



Caring for our future: reforming care and support

Impact Assessments summary document

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Caring for our future: reforming care and support

Impact Assessments summary document

Prepared by the Department of Health

Contents

Overview.....	5
Background.....	7
Impact Assessments structure.....	9
The case for change	11
Summary of Impacts	24
Appendix 1 – Summary table of costs and benefits.....	26
Appendix 2 – Implementation timetable.....	27

Overview

1. This document brings together and summarises the accompanying four Impact Assessments that contain analysis of the impact, costs and benefits of implementing the policies set out in the care and support White Paper *Caring for our Future: reforming care and support* and the draft Care and Support Bill.
2. This summary is set out in four main sections:
 - Background
 - Impact Assessment structure
 - The case for change
 - Summary of impacts
3. Four Impact Assessments are annexed to this summary, which together assess the impact of the policy proposals in the White Paper and relevant clauses of the draft Bill.

Annex A – Reform of the social care statute

Annex B – Independence, choice and control

Annex C – Assessment, eligibility and portability for care users and carers

Annex D – Quality, care providers and the workforce

4. The four Impact Assessments have been designated as consultation stage Impact Assessments. Some of the proposals analysed will need to be implemented through primary legislation. The Government has published a draft Care and Support Bill for pre-legislative scrutiny. Formal introduction to Parliament will follow as soon as possible after this process.
5. For completeness, we want our stakeholders and Parliament to be clear on the potential costs and benefits for the totality of the White Paper proposals. Alongside the draft regulatory proposals, the Impact Assessments also set out the potential costs and benefits of those proposals that do not require new legislation to be implemented. A summary of all estimated monetised costs and benefits can be found at Appendix 1.
6. For the purposes of the Impact Assessments, we have assumed that proposals which require legislative enactment will be implemented from 2015/16, although this timetable is subject to the passage of legislation through Parliament. Other proposals which do not require enactment through primary legislation may be implemented earlier. A provisional implementation timetable is at Appendix 2.
7. Final stage Impact Assessments will be published once legislation is formally introduced into Parliament, taking into account the changes made after pre-legislative scrutiny has concluded. In Annexes B to D, we have highlighted those non-legislative proposals where Government expects to undertake further testing and development work and where it will carry out future Impact Assessments.

8. The proposals set out in the White Paper and draft Bill are also subject to a full equality analysis, which is published alongside these Impact Assessments. This takes into account a wide range of views put forward during the *Caring for our future* engagement, previous consultation feedback and other available sources of academic evidence.

Background

9. When this Government came to power in May 2010, it recognised the importance of reforming care and support in England. *The Coalition: our programme for government* set out a clear commitment to enabling people who use care and support to be treated with dignity and respect and to have more control over the support that helped them in their daily lives.¹ In November 2010 the Government published *A Vision for Adult Social Care*, which set out what a reformed system should look like and the steps to be taken in partnership to achieve that vision.²
10. The Government has since received two independent reports that made recommendations on how to reform care and support. The Law Commission's report on adult social care recommended bringing together all the different elements of social care law into a single, modern adult social care statute.³ The Commission on Funding of Care and Support, chaired by Andrew Dilnot, made recommendations for changes to how the cost of care is shared between the individual and the state as a partnership, as well as other important recommendations for the reform of care and support.⁴
11. In September 2011, the Government launched *Caring for our future*, a focused engagement with people who use care and support, carers, local councils, care providers, and the voluntary sector. The aim of the engagement was to bring together the recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government's *Vision for Adult Social Care*, and to discuss priorities for reform with stakeholders. Responses to the engagement identified many problems with care and support, as well as opportunities for improvement - these are discussed in detail in paragraphs 19-54 below, and in Chapter 1 of the White Paper. Further detailed consideration of why change is required is set out in the annexed Impact Assessments.
12. Evidence from the *Caring for our future* engagement, previous consultations and other sources - including the best available academic analysis - has played a crucial role in developing the proposals set out in the White Paper, discussed in further detail in the White Paper itself and the annexed Impact Assessments.
13. As a core part of its reform agenda, the Government is taking steps to modernise, simplify, and consolidate the adult social care statute, thereby creating a cohesive, modern and accessible legal framework for care and support. Alongside the policies in the White Paper, the draft Care and Support Bill will support social care professionals to undertake their role more effectively and empower people who use care and support, their families and carers by enabling them to understand what help is available and how they can best access and navigate care and support.⁵ The draft Bill has been closely informed by the recommendations made by the Law Commission, as set out in more detail in the Government's response to the Law Commission's report.⁶

¹ HM Government, *The Coalition: our programme for government*, 2010.

² Department of Health, *A Vision for Adult Social Care*, 2010.

³ Law Commission, *Report on Adult Social Care*, 2011.

⁴ Commission on Funding of Care and Support, *Fairer Care Funding*, 2011.

