



putting people first

our lives, our choices

fit for the future: a new vision for adult social care and support

social care should enable people to live their everyday lives the way they choose

introduction

This publication is the first in a series of Local Government Association (LGA) papers on the future of social care and explores how a simplified, locally-based system of care and support would address a number of the challenges which make the current system unsustainable. This paper addresses the complex range of public support for people with care needs and how simplifying this into a straightforward, personal approach would also bring improvements in quality and value for money at the local level. Future papers will cover the funding of care, and a model for a new care and support system for the future.

summary

- In the debate about funding social care it is important to adopt a wider definition of care, one which recognises the broader support function provided by councils and other local bodies.
- A wider definition of the support which people receive to live their daily lives will allow a more cost-effective consideration of the timing and type of support which people need to maintain or improve their quality of life and avoid a spiral into crisis and dependency.
- Creation of a local budget for care and support, including some NHS and social security benefit funding, would allow public funds to be spent in the most flexible and effective way for local people, on the support which local people choose.
- A local system with minimal thresholds of 'eligibility' would make the system easier to understand and provide a sense of entitlement rather than last resort. Once a person has turned to the local system of care and support they should receive benefits and services as they are needed.
- In future there must be a universal (non means-tested) element of support for everyone who needs it; encompassing, at a minimum, advice, information and support to access services. However it is likely that some element of means testing will remain within the overall system of care and support, and in this case there should be a single means test, which also automatically triggers receipt of related benefits.
- A future system of personalised care and support will only work if it is adequately funded. Central government must recognise the real costs of care and support and ensure realistic resources.

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“ Some people may not want help with travel at all, but would find some other type of support more useful. A local care and support system would enable further personalisation of services, with individuals taking control of how they are supported and councils able to offer local people a real choice over aspects of their lives beyond conventional care services. ”

redefining social care

The current debate about the future of social care runs the risk of reform continuing to be set within a model based on public services providing a residual ‘welfare net’ designed to support people who either experience the severest need and/or have not been able to make financial provision for themselves. If this remains the case, it will continue to be perceived with the stigma of a service of last resort while, paradoxically, also perpetuating the current situation where those who qualify for public support generally receive a greatly superior service to those who one way or another make provision for themselves and are typically left to find their own way in a system which is complex and not user-friendly.

Very few of us are (or would wish to be) entirely independent. We all rely on public services to support our everyday life, from public transport and roads, to leisure, education, social care and health services. At times in our lives we will rely on those public resources more than at others. Specifically, as the population ages we all have a much greater likelihood of needing more support with everyday living, particularly towards the end of our lives. At the same time, people with disabilities also have an increased life span: more than was the case in the past, and a higher aspiration to live a normal life and experience opportunities. About a third of all men and a half of all women who reach the age of 65 will need some long-term care as they age. This is because although we are living longer the number of years that, on average, we will spend at the end of our lives with poor health or a disability is also increasing. The number of younger adults with a need for long-term care and support is also increasing; there are 1.5 million people with learning disabilities in the UK who are living longer, so this number increases by 15,000 people every year. Three out of five adults will have caring responsibilities at some time in their lives, and 6,000 people take on new caring responsibilities every day. Every one of us can expect to be involved with care and support services either for ourselves, or a friend or relative, at some time in our lives.

The support that people need for their everyday lives is potentially much wider than that available from the current narrow menu of health and social care services. It also has implications for income and employment, transport, social contact and community participation, training and education, and suitable housing. This is why councils, with their responsibility for the locality and the wellbeing of local people, are the obvious focal point for the co-ordination and delivery of this range of support. Councils know from experience with direct payments and individual budgets in social care that people find that the ability to design their own support has transformed their lives.

There is a wide range of public support already available through a myriad of mechanisms and funding streams, although these are often poorly co-ordinated. For

older people this ranges from a free TV licence and free bus travel to social security benefits (including non-means tested benefits linked to the additional costs of living with a disability) to the provision of social care support in cash or kind. For younger adults there may be a package of support linked to health care for long-term conditions, housing, employment, education and help in undertaking parenting. When people are also supported by family and friends, these networks are an essential part of the person's life and these carers are also affected by the quality of life the person achieves, and themselves often need support to carry on their caring role.

