning practices (such as the restrictive use of 'time and task' contracting). It will also take account of the wider national reforms to public procurement that urge those purchasing care and support to seek value for money over the long term, consider the sustainability of supply chains, build capability and support small and medium providers.⁴² As part of this new relationship, care providers also have a responsibility to rise to the challenge and to develop innovative and high-quality care and support options that are rooted in the community and that support people to achieve their goals and aspirations.

Commissioning for quality, outcomes and value for money

One way that local authorities can support innovative and flexible care is by commissioning on the basis of quality, outcomes and value for

money, and by paying care providers according to the results they deliver.

Often it is individual care workers, who work with people who use services and their families on a daily basis, who can respond best to their needs or wishes. However, we have heard examples of care providers being unable to do so, due to the prescriptive commissioning practices of some local authorities. **Such practices – for example, specifying particular tasks that are unrealistic to be carried out in a 10- to 15-minute home care appointment – risk stripping people of their dignity and jeopardising their human rights.** They also risk disempowering care workers. This was highlighted in the Equality and Human Rights Commission's inquiry into home care.⁴³

The Government believes that commissioning practices which put such tight constraints on how care and support is provided are unacceptable and cannot be part of the reformed care and support system. Instead, good commissioning should empower care providers to respond to the particular needs or wishes of people who use services, and their carers. It should be measured on the basis of outcomes, including the experience of service users and carers.

We will work with commissioners, care providers, people who use services and carers as part of the Think Local, Act Personal partnership to ensure that local authorities bring an end to commissioning practices that undermine people's dignity and choice. This work will be supported by the Association of Directors of Adult Social Services, and will ensure that local authorities have the skills and expertise to embed the principle and practice of commissioning on the basis of quality, outcomes and value for money in their areas.

The Low Pay Commission's 2012 report highlighted a possible relationship between 15-minute home care appointments and some care workers being paid below the national minimum wage. It is the responsibility of employers to ensure that staff are paid at least the national minimum wage, and the Government will work with the Low Pay Commission and local authorities to understand and challenge the reasons behind cases of non-payment of the minimum wage by employers to care workers.

Commissioning by outcomes in Wiltshire

Wiltshire Council commissioned an integrated Help to Live at Home service, including re-ablement, equipment for daily living, telecare and personal support. Customers have support plans that say what they want to achieve. The service works first to help people recover their independence and then to stop their need for care growing. Re-ablement is available whenever people can benefit, not just for six weeks. Help to Live at Home seeks to achieve outcomes, and pays by results. Ultimately, the council buys services that help customers to help themselves and that keep them safe and well. The council applies a financial penalty when outcomes are not achieved.

Oversight of the care market

The current position

It is not acceptable for people to be left without the care and support they need if a provider of care and support services falls into financial difficulties and goes out of business.

Under existing legislation, no-one would be left homeless and without care and support in an emergency if a provider were to fail.

Local authorities have a duty to provide accommodation to anyone – publicly or self-funded – who has an urgent need for care which is not otherwise available.⁴⁴ As commissioners of care services, local authorities

should be overseeing local care provision, encouraging a diverse range of providers and managing cases of provider failure. The Association of Directors of Adult Social Services, together with the University of Birmingham, has published a good-practice guide to supporting people during residential care closures.⁴⁵

The Care Quality Commission already has an important role to play, as it is responsible for ensuring the safety and wellbeing of people who use social care services. In addition, **the Government, working with the Association of Directors of Adult Social Services and the Care Quality Commission, is gathering greater intelligence on the care and support market and its major providers that will be used to give early warning of impending problems.** We will continue to meet regularly with the major care providers to discuss their financial situation and how they are addressing any issues that are putting pressure on their ability to continue trading. As part of this work, the Government welcomes the commitment of providers to transparency about their business and financial arrangements, and expects to see this continue.

In 2011, Southern Cross – then the largest independent provider of residential care services – fell into financial difficulties and had to restructure its business. Southern Cross was resolved by the provider and its advisers negotiating the transfer of the company's operations to other providers. The Government encouraged the business to reach the settlement, acting in the interests of commissioners and users. It did this because it was clearly unacceptable for people to be left without care services, and the scale of the operations meant some central coordination of all the different stakeholders involved was required.

Despite this, we know that during the problems with Southern Cross, many individuals and families faced a great deal of uncertainty. If such a situation should arise again, the Government would look again to act to ensure all parties involved understood their responsibilities towards the individuals, and families, reliant on the provider's services. We would expect the provider and its advisers, including any administrators, to resolve the situation; and would work closely with local government and the Care Quality Commission to support the transfer of services to new providers and to ensure that, should any resident have to move, this was done in line with best practice. Our purpose now is to reassure people using care and support by putting in place measures to provide earlier sight of problems and to allow necessary interventions.

Consultation – building on the current position

Since the events of Southern Cross, the National Audit Office and the Public Accounts Committee have both highlighted the issue of the disorderly closure of a large provider and the significant effect this could have on the health and wellbeing of individuals.^{46 47} The Government has also committed to developing continuity regimes for key services in the *Open Public Services White Paper*.⁴⁸



A number of providers operate across multiple local authorities; some have a very strong regional presence; others provide important specialised services. Managing the exit of one of these providers can be complicated and requires effective coordination. Over the past few months, we have drawn on our experience of working with all the parties involved in the successful transfer of Southern Cross homes to new providers to develop and test the options for future oversight of the social care market.⁴⁹

As part of this work, we have drawn up a clear set of underpinning principles which would inform any further action:

- Local authorities have had oversight of their local care markets for many years and have been managing provider failure effectively. They are also accountable for the delivery of care services. **As such, local authorities should continue to have the lead role in this area.**
- The goal is to ensure that no-one is left without vital care and support services and that the disruption and distress of a move, or a change of provider, are kept to a minimum. To that end, **any new measures in this area should support service continuity for care users through better information, planning and coordination, but not support individual providers.** The Government will not support a failing private business at taxpayers' expense. The company, its directors and investors are responsible for the operation of the company and must face the consequences of their decisions.
- **Any new measures should be targeted and proportional**, based on the level of risk to service continuity. Should any new regulations be introduced, these should meet the Government's principles for better regulation.⁵⁰
- Finally, **any reform should take account of the Government's wider objective to encourage a vibrant, diverse market.** We want to drive continuous quality improvement in services for individuals, so it is important that poor-quality services close, leaving higher quality, more responsive

services, to flourish. To support this aim, the Government wants to encourage new private investment in the social care market.

