

A Care and Support system that works for all - Key themes and areas for further consideration from the TLAP Partnership Event Wednesday 7th March 2018

Introduction

This note is a write up of the TLAP Partnership meeting on 7th March 2018, which focused on the Green Paper and parallel programme for working age adults. It does not seek to capture every detail, but distils some key themes that came from the various contributions and discussions. Ideas and suggestions for further consideration and development are then listed under each of these themes which are:

- Vision and purpose
- Co-production
- Wellbeing through a life course approach
- Better conversations
- Stepping away from the silo
- Making the money work
- Creating the conditions for change

Areas for further consideration and development

Vision and purpose - *“Social care that is concerned with much more than getting me out of bed and supports me to lead an ordinary life – to work, rest and play.”*

The vision for social care should:

- Recognise the role that good personalised care and support can play in assisting people to be active citizens.
- Be rooted in people’s experience and reasonable expectation of the support required to live well.
- Give people and communities as much choice and control as they want - personalisation must remain a central thread. Choices should be real, not just spoken about, requiring improvements in the type, range and quality of services and supports that are available.
- Convey the importance to people’s health and wellbeing of positive relationships and contributing to community life. Leading to a greater focus on approaches based on the strengths of people, as opposed to deficits, and which recognises the importance of place and the resources (assets) of community, without creating the impression that the state is stepping back from its responsibilities (also see Creating the Conditions for Change).
- Urgently address the continued poor public understanding of social care and largely negative discourse around welfare benefits amplified by the media. It

is important to set a different tone that communicates a more positive view of social care (now and in the future). This could provide a more conducive environment for 'honest conversations' with the public on how social care should be funded and expectations of what is provided. The vision should also describe integration in language that is easily understood and which does not perpetuate the view that the main role of social care is to provide a bed clearing service for the NHS. The vision should encompass a more positive and inspiring view of ageing.

- Aim to create a framework that is transparent and consistent on how people can access care and support and who pays for what. A system that is fair: between health and social care; across localities and population groups; and across generations.
- As far as possible, the vision should be achieved through a broad political consensus, so that any reforms are sustainable.

Co-production

- When seeking views on how care and support can be improved it is important to talk to people on their own terms and avoid preoccupation with system change.
- Communities can do more, with the right kind of support and willingness to share and devolve decision making.

Wellbeing and the life course

- The fabric of the care and support system should reflect that most of us will need some form of care and support at some point in our lives. Some require life-long support; others will have needs that fluctuate and change over time; whilst many older people will require ongoing support in the latter stages of their lives, but often for relatively short periods. Many of us will become carers.
- Apart from the fact that we are individuals first and foremost, there is variation in 'need' between and within groups, which require differences in approach to how care and support is planned, organised and funded, particularly in and around points of connection with other parts of the system. One size does not fit all. Notwithstanding, we would strongly advocate adopting a life-course approach, based on stages of life and transitions between them. This is more reflective of how people live and experience their lives, rather than seeking to make a separation between older people and people of working age. As people live and work longer the concept of working age has less currency. Caring is not age specific. Many of the characteristics of an improved care and support system are universal e.g. person-centred care and support planning, choice and control, strengths and asset based approaches, a whole family approach. The additional costs faced by disabled people should be recognised and addressed.
- Some areas that were highlighted as important as areas to address:

Children and young people moving into adulthood

- Better transitions based on the principle of the support required to ‘live well’ as children and young people move into adulthood.

Support for carers

- Support for carers of all ages, but given the figures of how many carers drop out of work, the importance of creating a better opportunities for carers to keep or find jobs (see below).

Supporting people into work – *“I care for two people of working age. I don’t think about them going to work. I am not encouraged to think about that. That needs to change.”*

- Care and support facilitates people working (if that is right for them) and does not act as a barrier.
- Moving away from a binary view of ‘in or out of work’.
- Reducing barriers and closer alignment between care and support and the welfare benefits system. The current system is still too deficit driven: what people cannot do.
- Opportunities for disabled people trying to find or keep work to form their own support networks.
- Seeing the importance of ‘enablers’ such as transport.
- Local partners specialised in supporting carers in employment, promoting flexible working.
- Carer friendly employers.
- Increasing the ‘supply’ side through positive engagement with business and employers and their workforces, including celebrating success.