A broader and more inclusive model of social care, reflecting all the support that is provided, would avoid the stigma of a service that people only approach, or succeed in gaining access to, when in desperate need or poverty. It is difficult to think of a more meaningful description, although "care and support" seems to describe better what people want to receive, while some descriptor of the community or locality might begin to give a feeling of universal ownership through being part of that community.

Bringing together responsibility and funding for all these aspects at a local level would enable local decisions to be made on the range of services appropriate to the local area and local people's preferences. This would extend the current approach of commissioning local health and social care services to meet the care needs of the local population identified through the Joint Strategic Needs Assessment. For example a council may offer the existing concessionary fares scheme in an area well served by buses, or a more tailored taxi service in a rural setting. Some people may not want help with travel at all, but would find some other type of support more useful. A local care and support system would enable further personalisation of services, with individuals taking control of how they are supported and councils able to offer local people a real choice over aspects of their lives beyond conventional care services. Lord Darzi's NHS Next Stage Review identifies primary and community health services working with local councils and third sector groups to improve health and wellbeing of local communities and choice and personalisation of services for local people as two key elements in his vision for the future of the NHS.

a local care and support budget

The disparate funding streams for the range of public services would need to come together at a local level. In addition to funding currently provided via councils, including housing-related support which in some areas is currently spread between county and district councils, non-means tested benefits, and elements of NHS funding (in respect of the 'prevention' or wellbeing elements of primary care, long-term

“ The support for people to use the resources available needs to be at a local level. Experience of both direct payments and individual budgets for social care has shown the importance of a brokerage and advocacy service to help individuals manage the personal budget to which they are entitled. Under this local, extended system of care and support, councils would have responsibility for ensuring the availability not only of brokerage and advice for everyone, but also the availability and quality of services which local people identify as important to them. ”



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conditions and continuing health care) could be part of this local partnership budget. This budget would need to recognise the pressure being put on the use of some of these funds by the increasing costs of food and energy. But in a climate of increasing demand but limited resources, pooling this funding for councils and their partners to manage at a local level creates the scope for more effective use of the available funding in line with local needs.

Looking at care and support in this way brings an intensely personal and local aspect to the whole question of social care. The support for people to use the resources available needs to be at a local level. Experience of both direct payments and individual budgets for social care has shown the importance of a brokerage and advocacy service to help individuals manage the personal budget to which they are entitled. Under this local, extended system of care and support, councils would have responsibility for ensuring the availability not only of brokerage and advice for everyone, but also the availability and quality of services which local people identify as important to them. This would include on-going support and advocacy for local people who were using their own funding to purchase these services, with the council acting on behalf of the community to ensure quality. However, the way a person's support is put together, and how they decide to spend their personal budget of resources to achieve things in their life which are important to them, will increasingly be a matter of individual choice. Some people will be anxious about taking complete responsibility for their own care and support and will want the council to provide a high level of input to the design and provision of it.

Bringing support together at the personal and local level would also avoid people feeling that they were 'fighting the system' to find all the different aspects of help to which they might be entitled. One carer described relief at finding that he was not likely to be eligible for a set of benefits, because he could spend time looking after his wife rather than filling in more forms. A truly personal, comprehensive, local system of care and support could be accessed through any part of the system, including through freely-accessible or universal services – for example, the GP or pharmacist could provide information, or this might be automatically distributed with concessionary travel passes.

It would also offer potential streamlining and efficiency if there was one overall assessment of a person's financial contribution to their personal budget rather than the multiple means tests which are within the current system, often using different rules. Multiple means-testing is not only demeaning and off-putting to the individual, but represents a massive bureaucracy and inefficiency within the system. Redesigning means testing would also support the reform of other relevant services, such as Council Tax Benefit. Over 40 per cent of older people who are entitled to Council Tax Benefit fail to take it up. A single means test could be designed to ensure these 2 million pensioners automatically received their benefits.

Multiple means tests

Simon Heng, a wheelchair user and columnist, listed all the benefits, payments, allowances and exemptions which “go into keeping his life afloat”. He receives 14 of these payments and allowances, and 10 of those are means-tested. More than that - when one payment is adjusted upwards, some of the others are often adjusted downwards “to make sure that he doesn’t receive more money than he is entitled to”.