With these principles in mind, the Government has been drawing up a set of proposals, which it will consult on shortly. Broadly, the consultation will cover the following areas:

- **Strengthening and clarifying the responsibilities of local authorities in this area.** We intend to ensure that the role of local authorities is clearly set out in legislation. We are also supporting local authorities (through the work on market position statements) to develop their capability to facilitate and support local care markets. In the future, we expect all local authorities to be monitoring their local providers and to have clear arrangements in place to manage all cases of provider failure.
- **The collection of better market and provider intelligence.** Intelligence should build up from the local to the regional and the national level.
- **To what extent further, targeted, action to address provider distress and failure is necessary.**

The Government will publish its consultation on this issue in autumn 2012, and would welcome views from all those involved in care and support.

Chapter 6: “I know that the person giving me care and support will treat me with dignity and respect”

People’s experience of care and support depends heavily on the sensitivity and compassion of the care workers who work with them. By setting out clear minimum training standards, recruiting more apprentices and supporting the transformation of the social work profession, we will ensure that people are confident that they will be able to develop trusting and rewarding relationships with those giving them care and support.

We will:

- **place dignity and respect at the heart of a new code of conduct and national minimum training standards for care workers;**
- **offer personal assistants (PAs), and their employers, greater support and training to improve recruitment, retention and the quality of the care and support they deliver;**
- **focus the role of social workers on interpersonal support, to promote choice and control, and to better meet people’s needs and goals;**
- **appoint a Chief Social Worker by the end of 2012, to provide a leadership role for the social work profession and to drive forward social work reform;**
- **train more care workers to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017;**
- **expand the Care Ambassadors scheme to promote a positive image of the sector, making links with schools, colleges, and careers and job services;**
- **establish a new Leadership Forum, to develop the leadership skills and abilities of people at every level of care and support; and**
- **strengthen the status of registered managers as critical leaders and advocates for quality care.**

J: Workforce

A skilled workforce

1.6 million people are employed in the care and support workforce, including over 20,000 social workers.⁵¹ We will continue to improve their skills and capabilities, to help them deliver high-quality care and support. We are aware of the work of the Commission on Improving Dignity in Care and its report, *Delivering Dignity*. This report brings real momentum to the issue of providing safe, dignified and compassionate care.

If we want to increase choice and quality in social care, then we need a properly trained and well-motivated workforce.

Public response to the
Caring for our future engagement

Better skills and training are an important part of raising standards overall. **The Sector Skills Councils for Social Care and Health will work with the Government to produce a code of conduct and recommended minimum training standards for adult social care workers and healthcare support workers.** These will be published by September 2012. The code of conduct will draw on the Dignity Code produced by the National Pensioners Convention and the Dignity in Care campaign's Dignity Challenge.^{52 53}

The Care Quality Commission will play a key role in ensuring that providers use appropriately trained and qualified workers, as part of enforcing quality standards. **Providers that follow the minimum training standards in the recruitment and training of staff are likely to meet the Commission's registration requirement on staff training,** and we expect the Commission to use this as reliable evidence in its registration and inspection work.

We also agree with the recent recommendation of the independent Nursing and Care Quality Forum that the Care Quality Commission should seek assurance that organisations are reviewing their staffing levels and skill mix, and are taking appropriate action where staffing levels expose concerns over quality and safety. The Commission's routine inspections take account of where problems with staffing levels contribute to poor care, and the Forum's recommendation emphasises the importance of providers being held to account for failings in this area.⁵⁴

By April 2013, we will also publish clear and accessible information on staff training as part of the provider quality profiles, so that people can understand for themselves the skill mix of staff at different care providers. The code of conduct and training standards will also support the introduction of assured voluntary registration of adult social care workers and healthcare support workers, which will further contribute to improving standards.

In addition, we will work with care providers, service users and carers to develop a sector-specific compact, including a skills pledge, to promote culture change and skills development.

This will set a framework for agreement between employees and employers to improve skills, competencies and behaviours. As part of this work we would expect local authorities and care providers to identify the appropriate proportion of available resources to support training and development as part of the commissioning process. The compact will be published by the end of 2013.



For the first time, we will target personal assistants (PAs), and their employers, with greater support, learning and training through the Workforce Development Fund.⁵⁵

This will help to improve recruitment, retention and the quality of the care and support they deliver. We will also explore the development of a PA index to facilitate a clear and transparent comparison of the PA services that are available. It should promote better understanding of the roles that PAs and support workers can play, and encourage PAs to improve their skills.

Social work reform

Social workers have a crucial role to play in the reformed care and support system. The role of social work is being transformed in order to focus on interpersonal support, to promote choice and control, and to better meet people's needs and goals. The Government remains committed to supporting the social work reform programme developed by the Social Work Reform Board. This builds on the joint statement on the role of social work in care and support, produced in 2010 by the Department of Health, Skills for Care, British Association of Social Workers and the Social Care Association.⁵⁶ The newly formed College of Social Work will also play an important role in ensuring improved standards of education by universities, and promoting ongoing professional development.

The Government is piloting new and innovative ways of working in social work through the Social Work Practice Pilots.

The learning from the pilots will be widely shared over the next 18 months. The Government will take final decisions about the contribution of the social work practice model in the light of the evaluation in 2013.

Following the Munro review of child protection, the Government announced its intention to create the post of Chief Social Worker.

The recruitment process is currently underway and the Chief Social Worker will be appointed by the end of 2012.

The Chief Social Worker will be an adviser to Government on adult and child social work

issues, will challenge the sector on standards, and will help to drive improvements in social work practice.

The Munro Review also recommended the appointment of Principal Social Workers for Children's Services in each local authority. The Government supports this, and we also support the development of an equivalent role in adult services. Principal Social Workers should be responsible for quality assuring the safety of practice, and facilitating feedback between front line staff, management and the Chief Social Worker.

Attractive jobs

We need to attract more people to work in care and support, to ensure there are enough skilled people to deliver high-quality care in the future.

We aim to double the number of apprentices in social care to 100,000 over the next 5 years.

Apprenticeships are paid jobs which offer a comprehensive training package. They help to improve people's experience of care by developing the skills of care workers and encouraging them to remain in the care workforce rather than seeking a job elsewhere. We will achieve our goal by working with employers, Skills for Care, the National Apprenticeship Service and others to:

- encourage small and medium-sized enterprises from across the country to create apprenticeship opportunities for the first time;
- establish an Apprenticeships Strategy Board, to find new ways to encourage people to take up apprenticeships;
- continually drive up the quality of the apprenticeship offer; and
- create clear progression routes to Higher Level Apprenticeships as an additional route to attract those who could work as care managers.

