

Health Committee Inquiry: The Future of Social Care services Response submitted by Independent Age

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About Independent Age

Independent Age works to keep older people independent and out of poverty by providing them with practical support, financial help and lifelong friendship.

We focus on supporting those who are:

- Over 70
- In financial need
- Lonely or isolated
- Have made a sustained and significant contribution to society, particularly through voluntary work

The charity has around 6000 current service users across the UK and Ireland. It is currently developing its services in order to better meet the needs of older people in today's society. Our aim is make sure that all those we help are receiving their entitlements from statutory and other providers and then to provide additional support tailored to the individual's particular needs. This support is likely to be a combination of:

- Regular befriending and support from an Independent Age volunteer visitor
- Financial help in emergencies
- Additional practical support, such as providing household items and toiletry packs for hospital visits
- Membership of the Independent Age community, including regular correspondence, magazines and cards on birthdays and at Christmas
- Increasingly, the opportunity to meet and correspond with other members of the Independent Age community

Our Research

At Independent Age our experience is specifically in the context of older people. Our answers draw on the results of the following research:

- I. Our **Annual Survey 2008** and our **Interim Survey 2009**, in which a series of topical questions on life, society, and our services were posed to 6,500 and 3000 of our beneficiaries respectively, to which 3,315 and 1,579 responded.
- II. A series of **focus groups and interviews** conducted by a research agency on behalf of Independent Age in 2008. Seven focus groups were held comprising between three and seven beneficiaries, and lasted between one and a half to two hours. Eighteen depth interviews were conducted involving one interviewer and one respondent, and in some cases respondents were paired, involving some couples. These interviews lasted between 45 minutes and an hour and a half. In total, 69 respondents were interviewed across three regions in England, including the North East, the Midlands and the South West.

We are currently in the process of conducting a series of **12 focus groups and in-depth interviews** in six localities across the UK, and have included some preliminary evidence from our findings to date.

Summary

This response will address the bullet points specified in the inquiry as follows:

1. The future funding of long-term residential and domiciliary care for older people and people with physical or learning disabilities

The implementation of any funding system must necessarily take into account the following:

- There is a current lack of awareness in society about the need to make provision for social care in later life.
- There is considerable confusion about the distinction between health and social care.
- Any new system must account for, and detail how, it will educate individuals about what is available and how it can be paid for.
- Individuals must be made properly aware of what the government will provide, and what they are expected to contribute.
- Regardless of the funding options considered, it is vital to take into account the totality of an individual's needs.
- Cost saving must not become the driving force behind the implementation of the personalisation and individual budget agenda.

2. Personalisation of social care services

- Independent Age welcomes the move towards personalisation in social care, but would like to highlight that poor implementation will negate any potential benefits.
- The concept of personalisation is a new one for many people. A new system must, as a matter of course, properly educate older people about what is on offer, how this will become available to them, and how they will be supported during the process.
- The system must be streamlined to ensure that those in need of care do not suffer from the burden of excessive paperwork and bureaucratic delays.
- It must be made clear to the recipients of social care what will happen if their needs change or increase, and how this will be addressed.
- Brokerage support is a key issue here, and specifically relates to the implementation of direct payments. The level of brokerage required may not be suitable in all situations.
- The right to have “choice” must include the right *not* to choose. We must consider what help individuals will need to make use of the choice available to them.
- Advocacy services are currently very limited in most areas and will take significant time to develop.
- The government must account for the time and cost of building and sustaining a new market.
- The nature of support required by the personalisation agenda will vary from the current forms of social work available in the present system. A culture change must be effectively facilitated.
- The current system of assessment and care management does not allow sufficient time for staff to develop the type of in-depth relationships with social care recipients that will be required to fully take advantage of the personalisation and individual budget agenda.
- Further support from families and/or the voluntary sector is likely to be essential, and the development of greater expertise in the voluntary sector will be required to support this.
- Increased flexibility may enable care providers to utilise the knowledge they have obtained about a person’s needs over a prolonged period of time in order to tailor support more effectively.
- Safeguarding must be an intrinsic part of any new social care infrastructure that involves the use of a variety of different services, providers and people, including friends and family.
- Safeguarding mechanisms must apply to both the care giver and the care receiver.

3. More effective, consistent and user-friendly social care services

- The personalisation agenda presents a number of opportunities to provide a more effective, consistent and user-friendly social care service.
- Less joint *working* between health and social care departments, and more joint *departments* could ensure clearer central guidance and increased resources for direct services than are evident in the current system.
- Older people need and want access to comprehensive, face-to-face advice on the social care system.
- Telecare services could cut the costs of providing social care. However, an increase in telecare services could also result in social care recipients receiving less social contact.
- Savings made by the use of telecare services should be used to fund an increase in services geared towards reducing the social isolation of older people.

The future funding of long-term residential and domiciliary care for older people and people with physical or learning disabilities

- 1.1 The implementation of any funding system must necessarily take into account the following:
- 1.2 There is a current lack of awareness in society about the need to make provision for social care in later life. There is also considerable confusion about the distinction between health and social care. Any new system must account for, and detail how, it will educate individuals about what is available and how it can be paid for. Individuals must be made properly aware of what the government will provide, and what they are expected to contribute.
- 1.3 Advice and information are key to the successful implementation of a new funding system. If required to make a contribution to their own social care, individuals should be presented with clear options on exactly how they can do this.
- 1.4 Regardless of the funding options considered, it is vital to take into account the totality of an individual's needs and the true cost of these. A clear illustration of how the current system fails to take a holistic and therefore effective approach to older people's needs is in the case of residential or nursing care. Members of Independent Age staff have

found that the Personal Expenses Allowance is insufficient to meet an older person's basic needs. The PEA does not enable older people living in these circumstances to maintain a reasonable quality of life. For example, older people in residential care frequently find it difficult to obtain appropriate equipment, such as specialist chairs, or afford services to meet their basic needs, such as foot care.