⁵ www.dh.gov.uk/health/2012/07/careandsupportbill/

⁶ www.dh.gov.uk/health/2012/07/responsetolawcommission/

14. The draft Bill will enact many of the policies within the White Paper and is critical to achieving the Government's objectives for care and support. The individual impact assessments cover the White Paper and the draft Bill, and should be read in the context of both documents.
15. The Government has also published a progress report on funding reform, which sets out its position in response to the recommendations made by the Commission on Funding of Care and Support.⁷

⁷ www.dh.gov.uk/health/2012/07/scfunding/

Impact Assessments structure

16. The Impact Assessment at Annex A provides analysis of the impact on local authorities and care users that result from the reforms to adult social care law set out in the draft Care and Support Bill. Reform of the legal framework for adult social care supports the overarching policy objective of the White Paper which is to support people who use care and support - and their carers - to maintain their health, wellbeing and independence for as long as possible.
17. The Impact Assessments at Annexes B to D cover the specific policies set out in the White Paper, some of which will be taken forward in the draft Care and Support Bill. These policy measures are set out in the White Paper under the following chapter headings:

Chapter 3. “I am supported to maintain my independence for as long as possible”
Chapter 4. “I understand how care and support works, and what my entitlements and responsibilities are”
Chapter 5. “I am happy with the quality of my care and support”
Chapter 6. “I know that the person giving me care and support will treat me with dignity and respect”
Chapter 7. “I am in control of my care and support”

18. Proposals in the Impact Assessments have been grouped by analytical theme, as set out in Table 1 below:

Table 1: Impact Assessments and corresponding White Paper policy themes

Impact Assessment	White Paper Policy Theme	White Paper Chapter
Annex B - Independence, choice and control	Prevention	Chapter 3
	Housing	
	Information and advice	
Annex C - Assessment, eligibility and portability for care users and carers	Assessment, eligibility and portability for people who use care and support	Chapter 4
	Support for carers	
Annex D - Quality, care providers and the workforce	Improving quality	Chapter 5
	Shaping local care markets	Chapter 6
	The care workforce	
Annex B - Independence, choice and control	Personalised care and support	Chapter 7
	Integration and joined up care	

19. The draft Care and Support Bill also comprises clauses implementing a number of aspects of health legislation. Impact Assessments for these proposals have been published alongside the draft Care and Support Bill.

The case for change

Future challenges for care and support

20. People are living longer and society is able to benefit from the experience and skills offered by older people. However, alongside changing behaviours and expectations, the pressures of an ageing population are already being felt in care and support. This will only increase in the future as the number of people requiring support in our society increases:

- By 2030, projections show there will be almost twice the number of people aged over 85 than there are now. A high proportion of those who live into old age can expect to experience some need for care and support during their later years. Compared with today, we expect 600,000 more older people to have potential care needs in the next 20 years.^{8 9}
- Furthermore, there will also be an increase in the number of working age adults requiring care and support, as life expectancy for this group is currently rising. It is expected that the number of adults with learning disabilities who require some form of support will increase between 3.2% and 7.9% per year until 2026.¹⁰
- The Office for Budgetary Responsibility projects that public spending on adult social care (if unreformed) would need to rise from 1.3 per cent of gross domestic product in 2010/11 to 1.9 per cent in 2050/51.¹¹ This will require an increase of workforce capacity, in order for future demand to be met.
- Recent academic work has suggested that currently around 34 per cent of older people with a care need receive support from a son or daughter.¹² However, increasing numbers of people live and work some distance from their parents, and it is likely that fewer older people will be able to access as much hands on support from their children in future.

21. Demographic trends also mean that the proportion of older people in the population is growing, compared to the proportion of working age adults. Today, there are around five people aged under 65 for every person aged over 65.¹³ By 2060, this ratio will have changed significantly, with just three people aged under 65 for every person aged over 65.¹⁴ This will have a significant impact on informal care – older people are likely to become increasingly important givers as well as recipients of care and support within their families and community. A more flexible approach by providers will be vital, in

⁸ Wittenberg R. *et al.*, *Projections of Demand for and Costs of Social Care for Older People in England, 2010 to 2030, under Current and Alternative Funding Systems*, Personal Social Services Research Unit, 2011.

⁹ Jagger C. *et al.*, 'The impact of changing patterns of disease on disability and the need for long-term care', *Eurohealth*, Vol 17, No. 2-3, 2011, p.7-9.

¹⁰ Emerson E. and Hatton C., *Estimating future need for adult social care services for people with learning disabilities in England*, Centre for Disability Research, 2008.

¹¹ Office for Budgetary Responsibility, *Economic and Fiscal Outlook*, 2011.

¹² Pickard L. *Informal Care for Older People Provided by Their Adult Children: Projections of Supply and Demand to 2041 in England*, Personal Social Services Research Unit, 2008.

¹³ Office for National Statistics, *2010-based Population Projections for England*.

¹⁴ Office for National Statistics, *2010-based Population Projections for England*.

order to allow carers and communities the potential to have a greater impact on care and support in the future, and to allow people to tailor care and support packages to their personal needs or preferences.