We will expand the Care Ambassadors scheme to promote a positive image of the sector, making links with a range of audiences, including schools, colleges, and careers and job services. We will make greater links with sector based work academies and the Work Programme, which offer work experience, training and further support in finding employment to people who are unemployed.

The Government will commission the development of an online tool to support recruitment and provide information about working in care and support for job seekers, as well as offering links to the paid and voluntary opportunities available. The tool will demonstrate potential career pathways within the care and support system, including examples of clear, integrated and flexible career pathways linked to defined qualifications. It will link to the National Careers Service website.

Effective leadership

The care and support sector needs high-quality leadership at all levels, from strategic leaders to practice leaders, and it needs to develop a pipeline of new talent, capable of inspiring the workforce of the future to deliver high-quality care. **High-quality leadership is essential to the delivery of all the proposals in this White Paper.**

We will set up a new Leadership Forum to lead this transformation. The Forum will bring together expertise from the best inspirational leaders from the private, public and voluntary sectors to develop the transformational leadership required. It will be accountable to the Government for its delivery. We will launch the Forum by March 2013.

We believe that the professionalism and leadership role played by front-line practice leaders, including registered managers, has a particularly important impact on people's experience of care and support. Registered managers have a vital front-line responsibility, day to day, for ensuring the quality of the care offered by an organisation. They will, therefore, be a key focus of the Forum. We recognise that registered managers can feel isolated and it is vital to support them in their role. **Through the work of the Forum and the National Skills Academy for Social Care we will explore how best to ensure that registered managers get the support they need, and will work to ensure that care providers offer regular mentoring and supervision.**

Chapter 7: “I am in control of my care and support”

People will have control of their own care and support, so they can make decisions about the options available. We will give people an entitlement to a personal budget and will strengthen our ambitions on direct payments. This means care and support will focus on meeting people’s individual needs and helping them to achieve their aspirations. People will not have to fight against the system: health, housing and care services will join up around them.

We will:

- **legislate to give people an entitlement to a personal budget as part of their care and support plan, and will strengthen our ambitions on direct payments;**
- **improve access to independent advice and support to help people who are eligible for support from their local authority to develop their care and support plan and to choose how their needs could be met;**
- **develop, in a small number of areas, the introduction of direct payments for people who have chosen to live in residential care, in order to test the costs and benefits;**
- **change the charging system for residential care from April 2013, so that the income that people earn in employment is exempt from residential care charges;**
- **invest a further £100 million in 2013/14 and £200 million in 2014/15 through joint funding between the NHS and social care to support better integrated health and care services;**
- **place a duty on local authorities to join up care and support with health and housing where this delivers better care and promotes people’s wellbeing;**
- **develop plans to ensure that everyone who has a care plan has a named professional with an overview of their case and responsibility for answering any questions they might have;**
- **work with partners to remove barriers and promote the widespread adoption of integrated care;**
- **develop models of coordinated care for older people; and**
- **improve the access that people living in care homes have to a full range of primary and community health services.**

K: Personalised care and support

Personal budgets for all, better access to direct payments

Personalisation is about giving people choice and control over their lives, and ensuring that care and support responds to people's needs and what they want to achieve. It is central to enabling people to lead active, independent and connected lives.

One key element of personalised care and support is giving people control of their funding through a personal budget. **We will legislate to ensure that everyone can take control of their care and support by giving them an entitlement to a personal budget.**

People will be provided with a personal budget as part of their care planning process. This will ensure that carers and people who use services have the opportunity to take control of their care and support if they want to do so.

As set out in the *Vision for Adult Social Care*, our goal remains that everyone who is eligible for ongoing non-residential care should have a personal budget, preferably as a direct payment, by April 2013. We expect local authorities to meet that goal, reflecting the endorsement in *Think Local, Act Personal* and local authorities' own commitment to meet the objective.^{57 58}

We will push further with our ambition to support as many people as possible to enjoy the benefits of a direct payment.

The draft Care and Support Bill sets out a duty on local authorities to inform people about which of their needs could be met through a direct payment, and an individual's right to a direct payment to meet some or all of their needs (except in certain circumstances). This gives the person flexibility to start with a small direct payment if they are unsure whether it will work for them. We will continue to work with the sector to push forward our ambitious agenda and to maximise the number of people who are in control of their care and support through a

direct payment. This will include challenging areas where uptake of direct payments is lagging, and challenging any institutional barriers which are preventing people from having choice and control.

Personal budgets and enterprise

Scott, who has autism, was referred to the i-work supported employment team within Nottinghamshire County Council by the transition worker in his last year of school. Whilst conducting his person-centred review, which Scott interpreted into graphics himself, the team found his drawing and illustration skills exceptional. From this meeting Scott went on to facilitate graphically at various meetings organised and supported by the transition worker, social worker and i-work. After the advice from i-work it was agreed with Scott and his family that he would become self-employed as a graphic facilitator. His business 'Inspired Animations' was established with support from i-work. His support at present is carried out by his social worker, i-work and his family. Scott now has a personal budget to employ a personal assistant to help him in his business.

Help for people to arrange their care and support

We want everyone who is eligible for support from their local authority to have access to independent advice and support to help them develop their care and support plan and help them choose how their needs could be met.

This will require local authorities to develop and commission a range of independent advice and support options, and we will work with the voluntary and independent sectors and local authorities to achieve this. New models of advice and support such as peer networks and user-led organisations could also help to bring different people together to purchase care and support collectively and make better use of their funding.

Evidence shows that access to independent advice and support means that people are much more likely to take their care and support funding through a direct payment.⁵⁹ This is, therefore, a core part of our ambition to maximise the control that people have over their care and support.

Arranging care and support – My Support Broker

My Support Broker is a peer support brokerage service. Disabled and older people, and their supporters, are trained and accredited as peer brokers to help others to plan, find and manage their own care and support. Local authorities are able to help individuals gain access to advice more simply, as well as potentially reducing their own administrative and care planning costs.

Henry has been assessed by his council as having 24-hour support needs and has chosen to spend 2 per cent of his personal budget to work with Jane, a peer broker who is also disabled. As a result, Henry feels in control and his quality of life has improved. Jane, who was last year unemployed and unqualified, now has professional skills and a job. Money is being spent in the local community and is benefiting the local economy.

We also want local authorities to help people who are funding their own care and support to make choices, plan and arrange services. **The draft Care and Support Bill sets out our plans to enable everyone to request the assistance of their local authority with the development of a care and support plan for their eligible needs.** This will be part of the local authority's offer to everyone in its area with care and support needs. It would be subject to a reasonable charge for those who can afford it.