This system creates huge amounts of duplication, not to mention extensive bureaucracy which has grown up around the means tests themselves. A recent application for a Disabled Facilities Grant involved at least three days of council staff time applying the means test, conducting interviews and checking bank statements and other proof of income, to come to the conclusion that the individual needed to contribute just over £200. A number of councils, particularly where the majority of residents have low incomes, have found that removing means-tested charges where the council has the discretion to do so presented an overall saving.

where we are now

There is already an emerging personalisation agenda in social care. This has great potential to transform people’s experience of social care through personal budgets and improved opportunities to exercise genuine choice and control, not just about how support is provided, but also over the nature of that support. Individual budgets have been piloted in 13 English councils (bringing together six funding streams), and other developments with ‘personal budgets’ have been continuing, notably through the activity of in Control. At the heart of these models is the development of a Resource Allocation System (RAS) which can be used to allocate a budget on the basis of assessed need or agreed outcomes. 54 per cent of councils have prioritised progress with ‘self directed support’ within their Local Area Agreements, measured against National Indicator 130: “social care clients receiving self-directed support per 100,000 population”. But to achieve personalisation of care and support, or self-directed support, for all, is about more than just a different approach to resource allocation for people who meet eligibility criteria. At its heart is an ideological commitment to the goals of independent living and citizenship, and for disabled and older people to be able to exercise their rights to determine their own lives. It aims for parity in individuals’ control over outcomes regardless of the source of funding (public or private), sustained by the same information, support and advice being available to all.

The LGA supports the system-wide transformation that will be required to deliver personalisation of social care, and is working with the government and other partners to transform social care along these lines over the next three years. But personalisation must go far beyond the current remit of ‘social care’. Lord Darzi’s Next Stage Review of the NHS announced the piloting of this approach for people with “complex but predictable” health and social care needs, bringing NHS funding for

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those with long-term conditions or long-term care needs into personal budgets for the first time.

Personalisation means people not only being enabled to use a range of support that is put together in a way that gives them choice and support in all aspects of their life, but that those entitled to fewer public resources would nonetheless also get a full range of information and advice on local services. Everyone must have access to the same high-quality information and advice from councils if they are to be able to make the best decisions for their own lives. Currently people who fund their own care often receive the poorest-quality service, compared to those supported by councils, because they and their family have made uninformed choices.

what are the challenges in achieving the new model of social care?

Redesign of funding

As discussed above, if we are to achieve true ‘personalisation’, a person should have choice and control over all the public support he or she receives, so that they can use the whole of it flexibly. This must include a wide range of public services (health, housing, education, leisure, transport etc) which are brought together at a local and personal level. Bringing these dimensions together for each person is the key to achieving the full potential of independent living and maximising the benefits of personalisation for both the individual and the public purse. Councils are in a position to do this for their residents if central government will work with them to remove the bureaucracy and barriers which currently separate the funding streams which individuals receive to support their everyday lives. The experience of the individual budget pilots, who have found it difficult to integrate six funding streams, shows that there are enormous bureaucratic barriers in bringing together funding designed in different times and for different purposes.

individual budgets pilots

The individual budget pilots brought six funding streams together.

- Council-provided social care services for adults
- Supporting People funding
- Independent Living Fund
- Disabled Facilities Grant
- Integrated Community Equipment Services
- Access to Work

More than 20 other possible funding streams were considered, but the pilots decided to run with just six because of the practical issues and the need for central government's agreement on the removal of legal and other barriers to flexibility. Even with only six funding streams the iterative process of working with the pilot sites to identify the practical issues and deal with barriers continued throughout the 18 months that the pilots were running. Examples were rationalising the different eligibility criteria for Supporting People funding and social services, working with DWP to ensure that receiving an individual budget did not have unforeseen knock-on effects on benefits and integrating the different means tests. To streamline and simplify the system further will take political will and intensive commitment from central government to removing the barriers. Councils have already shown their willingness to tackle this on behalf of their residents through their commitment to the individual budget pilots and the personalisation of social care.

Balance between national consistency and local flexibility

There are tensions between the desire for national consistency and equity on the one hand, and local decision-making and democratic accountability on the other. However, personalised, local service can only be delivered through local decision making about the mix of services that local people want and need. This is 'post code choice' and it is not difficult to see that the mix of services needed in an area will be very different depending on the diversity of the population and the type of area and local infrastructure. Any personal resource allocation system should therefore recognise local variability in cost of service although this would lead to some variation in the individual's contribution. The NHS does not avoid this type of variation, but there is less of a sense of a 'lottery' because of the universal element of NHS. A nationally consistent basic standard which localities could add to would be one way of recognising local circumstances and flexibility, while also ensuring some basic equity. This would be similar to the way the NHS locally may seek to exceed the national standard in waiting times or speed of access to a GP. The comparability between (or within) different areas should be the overall outcome for people rather than the detailed delivery of the services, particularly as services become more personalised.

