Social Care

Feedback form

Caring for our future: shared ambitions for care and support

Please send your responses by email to:

caringforourfuture@dh.gsi.gov.uk

or by post to:

Engagement responses
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Please submit your feedback by 2 December 2011.

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DH Department of Health

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

a. Should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?

b. How could the approach to quality need to change as individuals increasingly fund or take responsibility for commissioning their own care? How could users themselves play a stronger role in determining the outcomes that they experience and designing quality services that are integrated around their personal preferences?

c. How could we make quality the guiding principle for adult social care? Who is responsible and accountable for driving continuous quality improvement within a more integrated health and care system?

d. What is the right balance between a national and local approach to improving quality and developing the workforce? Which areas are best delivered at a national level?

e. How could we equip the workforce, volunteers and carers to respond to the challenges of improving quality and responding to growth in demand? How could we develop social care leadership capable of steering and delivering this?

f. How could we improve the mechanisms for users, carers and staff to raise concerns about the quality of care? How could we ensure that these concerns are addressed appropriately?

No response from Institute and Faculty of Actuaries to this question.

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

a. How could we change cultures, attitudes and behaviour among the social care workforce to ensure the benefits of personal budgets, including direct payments, are made available to everyone in receipt of community based social care? Are there particular client groups missing out on opportunities at the moment?

b. What support or information do people need to become informed users and consumers of care, including brokerage services? How could people be helped to choose the service they want, which meets their needs and is safe too? How could better information be made available for people supported by public funds as well as those funding their own care?

c. How could the principles of greater personalisation be applied to people in residential care? Should this include, as the Law Commission recommends, direct payments being extended to people [supported by the State] living in residential accommodation? What are the opportunities, challenges and risks around this?

d. How could better progress be made in achieving a truly personalised approach which places outcomes that matter to people, their families and carers at its heart? What are the barriers? Who has responsibility and what needs to change (including legislative)?

No response from Institute and Faculty of Actuaries to this question.

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

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

b. Where should services be better integrated around patients, service users and carers – both within the NHS, and between the NHS and local government services, in particular social care (for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc)?

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

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

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

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

No response from Institute and Faculty of Actuaries to this question.

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

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

b. How could organisations across the NHS and Local Government, communities, social enterprises and other providers be encouraged and incentivised to work together and invest in prevention and early intervention including promoting health and wellbeing?

c. How could we change cultures and behaviour so that investment in prevention and early intervention is mainstream practice rather than relying on intervention at the point of crisis? How could we create mechanisms that pay by results/outcomes?

d. How could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing and to take action earlier in their lives to prevent or delay illness and loss of independence? How could we promote better health and wellbeing in society?

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

a.

In assessing the potential cost of long term care, actuaries recognise the impact that early intervention can have on this cost and, therefore, have a significant interest in the effectiveness of early intervention. This has been subject to research by some of our members and within organisations that have an affiliation with the Institute and Faculty of Actuaries. Some examples are illustrated below.

Many would argue that thresholds for care services are currently set so high that many are already in crisis before care is provided. Evidence in a report on the effectiveness of care co-ordination services (Mayhew 2008) suggests that earlier holistic interventions tailored to an individual's needs lead to less requirement for hospital care at a later date. Greater integration between health and social care would help ensure that the opportunity and capacity for earlier intervention is not artificially constrained by ring-fenced local authority budgets.

However, for some chronic diseases, analysis of health risks and health care usage by Alder et al. (2005) has recognised that the cost of the intervention may outweigh the cost of dealing with the disease itself and that disease prevention programmes, or programmes that delay progression of existing long term conditions, enable people to remain independent for longer. While long term care is more than just comparing costs - an individual's quality of life is a key priority - most would suggest that it is a reminder that cost could be a potential barrier to certain interventions.

An ILC-UK (2011) report cites the example of Scotland seeking to shift care from institutions to people's own home. The full impact of this initiative is still to be understood but a potential funding gap has been one of the key drivers for this approach.