Advocacy services have been in place for more than 30 years, often providing support for people who lack mental capacity and who have no-one to act on their behalf. These services will continue to play a vital role in supporting people and we need to understand better the benefits of these services and how cost-effective they can be. We will therefore work with partners to develop and disseminate best practice and potential new business models.

Direct payments in residential care

As part of our ambition to help more people experience the benefits of a direct payment, we will develop, in a small number of areas, the use of direct payments for people who have chosen to live in residential care, in order to test this approach. This will take place in a small number of local areas, with different groups of people and across different types of residential care. It will help us to understand better how direct payments in residential care might work in practice, and what the costs and benefits of this approach might be for people using residential care, local authorities, care providers, and families.

We will shortly invite expressions of interest from local authorities to participate in this initiative, which will begin in 2013. We will look at different aspects of direct payments in residential care, drawing on the views of people who would be offered it, as a basis to inform the Government how best to proceed.

Empowering people to take control

Personal budgets and direct payments are important tools to give people who use services, and carers, greater control over their care and support. However, they are not an end in themselves, but a way to achieve greater choice, control, independence and quality of life. **The principle of personalised care will be embedded within the way that local authorities, care providers and care workers deliver care and support.** The draft Care and Support Bill sets out a single overarching principle that care and support must promote the wellbeing of the individual. One key element of this principle is that people have control over their day-to-day lives, including over how they choose to receive their care and support.

Personalised care and support for people living with dementia

In March 2012, the Prime Minister launched a Challenge on Dementia, which builds on the achievements of the 2009 National Dementia Strategy to push further and faster to improve the quality of life for people living with dementia and their families. As part of the work on driving improvements in health and care, a 12-point plan has been developed, setting out the key themes to enable the wider transformation of services for people with dementia and their carers, and the key delivery mechanisms and levers. The key themes include a dignified death, ensuring access to high-quality personalised end-of-life care for people with dementia, and improving people's living environment. The plans aims to develop innovative solutions to help people and families living with dementia to stay together with the right level of personalised support.

Supporting people in residential care into employment

We want to support more disabled people into employment, so that society and the economy can benefit from their skills and talents. For those using care and support in the community, income from work is exempt from charges. However, people in residential care face a barrier to employment as their earned income is taken from them under current charging rules. **We will therefore change the charging system for residential care from April 2013, so that the income that people earn in employment is exempt from residential care charges.** This will help to encourage those in residential care to pursue employment opportunities if they are able to do so.

L: Integration and joined-up care

The Health and Social Care Act 2012 sets out clear obligations for the health system, and its relationship with care and support, which will improve the quality of services and people's experience of them. Integration across the NHS, public health and social care is a key means to achieving this. We expect integrated services to be person-centred, to improve outcomes, and to reduce health inequalities.

The NHS Commissioning Board, clinical commissioning groups, Monitor, and health and wellbeing boards all have duties to promote and enable integration.

In addition, the changes that we are making to public health will help to ensure a joined-up approach to tackling health inequalities and improving the health and wellbeing of the whole population.

The first Mandate to the NHS Commissioning Board will be published in October 2012, to come into effect in April 2013. It will set out objectives which the Board should seek to meet, any requirements with which it must comply, and the Board's resource limit. It will set clear expectations for improving healthcare outcomes for patients, based on the NHS Outcomes Framework, and will set out the importance of integrating care around the needs of patients. In July, we launched a public consultation on the Mandate, which will take place over the summer.

We will now go further. Our ambition is for everyone who uses health, care and support to experience joined-up services that meet their needs and goals. **The draft Care and Support Bill also sets out a duty on the local authority to promote the integration of services**, along similar lines to the duty on the local NHS already enacted by the 2012 Act. In addition, the draft Bill will provide for further duties of co-operation which encourage local partners to work together to improve the wellbeing of local people.

Joint funding to promote integrated health, care and support

The Government recognises the importance of care and support to improving local health and wellbeing, which is why we are putting funding behind the integration agenda. At the 2010 Spending Review, we announced that, over the four years to 2014/15, £2.7 billion would be transferred to local authorities from the NHS to promote better joined-up working across the health, care and support system.

We will build on the success of this policy. **The health system will transfer a further £100 million and £200 million in 2013/14 and 2014/15 respectively, over and above the funding set out at the Spending Review.**

The new funding will further support local areas to deliver social care services that benefit people's health and wellbeing, by promoting more joint working between health and care. This will enable local areas to transform their services and to deliver better integrated care that saves money across the two systems: for example by supporting people to maintain their independence in the community for as long as possible. The new funding will also cover the costs in 2013/14 and 2014/15 to local authorities of the reforms in this White Paper, which are set out in the accompanying Impact Assessment.

Our modernisation of the NHS enables greater flexibility for providers of health, housing and social care to work across the systems to develop innovative services, such as social enterprises, that can keep people independent at home, or help them return home from hospital more quickly. Local Joint Health and Wellbeing Strategies will support the development of innovative services to promote people's health and wellbeing across health, housing, care and support. We know that there is no 'one size fits all' model, but recently some excellent examples of integrated care have emerged across the country, that are helping people to remain at home, or return home quickly after a spell in hospital. The new funding can further support innovative models such as these.

From 2013/14 the funding announced at the Spending Review, together with this new investment, will be transferred to local authorities from the NHS Commissioning Board. **Local authorities and clinical commissioning groups will work together on health and wellbeing boards to determine how this investment is best used to support and promote innovation and integrated working between health and care.**

Innovation in integrated care

Nottingham CityCare Partnership

Patients in Nottingham are benefiting from a range of new services being offered by Nottingham CityCare Partnership. Since its launch in April 2011, the social enterprise has developed innovative partnerships with local charities and voluntary organisations to provide extended health services to the community across Nottingham and Nottinghamshire. One innovative example is the introduction of a Community Pathfinder service. A 24/7 rapid response service, accessible from the local hospital, GPs and East Midlands Ambulance Service, it enables CityCare to prevent unnecessary hospital admissions or delayed discharge and directs patients to the right health, social or primary care service at the right time.

City Health Care Partnership CIC – Hull

City Health Care Partnership (CHCP) CIC is an independent mutual organisation providing NHS services to over 500,000 people in Hull and the East Riding of Yorkshire. One of its key achievements has been the creation of a specialist palliative care clinic, which offers a holistic programme of care for patients with a life-limiting illness. The service's unique feature is that the clinical team are able to visit patients in their homes rather than requiring patients to come to them. A consultant, pharmacists, community matrons from a variety of service areas, and Macmillan nurses all work together to manage complex

symptom control. The service also reduces the need for hospital admissions, helping to create savings for the local hospital and, most importantly, allows more patients to die at home, if that is their preferred place of care.