22. There will also be significant changes in expectations across all parts of society. Each generation expects greater choice, control and higher standards than the previous one. For decades, disabled people of all ages have campaigned for a greater degree of choice and control, better support in their family lives and higher standards of services, and this has rightly affected the expectations of others receiving care and support. Meeting these expectations will require a greater focus on personalisation of care and support, alongside the assurance of high quality service provision.

How the current system needs to change

Overview

23. Care and support needs to change if it is to enable current and future generations to live their lives as they want. Evidence suggests that the current system can be unclear and confusing, focussing too much on process instead of the outcomes people want to achieve. This is exacerbated by a legal framework which is confusing and out of date.
24. Change is required to improve incentives to encourage providers and commissioners to focus on quality, timely interventions and more personalised care and support that joins up around the needs of people who use care and support, carers and families. People need to be able to understand what help is available and there should be greater clarity and equity about how people access care and support. People should be empowered to take control of their lives with appropriate information available to help them take responsibility for maintaining their independence and wellbeing.
25. The case for Government intervention is summarised below, together with an outline of how the care and support system will respond and work differently in the years ahead. These themes are further discussed in the Impact Assessments at Annexes A to D.
26. The Government's *Vision for Adult Social Care* set out the priority areas for reform, and identified opportunities to begin or accelerate the process of change. The *Vision* is rooted in the principle that for too long care and support has not done enough to promote people's independence and empower them to take control of their lives. Where possible, preventative methods should be encouraged, and safe, effective care and support provided. A diversity of quality providers should be available for people to choose from, staffed by skilled workers. Proposals in the White Paper and draft Bill focus comprehensively on the principles articulated in the *Vision*.

27. The proposals are designed to strengthen and reform a number of aspects of the care and support system. The following themes are discussed in further detail below:
- i. **Reform of the social care statute** (covered in full in the IA at Annex A)¹⁵
 - ii. **Independence, choice and control** (covered in full in the IA at Annex B)¹⁶
 - iii. **Accessible, high quality information for individuals, carers and families** (covered in full in the IA at Annex B)¹⁷
 - iv. **Assessment, eligibility and portability for care users and carers** (covered in full in the IA at Annex C)¹⁸
 - v. **Quality, care providers and the workforce** (covered in full in the IA at Annex D)¹⁹

i. **Reform of the social care statute**

Why change is needed

28. The legal framework for adult social care has been roundly criticised as being opaque and complex, and there is widespread support for reform. Over 60 years, a patchwork of legislation has grown and evolved. There are over a dozen Acts of Parliament relating to social care, and there is much overlap and duplication between the various statutes. In addition to the primary legislation, there is a vast array of regulations, directions, circulars and guidance.

29. The current legal framework results in confusion and can lead to people struggling to access services, in some cases because they are unsure of their entitlements. It focuses narrowly on an old-fashioned view of providing services - not on achieving people's goals - and perpetuates the idea that care is inflexible and elusive. Too often, the law treats people as problems needing to be tackled, and local authorities as the provider of last resort. This acts against personalisation, and makes the job of managing and delivering care and support harder for those who work in the system.

How care and support will respond

30. Well crafted legislation makes a fundamental difference to the ease of implementation on the ground and provides clarity for professionals and the public. The Government has published proposals for law reform in a draft Bill. The proposals involve the creation of a single, modern statute for adult social care, that will simplify existing provisions and provide clarity and coherence in operation. Further details are provided in the Government's response to the Law Commission published alongside the White Paper and the draft Care and Support Bill.

31. The Law Commission's recommendations have greatly influenced the approach taken to legislation, and the Commission's report, including its impact assessment, should be read in conjunction with the proposals. Further details of the consolidation of the statute and its likely impact can be found at Annex A.

¹⁵ IA no 7065

¹⁶ IA no 7062

¹⁷ IA no 7062

¹⁸ IA no 7064

¹⁹ IA no 7063

32. Many of the specific provisions within the Bill are designed to clarify aspects of care and support and the individual's journey through the system, their rights and the responsibilities of local authorities. These provisions are described in greater detail in the White Paper, and subsequently are reflected across the annexed impact assessments depending on the White Paper chapter in which they appear.

ii. Independence, choice and control

Why change is needed

33. Care and support fails to incentivise behaviours which result in better independence for individuals, and better working between different services. Specifically, there are few incentives in place for individuals or local authority commissioners to invest in preventative services. This means that state funded adult social care tends to act as a crisis service, rather than promoting early intervention and helping people prevent or postpone care needs.

