

Care Quality Commission response to the Green Paper on Shaping the Future of Care and Support Together

Introduction

The Care Quality Commission (CQC) is the independent regulator of all healthcare and adult social care in England. Core to our statutory functions are: protecting and promoting the health, safety and welfare of people who use care services; encouraging the improvement of care services; and encouraging the efficient and effective use of resources in the provision of those services.

The views and experiences of people who use care services, their carers, advocates, families and relatives are an essential component of helping us fulfil our aim of making care better for everyone. In June 2009, we published *Voices into Action*, a statement about how we will involve people who use care services in everything we do and ensure that care services respond to what people tell them.

With respect to the Green Paper, CQC's remit includes registering all providers of social care in England; conducting periodic reviews of services to assess their quality; and carrying out special reviews and studies into particular aspects of care to get a broader understanding and evidence of the issues that are affecting people's experience of care services. We also review local authority provision of adult social care services, particularly the commissioning of services for people in its area; assess the authority's performance, and report our assessment; and report annually to Parliament about the national picture of provision of adult social care services in England. Information, views and evidence which CQC has gathered since coming into operation on 1 April 2009, or which it has inherited from predecessor bodies, forms the basis for our response to this consultation.

Timing

The Green Paper on reforming the system of care and support has long been anticipated. It comes at a time when the need for care services is growing while increasing numbers of people are being excluded from publicly-funded care, as local authorities raise eligibility thresholds and screen out people assessed as having “low” or “moderate” care needs. Resources are increasingly focused on people who are assessed in the highest categories of “substantial” and “critical” need. This year we have found that, for the second year running, 72 per cent of councils have set their criteria at these levels (70% at substantial and 2% at critical). In 2006/07 this was 62% and in the year before 53%. It is also worth noting that this reflects budgeting decisions made before the financial impact of the recession hit.

In some areas, only people assessed as having critical care needs receive any public help with their care. People assessed with lower levels of need are therefore having to self-fund services, where they are able to. As one of our predecessor organisations, the Commission for Social Care Inspection, evidenced in its report on eligibility criteria, *Cutting the Cake Fairly*, the consequences for individuals, carers and families can be damaging and distressing. In addition, the NHS may then have to pick up the greater human and financial consequences.

CQC therefore wishes to stress the urgency of moving reform forward at a swift pace. The harsh reality for many people is that the situation is likely to worsen in the short term, with local authorities struggling with tightening budgets and potentially having to ratchet up eligibility criteria even further. CQC believes that achieving swift progress to develop and implement a new system of care and support is critical. While the notional implementation date of 2014 for the National Care Service is welcome, we believe that with sufficient cross-party political backing and determination, a new system of care and support could be devised and implemented before then.

We note the announcement on 29 September of the intention to introduce free personal care to people with the highest needs living at home. We would welcome more clarity, however, on how many people will be helped and the timescales involved. We have concerns that a piecemeal approach to reform will not deliver the best overall solution. For example, will any increased support be available for people in the early stages of dementia to help them, their carers and families cope up to the time they become eligible for free personal care, as a focus on prevention and early intervention is a key element of the National Care Service? It would also be helpful to know whether existing or new eligibility criteria will be applied to avoid the current eligibility postcode lottery. Without a framework which smoothes out local variations in application of eligibility criteria, the current arrangements will still result in unfairness and hardship for some people, their families and carers.

We welcome the principle to ensure people with care needs should be supported in not having to sell their homes to pay for care. People who use care services tell us that they would like to continue to live at home for as long as possible, and this may help achieve that.

Self funders

We know that for people who receive publicly-funded services, their experience and the quality of care they receive is generally good. However, for people who pay for their own care - “self funders” - negotiating the system, finding relevant and appropriate

information at the right time, and receiving help to find services, can be a very difficult process. Often left to their own devices and not knowing where to go for information and advice, in addition to having to make life-changing decisions at a time of pressure or stress – from a hospital bed, for example – people who pay for their own care are often poorly served. It is right that the National Care Service addresses this issue, although councils need to live up to their existing responsibilities for the assessment of need and signposting of services too. While good practice exists in a number of areas, this is sporadic and not universal, and this needs to improve.

System elements

The Green Paper sets out six elements that people can expect from the new National Care Service: prevention services; national assessment; a joined-up service; information and advice; personalised care and support; and fair funding. The consultation asks if anything is missing from this approach. We believe that quality and safety are missing. From its inception, we believe that an integral part of the National Care Service should be quality, both in its design, involvement of people who use services, through to the delivery of services and outcomes for people. We believe this should be made an explicit feature for people to expect. A comparison could be drawn with the NHS and *High Quality Care for All* where quality has been made an explicit policy priority. People should also have the right to expect services to be safe as part of assured service quality.