Integrating personal health and care budgets

Personal health budgets are currently being piloted in the NHS in England, with over 2,700 participants across 20 sites. A personal health budget is an amount of money that is allocated from the NHS to an individual, with a care plan, to allow them to meet their health and wellbeing needs in a way that best suits them.

As personal health budgets are extended beyond the pilot sites, subject to the current evaluation, we will make it straightforward for people to combine them with personal social care budgets so that they can make the most of the support to which they are entitled. This will give them freedom to co-design joined-up services that best meet their needs and goals, and will lead to a higher-quality experience for people who use services, and carers.

Joining up personal budgets

David, from Nottingham, has personal budgets for both health and social care. He has paraplegia from the chest down, and needs dressings on his legs changed daily. With his personal health budget direct payment, David was able to arrange training for his personal assistants (funded through social care) to do this. Their flexible schedule means that David can go to work when he needs to instead of waiting for the district nurse (who now comes for a weekly check).

Similarly, we will continue to draw lessons from the progress of the Department for Work and Pensions, 'Right to Control' pilot schemes, which

began in December 2010 and are examining whether bringing together the different types of state support that people receive can improve outcomes for disabled people.

Care coordination

The NHS Future Forum reported that people often find care systems difficult to navigate, and that having a person to help coordinate their care made a significant difference to both their experience and the effectiveness of their care. The Government wants everyone with a care plan to be allocated a named professional who has an overview of their case and is responsible for answering any questions they or their family might have. We believe that this will be supported by including a new pledge on care coordination for people with complex needs and long term health conditions in the NHS Constitution. The NHS Future Forum is currently considering potential changes to strengthen the NHS Constitution and we will ask the Forum to include this in its review. We will also ensure that care coordination is supported by the care planning arrangements for social care. Our goal is to ensure that this becomes standard practice, supporting joined-up care across hospital, community, and social care.

Collaborative leadership

Integration is about more than legislation. Local cultures and behaviours are key, and strong, collaborative leadership can help drive high-quality, integrated care. **We will publish a Social Care Leadership Qualities Framework in summer 2012 to complement the existing NHS Leadership Framework.** Together, these frameworks will support collaborative working as an essential element of successful leadership at all levels in the care and support and health sectors.

Sharing Information

In the Department of Health's recently published Information Strategy, we set out our plan for improving the sharing of information, including assessments of need, across organisational and

professional boundaries to support joined-up services.⁶⁰ The vision for portable, sharable assessments and care records requires information to be captured electronically and more consistently. The Health and Social Care Act 2012 allows the Department to set the standards that support this. The Strategy demonstrates how this approach has been shown to help deliver integrated services, drive system improvement and supply data on provider outcomes to help people make good decisions about their care.⁶¹

Taking integration further

Later this year, the Government will publish a framework, co-produced with partners across the new health and care system (including the NHS Commissioning Board, Monitor, local government, patients, people who use services, and carers), that will support the removal of barriers to making evidence-based integrated care and support the norm over the next five years. This will include developing proposals on:

- **Measuring people's experience of integrated care.** As recommended by the NHS Future Forum, we will put in place better ways to measure and to understand people's experience of integrated care. We will use that information to set a clear, ambitious and measurable goal which will drive further improvements to people's experience.
- **Sharing the tools and innovations that promote integrated care.** There are a number of existing models of integrated care that can serve as exemplars to others. We will establish a collaborative network of national partners to share best practice in a simple and accessible way, and also share practical tools that can be tailored for local use, such as predictive risk models, standard contracts, and support for pooled budget arrangements.
- **Aligning incentives.** Monitor and the NHS Commissioning Board will develop new payment mechanisms which can promote better integrated care. An example of these is 'year of care' tariffs, which give patients and people who use services greater flexibility across health and social care in the

management of long-term conditions, such as cystic fibrosis, a mental health condition or complex, multiple conditions. We will explore how these new payment systems can be further developed to support integrated care. This will include a particular focus on how improved incentives across health, care, and housing can reduce delays in discharge from hospital and ensure transition to appropriate accommodation.

- **Developing models of coordinated care for older people.** The NHS Future Forum identified certain groups that would particularly benefit from integrated approaches to commissioning and delivering services. We will pursue the development of contracts covering all health and social care needs for older people, including preventive services to case-find and manage those who are living with ill-health and are at high risk of hospital admission.

In order to promote local transparency and decision making, the Government has developed Outcomes Frameworks for the NHS, public health and adult social care. The different delivery and accountability mechanisms for these services made it important to develop three separate Outcomes Frameworks. However, the Government takes seriously the need to align them, to support better integrated care. We have already set out how the frameworks are moving towards better alignment, and we will continue to look at this as we refresh the three frameworks in the autumn.

Better integration at key transition points

Integrated care is important for everyone, regardless of their age or the reason that they need care and support. However, we know that getting integration right is particularly important for people at key transition points, when they may be moving from one service to another.

Moving from children's to adults' services, at age 18, is one key transition point. The Government's Green Paper *Support and aspiration: a new approach to special educational needs and disability* sets out plans to develop a new birth-

to-age-25 assessment process and a single plan incorporating education, health and social care assessments.⁶² The Green Paper also sets out our plans to introduce personal budgets for families with an education, health and care plan from 2014. In addition, we will legislate to give adult social care services a power to assess young people under the age of 18.

For people with learning disabilities and behaviours which may challenge, collaborative approaches to commissioning, and multidisciplinary community teams focused on prevention and crisis intervention, can enable more people to remain in the community and prevent unnecessary hospital admissions.

For older people, safe and timely transition from hospital to home reduces the risk of readmission to hospital and is in the best interest of the person and the systems as a whole. The Government has already committed £1 billion over the four years to 2014/15, through the NHS, to the development of re-ablement services.

Good re-ablement, intermediate care and post-discharge support means that older people returning home after a stay in hospital should have a temporary support plan that helps them to regain their independence and ensures they are not pressurised into a decision about long-term support which is not right for them.

Evidence also shows that there is currently considerable variation between primary care trusts in the primary care services provided for care home residents. This has resulted in considerable variation in the extent to which the healthcare needs of care home residents are being met. **From April 2013, the NHS Commissioning Board will be responsible for commissioning primary care, and local clinical commissioning groups will have a duty to support the Board in improving the quality of primary care.** This will provide the opportunity for a more consistent and effective approach that gives care home residents more equitable access to services, including proactive case management for long-term conditions.