34. Services such as social care, housing and health can often act as separate departments at a local level, and there are not enough appropriate incentives in place to stimulate them to work together to ensure better experiences and maximum efficiency. Evidence suggests that people do not think that care and support joins up around individual needs, particularly if they use both health and care services. People do not feel in control, with some saying that accessing the care they need is a struggle. Some people have indicated they would welcome a more streamlined approach to managing their care needs.^{20 21}

How care and support will respond

35. Commitments within the White Paper are aimed at supporting people to maintain their independence for as long as possible and are intended to improve the incentives for individuals and commissioners to invest in prevention and early intervention. These policies will improve the evidence base regarding the cost-effectiveness of preventative measures. In turn, this will support local commissioning decisions, so that more people - if they choose - are supported to live independently for longer in their own homes, delaying or preventing the need for more costly, crisis based interventions. As part of its modernisation of the law, the Government proposes to introduce a new duty on local authorities to provide or arrange such services or facilities to prevent or delay the onset of needs for care and support, or to reduce the escalation of such needs.

36. There is a lack of evidence on the cost-effectiveness of integrating services. This can prevent commissioners from understanding how action in one area of care and support can lead to better outcomes and potential savings in another. The establishment of the Adult Social Care Outcome Framework marked a movement towards the alignment and measurement of outcomes across the NHS, social care and public health. Combined with White Paper policies, this will incentivise steps towards smarter commissioning, for the benefit of users and carers, facilitating better outcomes and value for money.

²⁰ Ipsos-Mori, *Public opinion research on social care funding*, 2011.

²¹ Ipsos-Mori, *Caring for our future engagement, analysis of responses*, 2012.

37. The current legal framework focuses on process, and does not provide adequate incentives to drive personalised services. Despite encouraging work at local level to address this issue, further intervention is required to ensure that more people benefit from personal budgets and that personalisation becomes the norm in care and support. Setting an entitlement to personal budgets in legislation will empower individuals to make decisions to improve the outcomes and experience of their care. In turn, this will ensure that people have greater choice, and are in control of their own care.
38. People who would prefer to move to more suitable accommodation to better manage or defer the onset of care needs should be able to choose from a range of options. This will help ensure that they can choose the accommodation that best meets their needs. To further support people who wish to make this choice, the Government will stimulate supply of the specialised housing market, which is currently limited by issues such as a lack of available capital, and a lack of incentives for planning departments of local authorities to work with the social care side. The launch of a capital grant will help address supply side issues of specialist housing, in order to help the market meet demand.
39. Further details on these proposals can be found in Annex B, *Independence, choice and control*, and a summary of all proposals in this theme is at Table 2 below.

Table 2: Summary of policy proposals set out in Annex B - *Independence, choice and control*

Policy theme	Objectives	Policy proposals
Prevention	<ul style="list-style-type: none"> • Improve the evidence base regarding the cost-effectiveness of preventative interventions to support local commissioning decisions so that more people are supported to live independently for longer in their own homes, delaying or preventing the need for more costly, crisis based interventions; • Incentivise innovative approaches to investment in prevention. 	<p>A. Accelerate the roll-out of assistive technology and other evidence based interventions across health and social care;</p> <p>B. Work with a range of expert bodies to ensure there is a single social care evidence library providing evidence around social care preventative interventions;</p> <p>C. Develop in a number of trailblazer areas new ways of investing in preventative interventions in social care;</p> <p>D. Introduce a statutory duty on local authorities to prevent or delay needs for care and support.</p>
Housing	<ul style="list-style-type: none"> • Promote the welfare of disabled and older people by offering a wider range of effective care with housing options that promote their independence and well-being. 	<p>E. Provide capital funding to support the specialised housing market for those with care and support needs.</p>
Personalisation	<ul style="list-style-type: none"> • Support care users and carers to maintain independence and increase choice and control over their care and support; • Ensure that all individuals receiving care and support are able to realise these benefits; • Create greater incentives for employment for disabled adults in residential care. 	<p>F. Set out in legislation an entitlement to personal budgets for all those eligible for care and support;</p> <p>G. Develop and test direct payments for people in residential care settings;</p> <p>H. Exempt earned income from the financial assessment in residential care.</p>
Integration	<ul style="list-style-type: none"> • Ensure that health, care and other public services work together to improve outcomes and experience, reflecting the needs and preferences of individuals. 	<p>I. Build on the provisions of the Health and Social Care Act 2012 to set out further actions to support integrated care.</p>

iii. Accessible, high quality information for individuals, carers and families

Why change is needed

40. Currently, there is a shortage of high quality, reliable information about organisations and individuals offering care and support and the quality of that care. As a result, people often do not understand how the care and support system works. The lack of appropriate information means that people cannot compare providers and make effective choices about their care or support, potentially undermining their independence and putting their human rights at risk.
41. High quality information and advice is essential to ensure that the care market functions effectively – not least because users and potential users cannot assess the quality of care and support services without experiencing them. Historically, the private sector has not provided the necessary information, probably because of relatively high costs and low demand, possibly driven by the fact that these are often distressed purchases.
42. Even with reliable information, it can still be challenging for users and their families to make good choices and implement them. People may require expert advice in making choices, and brokerage or advocacy in pursuing their choices. Some people benefit from some extra help to make choices and to design the services they access, although during the *Caring for our future* engagement many people told us that this support was not available in their local area, meaning that it was difficult for them to articulate what they wanted from their care and support.