Equalities, diversity and human rights issues should have a stronger focus in the design and development of the National Care Service. People from black and minority ethnic communities have told us that equality of services between all people in communities is another element that appears to be absent from the list of what people can expect. All people in communities, including those who may be hardest to reach, should be involved in the design and delivery of services in local areas. In addition, universality of access will only work where all people in the community are aware of the help available and how to access it, and are offered appropriate support to be able to help them access information. For example, people with learning disabilities have told us that information can be available but not in accessible formats, so is not helpful to them. Even so, the outcome of accessible information will be limited if there are no appropriate services in the area to meet a person's assessed needs.

For people with mental health needs, inequality of access to social care, such as crisis intervention, is also a real issue. The recent cross-Government consultation, *New Horizons*, aims to make it easier for people to get access to the right help, promote equality and make society fairer, within a framework of Government, services and communities working together. It is not clear at this stage, however, how the National Care Service will take this into account.

Funding

Whatever funding system is adopted for a National Care Service, it needs to ensure sufficient funding is available to ensure an adequate level of service quality and access to care now as well as meeting future demographic demands. Some of the poorer quality residential and domiciliary care services people experience are simply funded at too low a level to guarantee quality of care.

We note the recent announcement about the scrapping of the current means test for a number of people with critical care needs living in their own homes. We would, however, welcome clarity on how this is to be funded, as the Green Paper appeared to have ruled out this option. It is highly important that resources are secured and that this policy is implemented in ways which do not place or increase stress on other parts of the system, as the impact on others would negate the Green Paper's intention of fairness.

There does, however, appear to be a contradiction between the option of a tax-funded system, which the consultation rules out, and the fully national option for the universal system which states: "it is likely that all funding for care and support would need to be raised nationally through national taxation, instead of some of it coming through council tax."

Younger adults

The Green Paper focuses in the main on people aged 65 and over, both in terms of the support provided to them and also regarding how funding will be arranged. We accept that it is right to do so, but it pays little attention and gives no priority to people of working age with care needs who need to plan for their whole lives. For example, people with a learning disability and particularly those with profound and multiple disabilities, there is a need for ongoing lifetime support. It is not clear how this will be funded, so further detail on this highly important issue would be welcome.

Younger adults with care needs also need to make choices about education, employment and where they live. The impact on them of moving to a different area and requiring a re-assessment and potentially losing elements of their care or benefits package is absent in the Green Paper. For example, for a person living away from home at university outside their home area, this can mean a re-assessment of their care package in every vacation period, with delays in re-assessment often resulting in a lag of care to meet their immediate needs where they are living.

Carers

Neither do the needs of carers (including young carers) and their rights feature as strongly as they should. With a focus on prevention and early intervention, more needs to be done to draw the Carers' Strategy and Green Paper aims together and align the way support is provided and needs for carers anticipated and met. In addition, some carers have also suggested to us that the ADASS Quality of Life model for carers be adopted within any new framework. Carers have also stressed to us the need to ensure no unintended consequences arise for them from the implementation of the National Care Service: for example, a carers' assessment needs to be embedded in the new assessment process and regularly assessed; and communications aspects of joined up care need to be improved to ensure they work better and do not cause problems for carers.

On funding and the proposal to reduce the contributions for couples to recognise the support people give to each other (however "couple" may be defined), carers suggested that their contributions should be similarly recognised.

Universality

CQC strongly supports the elements of universality the Green Paper proposes. We know that when people need help or information, they want to get it from one place, get it right first time and to be enabled to make informed choices about the available options. We also know that people like information in a range of formats, but that it must be clear and straightforward.

Where advocacy is concerned, people do not want to be passed from pillar to post, they need clear signposting to the resource that best meets their assessed needs. Universal access to advocacy services could provide the route to real and lasting support for all people with care needs.

The national assessment for everyone is sound in principle. We hope it will also be sound in practice. We know that, currently, when some people with care needs call a council asking about help they can first be asked about their financial resources and then immediately screened out of assessment if their resources take them out of eligibility for state-funded support. We are currently conducting a special study into people's first contact with councils about care services, and will inform the Department of our findings when the review is published.

Regulation

The role of regulation is mentioned only briefly in the Green Paper, alongside safeguarding and listening to people's views. We believe that regulation has an important part to play both in helping assure standards of quality for people who use services, drive improvement in the quality of services and in doing so also help safeguard people from harm. Evidence from regulatory activity should also contribute to establishing the evidence base for social care. It could then be used in research into good practice, the results of which could be passed to improvement agencies to disseminate to the sector for implementation on the ground, in a cycle of improvement. The regulator could then assess the impact of changes to quality and outcomes and focus improvement action on areas which are found to be deficient.