Better conversations

- That accessing care and support should be straightforward to navigate with people able to get the information they need to plan their care and support, based on a clear understanding of rights and entitlements. This is already in the Care Act, but implementation is patchy.
- Shift assessment practice so that it is centred on what matters most to people and working out the support that assists individuals and their families to come up with their own solutions, with as much support as they need. Care and support planning that assists people to achieve their goals and facilitates keeping people connected. Same point as above in relation to the Care Act.
- Persist with personal budgets and personal health budgets as a way of giving people greater choice and control.
- Ensure that practitioners/front line workers from all sectors understand the importance of having a good all round knowledge of the local care and support system so they can bring this into their everyday practice with people.
- Recognise that there is still a big job to do on training and developing the workforce to work in the ways that support personalisation and community-base support.

Stepping away from the silo

- Co-ordination and collaboration across the whole of government to address perverse incentives and/or barriers that make things harder for people accessing care and support to develop and achieve greater independence e.g. opportunities to work. Make what it takes for people to 'live well' an organising principle across government?
- Address issues that may 'drive' increased demand for social care e.g. universal benefit and funding for housing support. Reduce the complexity in the system by taking a more person-centred view.
- Make sure that new models of care within the NHS (e.g. Accountable Care Organisations) are developed in ways that support the broader care and support system and not as an afterthought. Continued emphasis on prevention and rehabilitation services to help prevent people going into hospital unnecessarily and support people going home.
- Strong support that housing should be an essential element of the care and support system. From practical assistance to help people live well in their own homes, through to influencing housing design, supply and planning to create 'enabling communities'.
 - There is an opportunity to re-imagine residential care and develop and spread new models of housing with support, including intergenerational housing.
 - There is scope to expand the use of technology to improve home life and make this widely available, whilst remembering it is not a panacea or substitute for human interaction.

Making the money work

- Consider the case for an Investment Fund that is ring-fenced to support the development and spread of approaches to personalised community-based support.
Decisions on using the money should be based on co-production and require citizen involvement.
- Make use of the existing evidence base of approaches that improve health and wellbeing in order to help invest in the right things rather than more of the same. Use a broader range of evaluation methodologies (e.g. realist evaluation).
- Change how commissioning works so that it becomes more asset-based and creative to achieve outcomes for people. Enhanced role for the voluntary, community and social enterprise sector and local community organisations.

- Look at how other countries have approached funding social care e.g. the Australian National Disability Insurance System. Consider how the tax system can be used to incentivize people to plan for the future e.g. parents making provision for their children, requiring engagement with the HRMC. Think about the Guaranteed Minimum Income in the context of the care and support system.

NB: *We recognise that there was not much discussion on specific approaches to funding, particularly the balance between the state and the individual, and we would welcome further opportunities to look at this.*

Creating the conditions for change

- Proposals for reform should focus on establishing a framework (including the money) and the high level outcomes for care and support that allows for legitimate local variation, based on local choices and differing need, but with sufficient basic consistency. Top down solutions should be avoided. We all need to share the ‘heavy lifting’ with leadership at all levels. Encourage the expectation of dialogue and collaboration between commissioners, providers and people accessing support, including large organisations offering support to smaller providers. Countering practice based assumptions and commissioning, contracting, and procurement processes which are unduly risk adverse and stifle innovation.
- The Care Act 2014 (Part 1 and Part 2) is a sound piece of legislation, with its central underpinning of wellbeing, and should not be forgotten. It has stalled largely for financial reasons and large parts of it remain relevant and important e.g. personalisation, prevention, joining up care and support around the needs of individuals and parity for carers. There is not a big appetite for substantial new legislation or guidance. There is an appetite for fresh thinking and rapid testing and spread of innovative approaches to personalised and community-based support.
- There should be sign up and alignment across government (local government too), including measures agreed from a citizen perspective that reflect what matters most to people which are used to create shared purpose and accountability at all levels of the system: what good looks like.
- See also case for an Investment Fund above.
- We are interested in finding out more about and engaging with the Industrial Strategy and how this could contribute to innovative approaches to care and support.

Post meeting note: *Although not discussed, we wonder whether the appropriate connections are being made with the current consultation on the Civil Society Strategy led by the Office for Civil Society.*