How care and support will respond

43. The rationale for Government action in this area is driven by the failure of some local authorities and organisations to meet expectations in the provision of readily available information for both users and commissioners. Actions outlined in the White Paper and draft Bill are designed to improve the level of advice and support available to users, especially those provided by local authorities, through traditional means as well through as through the internet. Together, these forms of information should work towards supporting greater choice for individuals. Further details of these proposals can be found at Annex B, *Independence, choice and control*. A summary of policy proposals is at Table 3 below.
44. To ensure that adequate additional provision of advice and support is available to those that need it, the White Paper proposes further work towards a new model of additional support to help more individuals with care needs use their personal budget to achieve the best outcomes.

Table 3: Summary of policy proposals - Accessible, high quality information for individuals, carers and families, set out in Annex B - *Independence, choice and control*

Policy theme	Objectives	Policy proposals
Information, advice and support	<ul style="list-style-type: none"> • Enable people to understand what is available and to make informed choices supported by a comprehensive framework for information and advice connecting between national and local level; • Enable care users and carers to find their way more easily through the care and support system and related public services and in so doing assume greater control over their lives; • Increase transparency of information regarding the quality of care and support to enable people to make informed choices and deliver greater incentives to drive up quality of care. 	<ul style="list-style-type: none"> A. A new national care and support information portal including a directory of services; B. Statutory duty on local authorities to provide information and advice; C. Improve local authorities’ web-based information and advice services; D. Additional provision of advice and support to help people arrange care and support; E. Make clearer the duty for local authorities to share information with individuals, carers and families; F. Develop and disseminate best practice models for support and representation services.

iv. Assessment, eligibility and portability for care users and carers

Why change is needed

45. During the *Caring for our future* engagement, we heard that access to care and support varies across the country, with different authorities setting different thresholds for eligibility for care and support and broad variations in how these thresholds are interpreted. This means that people and their carers can face uncertainty about the assistance they will receive. Individuals who have the same needs can be eligible for care and support in one part of the country but not elsewhere. Concerns about continuity of care can prevent people from moving from one local authority area to another. This lack of clarity and certainty can mean that people are unable to plan for the future, as they have no clear idea of their future entitlements.

How care and support will respond

46. A cultural shift is required in order to ensure greater focus on the needs of the individual and a number of the White Paper and Bill proposals aim to bring about greater consistency of access to care and support. Requiring a minimum level of eligibility for councils to provide support is intended to provide greater consistency and clarity for users and carers. In the longer-term, the Government intends to develop and test options for a new national assessment and eligibility framework which is intended to provide a simplified, more transparent approach to accessing care and support focusing on the outcomes of the individual and carer.

47. One of the major sources of inequality in the current system is that individuals are unable to move freely between areas because they may face a discontinuity of their care and support. To address this, the White Paper outlines proposals to require the local authority receiving the care user to provide an equivalent package of care to an individual until they carry out their own assessment, ensuring a smooth transition for users and carers who move from one local authority area to another.
48. Despite previous efforts, carers do not yet have the same entitlements to assessment and support as the people they care for. Their ability to access assessments and support is variable across the country. The White Paper and draft Bill propose a duty to assess carers for their needs, and to meet the needs of those who are found eligible.
49. Armed forces veterans receiving publicly supported social care have to use all but the first £10 per week of the Guaranteed Income Payments they receive, under the Armed Forces Compensation Scheme, to pay for their care. The Government believes these payments should be disregarded in recognition of the exceptional contribution they make.
50. Evidence also suggests that the quality of care received can vary across different local areas. Proposals set out in other Impact Assessments are intended to improve differences between areas in the quality of care. These proposals on assessment and eligibility for users and carers are analysed in detail in Annex C, *Assessment, eligibility and portability for care users and carers*, and summarised in Table 4 below.

Table 4: Summary of policy proposals set out in Annex C - Assessment, eligibility and portability for care users and carers