- 1.5 Importantly, although in some circumstances personalisation has led to a degree of cost saving, this must not become the driving force behind implementation. To create an effective and sustainable system providing the level of brokerage and advocacy support, advice and information that is required to enable individuals to make the most of the choices available to them, an initial increase in funds is likely to be required. In addition, if the system is to adequately address the needs of those with low to moderate care needs, an increase in cost will also arise. Personalisation must not be seen as a cost cutting exercise, but rather a new concept that will better meet the needs of our ageing population, that has potential cost benefits in the long term.

Personalisation of social care services

- 2.1 Independent Age welcomes the move towards personalisation in social care, but would like to highlight that poor implementation will negate any potential benefits. We would like to draw attention to a number of points:
- 2.2 It is important to recognise that the concept of personalisation is a new one for many people. A new social care system must, as a matter of course, properly educate older people about what is on offer, how this will become available to them, and how they will be supported during the process. Anecdotal evidence received at Independent Age suggests that many older people are confused by the current system of social care and this can, and does, have a negative impact on their lives. It is vital that adequate advice and information is provided to prevent unnecessary confusion. The system must also be streamlined to ensure that those in need of care are not suffering from the burden of excessive paperwork and bureaucratic delays. It must be made clear to individuals exactly what will happen if their needs change or increase, and how this will be addressed.
- 2.3 Brokerage support is a key issue here, and in particular relates to the implementation of direct payments. Independent Age staff and volunteers working with older people in receipt of social care have expressed considerable concern about this method of support. As an individual in receipt of a direct payment, an older person will

assume the role of employer, and will be expected to identify the services they need, find the appropriate providers of these services, and negotiate a service representing good value for money that adequately meets their needs. While Independent Age supports the notion of choice essential to the concept of personalisation, and would like to see older people empowered to shape their care to best suit their needs, the level of brokerage required may not be appropriate in all situations. Indeed, the right to have “choice” must include the right *not* to choose. For example, the system must cater for the needs of older people managing at crisis point. Some older people would rather *not* assume the kind of responsibility required by direct payments. We must consider what help individuals will need to make use of the choice available to them.

- 2.4 Advocacy services are currently very limited in most areas and will take significant time to develop. The government must account for the time and cost of building and sustaining a new market before personalisation can work effectively for all people with varying support needs.
- 2.5 The nature of support required by the personalisation agenda will vary from the current forms of social work available in the present system. A culture change must be effectively facilitated, which will necessarily include the adequate training of social care professionals. In the experience of Independent Age care professionals, the current system of assessment and care management does not allow sufficient time for staff to develop the type of in-depth relationship with social care recipients that is required to fully take advantage of the personalisation and individual budget agenda. Social care staff providing support to enable older people to make the most of the choices available to them, will need more time to acquire a greater understanding of an individual’s history, previous choices and preferences, and what is important to them. The concept of personalisation is centred upon recognising an individual’s needs, and developing the best way to facilitate those needs. This will often require actions which are currently outside the remit of the social care system, and will extend beyond our current perceptions of what constitutes “care”. Further support from families and/or the voluntary sector is therefore likely to be essential, and the development of greater expertise in the voluntary sector will also be required to support this.
- 2.6 It is important to recognise the opportunities presented by enabling care providers greater flexibility in designing care packages. In providing a service to individuals, providers often have a greater relationship with the people in receipt of social care services and support. The knowledge they have obtained about a person’s needs

over a prolonged period of time could be used to tailor support more effectively.

- 2.7 Safeguarding must be an intrinsic part of any new social care infrastructure that involves the use of a variety of different services, providers and people, including family and friends. It is essential that vulnerable people are not exposed to a deregulated social care market. In the case of the employer-employee relationships occurring as a result of direct payments, it is also important to recognise that this is a two-way relationship. To ensure not only quality, but continuity of care, both parties must be treated fairly and professionally. Mechanisms must be firmly in place to ensure fair treatment for all.

More effective, consistent and user-friendly social care services

- 3.1 The personalisation agenda presents a number of opportunities to provide a more effective, consistent and user-friendly social care service. A number of these opportunities are described above. In addition, we would like to add the following:
- 3.2 Less joint *working* between health and social care departments, and more joint *departments* could ensure clearer central guidance and increased resources for direct services than are evident in the current system. More joint departments would eradicate the need for two separate commissioners responsible for joint working, and would lessen the level of bureaucracy involved in the decision making process.
- 3.3 It is clear from our research that older people need and want access to comprehensive, face-to-face advice on the social care system. Independent Age has consistently observed discontent with signposting, and a strong desire for more personal services that allow individuals the time they need to ask questions and come to terms with how the system will work for them.
- 3.4 We would also like to note the potential economic and social benefit represented by the increased use of telecare services. Reductions in staff time and home visits could cut costs in providing social care. However, we are concerned that an increase in telecare services could result in social care recipients, many of whom are already lonely and isolated, receiving less social contact. Savings made by the use of telecare services should be used to fund an increase in befriending and other services geared towards reducing the social isolation of older people.