Care and support at the end of life

We want people to receive the best possible care at the end of their lives, including a choice over where they die. Integrated palliative care is central to this. The final report of the independent Palliative Care Funding Review in July 2011 set out a series of recommendations to create a fair and transparent funding system for palliative care.⁶³ The Review found the current system, 'overly complicated, difficult to navigate and not joined-up enough, leading to a lack of fairness and transparency for commissioners, providers and patients. The system is focused on providers and not patients.' We fully support the Review's approach and will introduce a new funding system for palliative care in 2015.

There has also been strong support for the Review's recommendation that 'once a patient reaches the end of life stage, and is put on the end of life locality register, all health and social care should be funded by the state and be free at the point of delivery'. We think there is much merit in providing free health and social care in a fully integrated service at the end of life. We will use the eight palliative care funding pilot sites to collect the vital data and information we need to assess this proposal, and its costs, along with the Review's other recommendations. A decision on including free social care at the end of life in the new funding system will be informed by the evaluation of the pilots, and an assessment of resource implications and overall affordability.

In addition to data and information on the Review's recommendations, we need to understand the barriers to more integrated care at the end of life, and how we can overcome these. We will be asking some of the pilots to look at this and at potential new models of service design. In recognition of the scale of the task in getting these issues right, we are doubling our investment in these pilots (from £1.8 million to £3.6 million) to ensure we have the information needed for implementation.

In the interim, we want to make improvements to the current experience for people at the end of their lives. Therefore, we will look at how the guidance for local authorities and the NHS on intermediate care can be updated to encourage better transitions out of hospital at the end of life, and to help more people to die at home, or in a care home, should they wish to do so. We are also implementing new approaches to improve the coordination, and quality, of care for people approaching the end of life. We have piloted Electronic Palliative Care Coordination Systems (EPaCCS – formerly known as Locality Registers) in eight localities. EPaCCS are intended to provide instant electronic access to key information about patients at the end of life to all health professionals with a need to see it. Extensive work is under way on a wider implementation, including exploring the integration of these systems with social care providers.

Chapter 8: Making it happen

We want to harness the knowledge and expertise of everyone who has contributed to the White Paper as we develop and implement these reforms. The ideas and proposals in this White Paper are the product of many years of partnership working between the Government, local authorities, care providers, the voluntary sector, people who use services and carers. The next stage will continue to rely on collaboration and leadership at all levels to deliver this ambitious programme of reform.

Delivering the vision – the draft Care and Support Bill

We will reform the law underpinning care and support as a key step in delivering our vision. The current legal framework for care and support is complex and confusing, and is still rooted in the legislation of the post-war period. It falls short of our objectives for empowering, person-centred care and support. In 2011, the Law Commission made important recommendations about how to put the legal framework for adult social care on a more appropriate footing.⁶⁴ We have also published *Reforming the law for adult care and support*, which provides the Government's detailed response to the Commission's recommendations.

We believe that the law should recognise that the guiding principle of care and support is to promote the wellbeing of the individual. This principle is at the heart of the draft Care and Support Bill. **We want the focus to be on the person and their needs, their choices and their aspirations, not the service or the local authority.** The law will treat carers as equals, not as an extension of the person for whom they care. It should ensure that everyone

understands what care and support is, and how it can make a difference to their lives.

The draft Bill will clearly set out the role of local authorities in a modern care and support system. It will reflect a reformed system in which people's needs, goals and aspirations are central to the way that care and support operates, and people have choice and control over how these are met. Increasingly, the role of local authorities will no longer centre on the purchasing and provision of care and support. Instead, authorities will be expected to take a leadership role: identifying the needs of the local population, supporting the informal and community networks that can help people stay independent, and ensuring that people have a diverse and responsive choice of options.

Alongside this White Paper, the government is publishing a draft Care and Support Bill for consultation and pre-legislative scrutiny in Parliament.

This will be a historic step forward for care and support law, and is critical to delivering the vision in this White Paper. The draft Bill will radically simplify the current legal framework for care and support, replacing provisions in well over a dozen Acts of Parliament with a single, modern statute.

Following pre-legislative scrutiny, we will introduce the Bill to Parliament at the earliest opportunity.

Taking forward our vision together

Taking forward the vision and the actions in this White Paper will need strong and collaborative working across the care and support sector. To do this, we will create two new leadership groups. We will launch a new Care and Support Transformation Group, which will act as an important forum for challenge and peer support. The group will be made up of local authorities, care providers, the voluntary sector, people who use services and carers. We expect the group will challenge all those taking forward the White Paper to stretch our collective ambitions: for example, on our vision for more people to be in control of their care and support through a direct payment. The group will be responsible for tackling slower progress and unexpected barriers, and will lead the discussion about what further work is needed to ensure that care and support is consistently transforming the lives of people who use it.

We will also create a Care and Support Implementation Board, which will have ownership of the implementation plan, with members of the board assuring on the delivery of specific milestones.

The implementation board will bring together the organisations that have lead responsibility for key outputs from this White Paper. It will work in collaboration with other key sector-led organisations, such as the Think Local, Act Personal partnership, and the Towards Excellence in Adult Social Care programme.⁶⁵

The financial context

In the 2010 Spending Review the Government allocated an additional £7.2 billion up to 2014/15 to support adult social care. Whilst we acknowledge that this comes in the context of a challenging settlement for local government it provides local authorities with sufficient funding, when combined with a rigorous approach to efficiency, to protect people's access to services.

The reforms set out in this White Paper will deliver a re-engineered care and support system that shifts resources towards prevention and early intervention. This will help to improve people's health and wellbeing, will ensure that taxpayer funding is used more effectively, and will help to manage the future costs of care and support. In some cases – such as through the use of innovative, social financing tools like Social Impact Bonds – the cost of intervention can be shared with the private sector. Putting people in control with more accessible information and advice about the care system and the quality of care providers will drive improvements in the quality of provision by exposing excellence and poor practice. The Government is also supporting a programme on efficiency in adult social care, led by the Local Government Association. The programme is working with over 40 local authorities to develop and implement the innovative approaches required to achieve the best value for money whilst protecting people's access to care and support. Alongside this work, we are working with the care and support sector to benchmark local authority performance on efficiency and the use of resources, to further improve value for money.

This White Paper is not intended to set out a funding settlement for care and support in future years. However, these reforms will ensure that resources – from both individuals and the taxpayer – are used in the best possible way to promote people's wellbeing and independence. Future decisions on the overall funding in the system will be taken alongside other funding decisions at Spending Reviews.