Policy theme	Objectives	Policy proposals
Assessment, eligibility and portability	<ul style="list-style-type: none"> • Create a more nationally consistent system for assessment and eligibility for users and carers which is understandable, transparent and outcome-focused, supports personalisation and prevention and continues to allow local authorities flexibility to reflect individual, family and local circumstance; • Provide freedom of movement and continuity of care to users and carers who move from one local authority area to another. 	<ul style="list-style-type: none"> A. Establish a national minimum threshold for eligibility for care and support; B. Place a duty on local authorities to provide an equivalent package of care and support for users and their carers who move into their areas until they undertake a new assessment; C. Develop and test proposals for a new assessment and eligibility framework for both users and carers working with local government and the sector.
Reforming legislation to provide better support for carers	<ul style="list-style-type: none"> • Ensure carers have the same rights as users with regard to access to assessments and support. 	<ul style="list-style-type: none"> D. Simplify the legislation in respect of carers' assessments; E. Introduce a new duty on local authorities to meet eligible needs for support.
Care and support in prisons	<ul style="list-style-type: none"> • Provide better access to assessment and provision of care for people with care needs in prison, improving their health and well-being, reducing unmet need and the risk of litigation and supporting better use of public resource in meeting those needs. 	<ul style="list-style-type: none"> F. Specify in legislation that there should be a threshold of responsibility between prisons and local authorities for prisoners' care and support.
Care and support for veterans	<ul style="list-style-type: none"> • Recognise the unique contribution of veterans by exempting the compensation payments of those injured in service from social care charging. 	<ul style="list-style-type: none"> G. Amend regulations and guidance to local authorities on the treatment of GIPs in the assessment of a person's ability to pay for their care.

v. Quality, care providers and the workforce

Why change is needed

51. The overall quality of care and support on offer to people is variable and inconsistent, and there is significant discrepancy in the levels of people's perception of the care they receive. A recent European study of perceptions of care rated the UK 20th of 29 countries for overall positive experience of care services. We know that a considerable proportion of people do not think that the care services available meet all of their needs, and they have limited opportunities to re-design them to fit with their preferences.²² The Government believes it is vital that everyone understands what high quality care looks like, what people should expect when using care and support, and the roles and responsibilities of different organisations to deliver this.
52. Those who work within care and support make a vital contribution to people's health and wellbeing, and are paramount to the quality of care and support on offer. However, a career in adult social care is often viewed negatively and offers relatively low pay and limited opportunities for career progression. Social care employers have an average vacancy rate of 3.2 per cent, twice the average for other sectors, and a job turnover rate of around 19 per cent. This lack of continuity can mean it is difficult for care workers, carers, and people who use services to develop strong, trusting relationships.

How care and support will respond

53. Measures in the White Paper are designed to shift the focus of local authority commissioning away from a focus on price towards quality, value for money and user choice. The completion of a Market Position Statement will better enable local authorities to understand and shape their local market, with the overall aim of improving the quality of care and support experienced by users and carers. There are also proposals to strengthen leadership in the sector, and develop a quality framework. Better provision of user-feedback to providers will also contribute to improved quality of service, ensuring a better dynamic between user and provider. Further details can be found in Annex D, *Quality, care providers and the workforce* and a summary of proposals in Table 5 below.
54. A high quality service must be one that keeps people safe from harm. Proposals in the draft Bill and White Paper on plans to improve co-ordination between local agencies are designed to strengthen local arrangements for the safeguarding of individuals. The draft Bill will also provide greater clarification around the requirement of local authorities to enquire about cases involving adult protection.
55. The social care workforce needs to evolve and adapt to ensure it has the right skills and competencies to meet changes in demand and expectations. Proposals in the White Paper seek to promote a workforce that is better led, more skilled and less liable to rapid turnover, which in turn will support higher quality of outcomes and experience of care. Further details can be found in Annex D.

²² NHS Information Centre, *Personal Social Services, Adult Social Care Survey England 2010-11*, December 2011. 37% of people said that they did not have the opportunity to do the activities that they wanted to do (p.18); 23% did not have enough social contact (p.18) and 25% have no or not enough control over their daily life (p.6)

Table 5: Summary of policy proposals as set out in Annex D – Quality, care providers and the workforce

Policy theme	Objectives	Policy proposals
Quality	<ul style="list-style-type: none"> Commissioners, providers and the regulator work effectively together with input from users and carers to ensure high levels of user satisfaction and confidence that care providers will strive for excellence and that inadequate care will be dealt with quickly; Commissioners focus on quality of outcomes and value for money, working in collaboration with care providers and people who use care and support; Individuals, commissioners and providers will be able to access clear, transparent information about the quality of the care they are buying or providing, including the experience of users and carers. Individuals, families and carers can therefore make informed choices and there are incentives for providers to drive continuous quality improvement; There is a clearer role for users and carers to feedback and demand higher quality of outcomes and experience. 	<ul style="list-style-type: none"> A. Strengthen system leadership and develop a quality framework; B. Improve the evidence base by piloting clinical audit in social care and extend NICE Quality Standards; C. Make available provider-level information including user feedback; D. Work with the sector to improve commissioning information and skills, to focus on quality, outcomes and value for money; E. Support and enable increased user assessment of services, including training for local Healthwatch organisations.
Market shaping	<ul style="list-style-type: none"> Local authorities facilitate a diverse and vibrant market to deliver a range of high quality, responsive services. 	<ul style="list-style-type: none"> F. Reinforce in legislation local authorities' role to shape their local market; G. Support local authorities to understand their local market better.
Workforce	<ul style="list-style-type: none"> The care workforce is led by confident and capable leaders able to lead across integrated services; Social care is seen as an attractive career opportunity and the social care workforce has lower turnover and vacancy rates; The social care workforce is highly skilled and capable of meeting increased demand and higher expectations of high quality, personalised and integrated care. 	<ul style="list-style-type: none"> H. Enable development of leaders who can implement whole systems approaches across health and care; I. Build workforce capacity to meet future demographic challenges; J. Increase capability and skills for all working in adult social care.
Safeguarding	<ul style="list-style-type: none"> Local organisations understand their role, work together, support each other and share expertise to deliver better safeguarding outcomes for adults in vulnerable situations. 	<ul style="list-style-type: none"> K. Clarify through legislation the core membership and responsibilities of Safeguarding Adults Boards (SABs); L. Clarify in legislation that local authorities should have a function to make enquiries about adult protection cases