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A national framework for deciding individuals' contributions, which takes account of local factors, must be one of the outcomes of the reform of the care and support system. There will also be implications for the balance and distribution of local funding.

Time and resources to achieve radical change

The main driver of the current local variation in the level of need at which a person is eligible for social care services is limited resources. Currently more than two thirds of councils have restricted their eligibility criteria so that they only allow access to individual care services when a person's needs are assessed as substantial or critical. A further nine councils have tightened their criteria in 2008/9 compared to 2007/8. It is difficult to see how this tightening of criteria can continue, since there must be a point beyond which it will become unmanageable. Without support, people's needs will escalate, so that they either require the NHS's crisis response or they meet the council's criteria of critical need. Many councils are managing this vicious circle by supporting people to remain healthy and independent, in 2007/08 over £250m was spent nationally on universal services (or services which are accessed through self assessment). This includes services such as social activities, falls prevention, health improvement and equipment for everyday living. But there is also unmet need amongst people who fall just short of need thresholds or financial eligibility criteria. Councils recognise the importance of fair and equitable access to social care services through clear eligibility criteria which support people in most need. However, councils do not want to restrict eligibility in ways which leave many people with legitimate needs without access to support. Not only is such an approach unfair, but it is also likely to offer an inefficient solution and poor outcomes in the longer term for people whose needs escalate without appropriate and timely help.

The current Partnerships for Older People Projects (POPP) pilots have invested in targeted or early interventions, focussed on individuals at risk of crisis and admissions to hospitals and care homes; and simple support services, much of which is practical help, information, or low-cost opportunities for a healthy lifestyle and social contact, which are commonly associated with improving older people's quality of life. These pilots have shown that a combination of these approaches demonstrates that investment in local care and support services can result in a reduction in expenditure on health services by reducing hospital admissions and speeding their subsequent discharge. After only 15 months the POPP pilot sites are returning evidence that £1 spent on a range of these activities (determined locally) will save £1 on hospital bed days. Other councils have redesigned their older peoples services to rebalance service provision between residential care and support in peoples own homes, the Isle of Wight showed a reduction of 23 per cent in the use of residential care in 10 months while providing home care to more people.

Although it will take time and resources (the POPP pilots had an initial investment of an average of £1m per council area) to move from the current system to a wider and universal approach to social care, the universal approach avoids the risks of excluding a proportion of people who need support and poorer long term outcomes for the wider population.

Simplified access for the individual

The current social care system is too often characterised by complexity, incomprehensibility and multiple obstacles. People need to be able to access the system easily and understand what support is available and what contributions they might be expected to make. A reformed system must offer not only a more transparent and straightforward approach to establishing eligibility for social care, but also more clearly determine the individual's resource allocations and the respective contributions of local councils and people who use services. The ideal must be to design a system with minimal eligibility thresholds which also includes a single method of determining the individual's financial contribution.

conclusion

Councils believe that the opportunities offered by this universal approach to social care are unprecedented. With the review of eligibility criteria currently being conducted by the Commission for Social Care Inspection, and the developing focus on personalisation, there is an opportunity for government (both centrally and locally) to transform the care and support system for our citizens by ensuring a single system of eligibility and funding for individuals at the local and personal level. In addition to local authority funding this would include non-means-tested benefits, and elements of NHS funding (notably in respect of health improvement, long-term conditions and continuing health care). This will mean that personalised support can be a reality for all who need it.

Councils support the transformation/personalisation agenda for social care but believe that this needs to develop into a universal support and wellbeing service, if society (both the users of the service and the taxpayer) are to gain the maximum benefits from this once-in-a-generation chance at reform. Councils recognise the unique role they will need to play as partner with the individual, in supporting people to access high quality and flexible support. Councils believe they have a responsibility to all their residents in providing them with high-quality advice and information, and in ensuring the availability of an appropriate range of services which can enhance quality of life, assist people in remaining independent, and prevent the escalation of needs and development of crises.

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The Local Government Association is the national voice for more than 450 local authorities in England and Wales. The LGA group comprises the LGA and five partner organisations which work together to support, promote and improve local government.



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