The potential area of concern is that while intervention could delay the onset of certain diseases, the prevalence of dementia is starting to increase. The uncertainty associated with the initial diagnosis and the required duration of care will present a number of challenges in planning any funding for future long term care - privately or through the State

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

a. How would you define the social care market? What are the different dimensions we need to consider when assessing the market (e.g. type of provision, client group, size of provider, market share)?

b. How could we make the market work more effectively including promoting growth, better information for commissioners (local authorities and individuals), improved quality and choice and innovation?

c. Does there need to be further oversight of the care market, including measures to address provider failure? If so, what elements should this approach include, and who should do it?

d. Looking to the future, what could be the impacts of wider reforms on the market? What possible effects would the following have on the market: the recommendations of the Dilnot Commission's report, the roll out of personal budgets and direct payments, and the drive to improve quality and the workforce?

No response from Institute and Faculty of Actuaries to this question.

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

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

b. To what extent would the reforms recommended by the Commission on Funding of Care and Support overcome these barriers? What kinds of products could we see under such a system that would be attractive to individuals and the industry?

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

d. Would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so, how?

e. Would the reforms recommended by the Commission on Funding of Care and Support lead to an overall expansion of the financial services market in this area? How would this affect the wider economy?

f. What wider roles could the financial services industry play in, eg:
   - raising awareness of the care and support system
   - providing information and advice around social care and financial planning
   - encouraging prevention and early intervention
   - helping people to purchase care, or purchasing it on their behalf
   - helping to increase the liquidity of personal assets?

a.

In our view, the main barriers are:

- Lack of certainty and consistency of treatment towards public and personal provision of long term care.
- Complexities of means testing and care assessments, which make it more difficult to design affordable products to suit individual needs.
- As a consequence of the above, a lack of affordable products especially for people with fewer means.
- Lack of public understanding of the costs involved in paying for care and the cost of any financial services products.
- Limited insured data to project future long term care needs. Due to low take-up of current and past products, the volume of insured experience data (versus population data) is relatively low and will therefore attract a high degree of uncertainty when used to predict future expected experience.
- Wide differences in customer needs and personal circumstances that are not fully met by existing financial products. This could go beyond traditional insurance products that have been marketed to date.
- A perceived risk of unlimited liability for disability, deterring providers from exposing themselves to those risks, against a backdrop of capital strains, although this can be designed into products such as immediate needs annuities or new products created that are time or cost

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

a. What are the strengths and weaknesses of the Commission's proposals in addressing the problems of the current system? What are the priorities for action coming out of the Commission's report, including in relation to other priorities for improvement in the system?

b. What are the implications of the Commission's proposals on other areas of care and support reform?

c. The Commission presented a range of options in relation to some of their recommendations, which would affect the balance between the financial cost to the individual and the taxpayer. These include:

- the level of the cap
- the contribution that people make to their living costs in residential care

What would be the implications of different options on the outcomes that the Commission hoped to achieve?

a.

The Profession welcomed the Commission's report when it was published as a useful contribution to the debate. The data provided in the report was necessarily reliant on various assumptions. It would be useful for some of these assumptions to be more thoroughly tested and areas for improvement identified to ensure that informed decisions are based on robust data. Our earlier comments on the lack of reliable long term care data is a key area of concern. Calculations and policies need to take into account morbidity rates at older ages, as well as movement in pensionable age.

Society now has a better understanding of diseases such as dementia and this may have led to increased levels of diagnosis in recent years. However, dementia is often accompanied by other diseases/conditions and the corresponding dynamics of care requirements need to be understood. Again, the Profession would suggest that a replacement is put in place for the OPCS disability survey that was carried out in the 1980s - to reflect more recent social and sickness trends.

While the Commission's report implies that the cost to the Treasury will not be high, we would argue that the full financial consequences are currently not clear. A study of informal care to older people by their adult children (Pickard 2008) estimates that around 85% of care provided to disabled older people is provided informally from a family member. If the providers of informal care think they can withdraw support as a result of the reforms, the economic and social impact could be significant. It could also put significant strain on existing public and private services. The Profession would suggest that further research on these potential behavioural changes (and their potential financial impact) would be useful, particularly as demographics start to change.

One priority of the Government could be to provide clarity on precisely what people can expect from the reforms and the extent to which this differs from what they would currently be paying anyway.

Another priority could be to integrate the Attendance Allowance with the State Pension. Reform of benefits and means testing could benefit many people - for example, merging the attendance