Conclusion

56. Government intervention is required to promote better experience and outcomes for care users and carers and to ensure an effective use of finite resources. This work will be undertaken in partnership with local authorities, the care and support sector and people who use care and support. Many of the challenges currently facing care and support are likely to be exacerbated by increasing demographic pressures which threaten to put increasing strain on an outdated system, unless adequate and appropriate fundamental improvements are made. It is also vital that care and support works in ways that use resources as effectively as possible – a fact made more apparent by the current spending environment.
57. The reforms set out in the White Paper *Caring for our future: transforming care and support* will help to initiate these changes, primarily by promoting people's independence to give them proper choice and control. Law reform will provide greater consistency and clarity to carers, users and local authority staff. The White Paper and draft Bill proposals also seek to promote equality and improve the quality of services and the provision of information people receive, as well as ensuring the right incentives for commissioners to improve a shared focus on prevention and early intervention, independence and choice.
58. The accompanying detailed impact assessments at Annexes A to D set out the evidence and analysis that underlies the Government's proposals to achieve these objectives. Together these policies work toward a new and sustainable system of care and support that meets people's expectations and enables users and carers to live as independently as possible.

Summary of Impacts

59. A summary of the costs and monetised benefits of the White Paper policies can be found at Appendix 1. Details about the timing of implementation can be found in the separate Impact Assessments at Annexes A to D. A summary timetable of planned implementation can be found at Appendix 2

Post implementation review

60. The policies outlined in the accompanying impact assessments will be reviewed after they are implemented. The intention is to review the final policies after implementation to evaluate whether the changes have delivered the anticipated benefits. These are consultation stage Impact Assessments. Final stage Impact Assessments will be published when legislation is formally introduced into Parliament.

Equality Analysis

61. A full analysis of equality impacts is published alongside this document. We believe that the policies laid out in the White Paper will have a positive impact on equality and human rights by reducing current barriers, and facilitating high quality, more personalised and accessible care and support for users and carers.

Impact on Business

Background to the social care provider market

62. Adult social care is a mixed economy of finance and of provision. It is a well-developed market with multiple purchasers, multiple providers and generally a high level of competition. The overall market comprises a combination of numerous markets that exist for different types of services for different user groups in different areas of England

63. The purchasers consist not only of 152 upper tier councils in England commissioning services for their populations but also very many individual purchasers of care. Depending on their financial means, some care users fund their own care, while others receive support from their local council. The self-funders mainly consist of people whose savings or wealth are too high to be eligible for publicly funded care under the terms of the means test for social care as well as those whose needs are not high enough to be eligible for publicly funded care. There are also people who purchase private care in addition to their publicly funded care. It is the Government's ambition that everyone receiving state-funded care and support should be able to take control of their care and support through an entitlement to a personal budget. Where possible, this should take the form of a direct payment (cash in lieu of services).

64. The providers of formal care services comprise for-profit businesses, voluntary sector agencies and councils. The proportion of services supplied by councils has fallen greatly over the last 15 to 20 years and they now directly provide less than 10% of residential care places for older people and around only 20% of home care. Despite this, local authorities retain the responsibility for commissioning services in their local area. There are large numbers of independent sector providers, many of which are small businesses. The residential care sector has around 17,500 care homes comprising around 450,000 places in the UK.

65. The majority of care is provided not by these providers of formal services but by unpaid informal carers, mainly spouses/partners, adult children and other close family. Around 5 million people in England provide such unpaid care.