Where the reforms in this White Paper have costs to local authorities in 2013/14 and 2014/15, as set out in the accompanying Impact Assessment, these costs will be more than covered by the new funding of £100 million in 2013/14 and £200 million in 2014/15 to be transferred to local authorities from the NHS Commissioning Board to support integrated care. We are also introducing a new care and support housing fund and providing new start-up funding for local online information and advice services. The costs of these will be met by the Department of Health. Future costs will continue to be met by the Department of Health.

Timetable of actions

This White Paper has set out a range of actions which the Government and its partners will take forward straight away, in order to reform care and support. The Government has also committed to work with its partners on further publications over the coming months, which will provide more details of our shared reform plans. The table below sets out the timetable for the key actions which will transform care and support over the coming months and years.

June 2012	2012/13 Health and Social Care Volunteering Fund (local scheme) invites bids to support community-based support, including time-banking schemes.
July 2012	First stage of the provider quality profile goes live on the NHS and Social Care Information website.
July 2012	Publication of the draft Care and Support Bill, setting out how we plan to reform care and support law. The draft Bill will be subject to pre-legislative scrutiny.
Summer 2012	Expressions of interest invited to pilot direct payments in residential care.
Autumn 2012	Consultation on oversight of the care market published. This will provide more details on how people will be protected should a care provider run into financial difficulties.
Autumn 2012	Further details about the process for establishing Social Impact Bond trailblazers published.
September 2012	Code of conduct and minimum training standards for care workers published.
October 2012	Further details about the £200 million capital fund for older and disabled people's housing published.
October 2012	2013/14 Adult Social Care Outcomes Framework published.
Winter 2012	Publication of an integration plan, setting out how the modernisation of the NHS can be built upon to provide a more joined-up experience for people.
Winter 2012	Chief Social Worker appointed.
Winter 2012	2013/14 Health and Social Volunteering Fund (national scheme) invites bids to support community-based support, including time-banking schemes.
March 2013	Working group established to develop and test options for a new assessment and eligibility framework for people who use services and for carers.
March 2013	Launch of the Leadership Development Forum.
Spring 2013	Social Impact Bond trailblazers launched, to encourage investment in innovative support to keep people independent at home.
April 2013	NHS Commissioning Board, clinical commissioning groups, Public Health England, health and wellbeing boards, and local authorities take on their new statutory responsibilities as set out in the Health and Social Care Act 2012.
April 2013	Additional funding for integrated care and support made available to local authorities through the NHS Commissioning Board.
April 2013	Improved information added to the provider quality profile, and the data made available to organisations to develop a quality rating.
April 2013	NICE begins the development of a library of quality standards for care and support, including standards for the quality of home care.
April 2013	Residential care charging rules changed, so that the income that people earn in employment is exempt from charges.
Winter 2013	Care and support sector compact published.
April 2015	Introduction of new funding system for end-of-life care.
April 2015	National minimum eligibility threshold for adult social care introduced.

Beyond 2015

This White Paper sets out a long-term programme of reform. We will continue to work with our partners across the care and support system in the years beyond 2015 to embed the changes that we have set out. In particular, we will work with local authorities, care providers, carers and people who use services to implement the new legal framework for care and support, subject to the decisions of Parliament. This will mean driving forward with a new culture and purpose for care and support: one that promotes the whole population's health and wellbeing, and empowers people to take the lead in pursuing independent lives and life opportunities.

Reform will require strong and collaborative working between the Government, local authorities, care providers, the voluntary sector, people who use services, and carers.

We look forward to developing this new partnership and publishing further details of the implementation programme over the next year.

Endnotes

- 1 Forder, J. and Fernandez, J.-L., *Analysing the costs and benefits of social care funding arrangements in England: Technical Report*, Personal Social Services Research Unit Discussion Paper 2644, 2009.
- 2 NHS Future Forum, *Integration: a report from the NHS Future Forum*, 2012.
- 3 Luanaigh, C.O., and Lawlor, B.A., 'Loneliness and the health of older people', *International Journal of Geriatric Psychiatry*, 23 (12), 2008.
- 4 Windle, K., Francis, J. and Coomber, C., *Preventing loneliness and social isolation: interventions and outcomes*, Social Care Institute for Excellence, 2011.
- 5 The Health and Social Care Information Centre, *Survey of Carers in Households 2009/10*, 2010.
- 6 Van Willigen, M., 'Differential benefits of volunteering across the life course', *Journal of Gerontology: Social Sciences*, 55B, S308–S318, 2000.
- 7 Knapp, M. et. al., *Building community capacity: making an economic case*, Personal Social Services Research Unit, 2010, p. 3.
- 8 Ipsos-MORI, *Perceptions of the NHS*, 2010.
- 9 Equalities and Human Rights Commission, *Close to home: an inquiry into older people and human rights in home care*, 2011.
- 10 *The size and structure of the adult social care sector and workforce in England 2011*, Skills for Care, 2011.
- 11 *Integration: a report from the NHS Future Forum*, NHS Future Forum, 2012.
- 12 Office for National Statistics, 2010-based Population Projections for England.
- 13 LSE and Kings College, *Dementia UK*, London, 2007.
- 14 Wittenberg et. al., *Future demand for social care 2005 to 2041: Projections of demand for social care and disability benefits for younger adults in England*, 2008.
- 15 Foot, J., *What makes us healthy? The asset-based approach in practice: evidence, action, evaluation*, 2012.
- 16 GfK NOP for Help the Aged, 2006.
- 17 Victor, C. and Scharf, T., 'Social Isolation and Loneliness', in Walker, A., and Hennessey, C.H. (eds.), *Growing Older: Approaches to Quality of Life in Context*, Maidenhead: Open University Press, 2005.
- 18 Bonner, A. and Luscombe, C., *The Seeds of Exclusion*, Salvation Army with the University of Kent and Cardiff University, 2009.
- 19 Local Government Association and the Campaign to End Loneliness, *Combatting Loneliness: a guide for local authorities*, 2012.
- 20 Further details on the Ageing Well programme are available at www.dwp.gov.uk/policy/ageing-society/ageing-well/.
- 21 HM Government, *Giving White Paper*, 2011.
- 22 Information on the Social Work Practice Pilots is available at www.scie.org.uk/workforce/socialworkpractice.asp.
- 23 For further details, see <http://odi.dwp.gov.uk/odi-projects/user-led-organisations.php>.