Establishing the research and evidence base for social care

We agree with the tenor of the argument in the Green Paper for the need for further work to continue to establish and strengthen the evidence and research base for social care. It is essential that decisions in social care are made on sound evidence and research into what works well to help realise policy ambitions, improve outcomes for people who use services and enable people to continue to live well and independently for as long as they are able to do so. Involving people who use services in such research is especially important to help ensure evidence is useful, accurate and outcome-based, and we wish to highlight the valuable role we can play in accessing a wealth of information from people who use services, their carers and families, as well as a broad range of local and national organisations.

We believe that the Social Care Institute for Excellence (SCIE) is well-placed to take on the role of the independent body the Green Paper suggests should take this forward. We would be happy to continue to work in partnership with SCIE, contributing the evidence we find in our regulatory and assessment work to add to the evidence base as

well as to help inform research and good practice. As indicated above, we could then see how this is being applied to improve outcomes for people using care services.

National Care Service and National Health Service

The relationship between the proposed National Care Service and National Health Service will be critical for the effectiveness of both systems and outcomes for people who use them. We hope that from the design of the NCS through to its implementation, there is clarity about how the two will work together in practice, with people who use services being given a key role in helping influence this. To make the new NCS work effectively in partnership with the NHS, the right incentives need to be built in to their joint working. For example, the current tough financial context may lead to a greater risk of perverse incentives to shunt costs, such as through inappropriate hospital admissions or delayed discharges.

The Government is committed to bringing together the NHS and local care provision together in the National Care Service. It is not clear, however, from the Green Paper what exactly the policy intention is here, nor how it would be achieved, so we would welcome clarity on this highly important issue.

Personalisation will be core to the development of the NCS and how it operates, as well as how it works with the NHS. For example, in helping deliver care closer to home in both services, we would like to see a requirement for the NHS and the NCS (effectively councils through commissioning means of delivering services) to work much more closely together.

However, there are different understandings of – and commitment to – ‘personalisation’ by councils, partner agencies, people who use services and carers. CQC is strongly committed to this agenda and we are using a definition of personalisation put forward by our predecessor, the Commission for Social Care Inspection (CSCI), which is that ‘personalisation’ means “putting people at the centre of the design and delivery of services, acting to respect their rights and choices, and providing support to enable people to live their lives the way they wish”. We hope that the Department, through the National Care Service and NHS, will help ensure a common definition of personalisation is used and understood across the sectors so that people can be clear about what it means for them.

In its report on the State of Social Care in England 2007/08, CSCI reported that while councils and partners are adapting to the personalisation agenda, they are still at an early stage in transforming social care. There have been improvements over the last six years with more people controlling and choosing their support through, for example, direct payments, individual budgets and good person-centred assistance, with resulting improved outcomes to their wellbeing and daily lives. A number of people do not wish to take on the added responsibility of becoming an employer or managing their budget, or else will need support and advocacy to realise person-centred care for themselves. There is therefore scope for new ways of working and innovative approaches to ensure people’s wishes and aspirations are realised.

Workforce

Workforce issues are critical to the success of the National Care Service. From effective and efficient people commissioning to deliver care services that meet people’s individual needs to equipping care staff with the right competences and skills to work with and

support people with care needs, transformation of services will require investment in the workforce.

CQC therefore supports the Green Paper aims of putting development of the workforce at the heart of high-quality care. We look forward to seeing the detail of the action plans to take forward the priorities of the Adult Social Care Workforce Strategy in the medium term. The challenges of an ageing population are matched by the challenges of an ageing workforce who may be required to use new and innovative ways to deliver personalised care. Particularly in social care, the issues of status, career paths into and within the sector, working patterns and pay need to be addressed on a long-term basis. Creative solutions will be required, including encouraging people from very different backgrounds to consider careers in social care.

If more people will be living in their own homes rather than moving into residential care, there are challenges of training, competence and safety of staff going into people's own homes to deliver care where people's circumstances make them vulnerable.

The CSCI report into home care services, *Time to Care* (2006), acknowledged the contribution home care services and staff make to supporting people to live longer at home. One of the main areas of concern, however, was the handling of medication, which would be critical for people living at home with dementia. Another key issue was the support, training and supervision of home care workers. The latest published data, from the CSCI *State of Social Care in England 2007/08* report, shows that in 2008 almost 28,000 adults in England were receiving home care from services rated poor or adequate (209,000 people received care from services rated good or excellent). In the same year, 28% of home care services were found to be falling short of the National Minimum Standard on medication and health related activities. If more home care services are required, there needs to be effective investment in workforce training to ensure the service people receive is safe and of good quality.

Conclusion

We believe this debate needs to be taken forward swiftly to seek cross-party support and enable early conclusions and implementation on solutions.

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