- 24 For further details, see www.rbwm.gov.uk/web/carebank_scheme.htm.
- 25 There is evidence that time sharing schemes are more successful than traditional forms of volunteering in attracting people who may otherwise be socially excluded. See Seyfang, G., and Smith, K., *The Time Of Our Lives: Using time banking for neighbourhood renewal and community capacity-building*, London, 2002.
- 26 HM Government, *Laying the Foundations: A Housing Strategy for England*, 2011.
- 27 See www.firststopcareadvice.org.uk.
- 28 Department for Communities and Local Government, *National Planning Policy Framework*, 2012.
- 29 Netten, A., et. al., *Improving housing with care choices for older people: an evaluation of extra care housing*, Personal Social Services Research Unit, 2011.
- 30 Department of Health, *Land for housing*, 2011.
- 31 Bowes, A. and McColgan, G., *Smart Technology at Home: Users' and carers' perspectives. Interim Report*, Stirling: West Lothian Council and the University of Stirling, 2005.
- 32 Alaszewski, A., and Cappello, R., *Piloting Telecare in Kent County Council: the key lessons. Final report*, Canterbury: University of Kent, Centre for Health Services Studies, 2006.
- 33 For a description of eligibility thresholds, see Department of Health, *Prioritising need in the context of Putting People First*, 2010.
- 34 For more details on the Right to Provide initiative, see <http://healthandcare.dh.gov.uk/r2p-faqs/>.
- 35 The Law Commission, *Adult Social Care*, 2011.
- 36 Her Majesty's Chief Inspectorate of Prisons, *Old and Quiet*, 2004.
- 37 Her Majesty's Chief Inspectorate of Prisons, *Older prisoners in England and Wales: a follow-up to the 2004 thematic review by HM Chief Inspector of Prisons*, 2008.
- 38 Department of Health, *Recognised, valued and supported: next steps for the Carers Strategy*, 2010.
- 39 Think Local, Act Personal is a partnership of over 30 organisations (including local authorities, care providers, carers and people who use services) that have come together to lead the transformation of care and support.
- 40 *Performance and capability review: CQC Action Plan*, Care Quality Commission, 2012.
- 41 From 1 April 2013, NICE will be renamed the 'National Institute for Health and Care Excellence' (but will retain the acronym NICE).
- 42 <http://www.cabinetoffice.gov.uk/news/radical-package-unveiled-support-business-and-promote-growth>.
- 43 Equalities and Human Rights Commission, *Close to home: an inquiry into older people and human rights in home care*, 2011.
- 44 Local authorities have specific duties of care to their populations under Section 21(1) (a) of the National Assistance Act 1948 and Section 47(5) of the NHS and Community Care Act 1990. The NHS and Community Care Act 1990 gives local authorities the powers to provide or arrange care services for anyone in urgent need.
- 45 University of Birmingham and the Association of Directors of Adult Social Services (ADASS), in association with the Social Care Institute for Excellence (SCIE), *Achieving closure: good practice in supporting older people during residential care closures*, 2011.
- 46 National Audit Office, *Oversight of user choice and provider competition*, 2011.
- 47 House of Commons Committee of Public Accounts, *Oversight of user choice and provider competition in care markets*, 2011.
- 48 HM Government, *Open Public Services White Paper*, 2011.

- 49 The Department of Health published a discussion paper on this issue in October 2011. This paper can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130438.
- 50 For more information see: <http://www.bis.gov.uk/policies/bre>.
- 51 *The size and structure of the adult social care sector and workforce in England 2011*, Skills for Care, 2011.
- 52 The National Pensioners Convention's Dignity Code can be viewed here: <http://npcuk.org/wp-content/uploads/2011/11/NPC-Dignity-Code.doc>.
- 53 The Dignity in Care campaign's Dignity Challenge can be seen at: www.scie.org.uk/publications/guides/guide15/standupfordignity/dignitychallenge/index.asp
- 54 More details on the Nursing and Care Commission's recommendations are available at www.dh.gov.uk/health/2012/05/nursing-forum/.
- 55 The Workforce Development Fund is disseminated by Skills for Care, and supports the ongoing professional development of staff across the adult social care sector.
- 56 Department of Health, *The Future of Social Work in Adult Social Services*, 2010.
- 57 *Think Local, Act Personal: A sector-wide commitment to moving forward with personalisation and community-based support*, January 2011, states: "An effective community-based approach is achieved when councils and their partners...Ensure that those people eligible for ongoing council social care funding receive this via a personal budget (either as a direct payment or a managed account) allowing them to exercise the same amount of choice and control as those who pay for their own care and support".
- 58 ADASS Personalisation Survey, October 2011 found: "Of the 58 respondents, 57 (98 per cent) have a clear strategic approach for meeting the 2013 ambition of personal budgets through direct payments for everyone."
- 59 In Control, *Personal Outcomes Evaluation Tool*, 2011.
- 60 Department of Health, *The power of information: putting all of us in control of the health and care information we need*, 2012.
- 61 New Zealand has used the InterRAI health and social care needs assessments to create a transparent, portable, integrated assessment. This is also used for 'secondary purposes': for example, as a rich source of provider and national-level outcome data.
- 62 Department for Education, *Support and aspiration: a new approach to special educational needs and disability*, 2011.
- 63 Hughes-Hallet, T., Craft, A. and Davies, C., *Funding the right care and support for everyone: the final report of the Palliative Care Funding Review*, 2011.
- 64 See www.justice.gov.uk/lawcommission/docs/lc326_adult_social_care.pdf.
- 65 Think Local, Act Personal is a partnership of over 30 different organisations. It is working to identify the challenges to delivering our shared goal for personalised and community-based support, and to share innovative solutions that are being developed across the country, so that more people have choice and control over their lives. Towards Excellence in Adult Social Care is a new programme led by the Local Government Association to help local authorities to improve their performance in delivering care and support: for example, in the areas of user and carer involvement, safeguarding adults or effective commissioning.



Published by TSO (The Stationery Office) and available from:

Online

www.tsoshop.co.uk

Mail, telephone, fax and email

TSO

PO Box 29, Norwich NR3 1GN

Telephone orders/general enquiries: 0870 600 5522

Order through the Parliamentary Hotline Lo-Call 0845 7 023474

Fax orders: 0870 600 5533

Email: customer.services@tso.co.uk

Textphone: 0870 240 3701

The Parliamentary Bookshop

12 Bridge Street, Parliament Square, London SW1A 2JX

Telephone orders/general enquiries: 020 7219 3890

Fax orders: 020 7219 3866

Email: bookshop@parliament.uk

Internet: <http://www.bookshop.parliament.uk>

TSO@Blackwell and other accredited agents



Corporate member of
Plain English Campaign
Committed to clearer communication

416

ISBN 978-0-10-183782-8



9 780101 837828