White Paper impact

66. The proposals in the White Paper and draft Bill are intended to strengthen and enhance the provider market with the overall objective of improving quality of care. The White Paper proposals do not place any additional compulsory burden on businesses. Where new legislation is proposed, its impact is limited to public sector organisations, and in particular local authorities.
67. However, there are opportunities for business and civil society organisations to respond to the proposals as outlined in the examples below:
- Increased take-up of personal budgets and direct payments will provide users with enhanced choice, as outlined in Annex B. Coupled with increased information on providers (as discussed in Annexes B and D), this should lead to the possibility of a demand for unbundled services and potentially enhanced forms of care and support. Providers can respond to this by offering a menu of services to meet different types of needs. While this may involve some costs, it is also likely to open up business opportunities, and we anticipate that providers will look to diversify their offer where they perceive the benefits to outweigh the costs.
 - Proposals to introduce a coherent quality framework (Annex D) are aimed at providing greater transparency to both commissioners and providers. This should ensure that services are matched to the needs of the local population and will help providers better tailor their offer to what is required by care users and carers. Proposals aimed at increasing the capacity and capability of the care workforce should also help providers avail of such business opportunities.
 - The White Paper sets out an ambition for increasing the number of apprenticeships in social care (Annex D). No social care employer will be required to take on apprentices unless they wish to do so but we expect that many will want to do so because of the potential business advantages for them.
 - The White Paper proposals for new duties on councils to shape markets, provide information and offer personal budgets will have positive implications for providers. As discussed in Annex D, Market Position Statements prepared by councils will help to ensure that providers are better informed about councils' commissioning plans and should encourage more effective and strategic relationships between commissioners and providers.
68. A more qualitative discussion of our analysis of the potential impacts on businesses is presented within the full impact assessments of policies, at annexes A-D.
69. We anticipate that providers will look to participate where they perceive the benefits to outweigh the costs. Following publication of the White Paper we will continue to work with the sector to analyse the impact of these proposals in the medium and longer-term.

Appendix 1 – Summary table of costs and benefits

Summary of costs and benefits of proposals (£m)²³

(Price base year: 2010/11)

Proposal	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Total
Quality											
Transition Cost Total	2.1	1.5	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5
Recurrent Cost Total	0.1	5.1	12.0	12.0	14.3	14.3	14.3	14.3	14.3	14.3	115
Workforce											
Transition Cost Total	1.6	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3
Recurrent Cost Total	1.0	2.2	2.5	2.3	2.3	1.3	1.3	1.3	1.3	1.3	17
Markets											
Transition Cost Total	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Recurrent Cost Total	1.1	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	6
Safeguarding											
Recurrent Cost Total	0.0	0.0	0.0	8.4	8.4	8.4	8.4	8.4	8.4	8.4	59
Prevention											
Transition Cost Total	0.3	1.5	1.2	0.5	0	0	0	0	0	0	4
Housing											
Recurrent Cost Total (Capital)	0.0	40.0	40.0	40.0	40.0	40.0	0.0	0.0	0.0	0.0	200
Information											
Capital Transition Total	0.0	0.0	20.0	12.5	0.0	0.0	0.0	0.0	0.0	0.0	33
Transition Cost Total	0.3	3.2	2.9	2.5	0.0	0.0	0.0	0.0	0.0	0.0	9
Recurrent Cost Total	0.0	0.0	7.5	20.0	45.0	62.5	62.5	62.5	62.5	62.5	385
Personalisation											
Transition Cost Total	3.0	0.9	0.9	0.7	0.0	0.0	0.0	0.0	0.0	0.0	5
Recurrent Cost Total	0	2.7	2.7	2.7	2.8	2.8	2.8	2.9	2.9	2.9	25
Recurring Savings	0.0	5.3	5.4	5.4	5.5	5.6	5.7	5.7	5.8	5.8	50
Assessments											
Transition Cost Total	0.1	0.4	0.2								1
Eligibility											
Transition Cost Total				13.4	0.0	0.0	0.0	0.0	0.0	0.0	13
Recurrent Cost Total				17.9	17.9	17.9	17.9	17.9	17.9	17.9	125
Portability											
Recurrent Cost Total				4.0	9.0	12.2	12.2	12.2	12.2	12.2	74
Carers											
Recurrent Cost Total				45	80	115	145	175	175	175	910
Care and support in prisons											
Recurrent Cost Total				6.0	7.0	8.0	8.6	8.6	8.6	8.6	55
Armed forces compensation											
Recurrent Cost Total	0.5	1.4	2.0	2.3	2.6	2.6	2.6	2.6	2.6	2.6	22
Recurring Savings	0.5	1.4	2.0	2.3	2.6	2.6	2.6	2.6	2.6	2.6	22
Law reform											
Transition Cost Total				31.0	14.7	0.0	0.0	0.0	0.0	0.0	46
Recurring Savings				12.4	15.6	15.6	15.6	15.6	15.6	15.6	106
Annual cost	11	61	94	222	244	286	276	306	306	306	2,112
Annual savings	1	7	7	20	24	24	24	24	24	24	178

²³ Not all benefits associated with these proposals are monetised, only direct cash savings are therefore included within this table.

The table shows averages based on unrounded estimates of the costs and benefits of proposals.

Appendix 2 – Implementation timetable

Policy Theme	Proposal	Is legislation required?	Implementation date	Costs fall to	Benefits accrue to
Prevention	Support to rollout of assistive technology through the "Three Million Lives" programme	No	n/a ²⁴	n/a ²⁴	n/a ²⁴
	A single social care evidence library providing evidence around social care preventative interventions	No	From April 2013	DH	Councils, care users and carers and citizens
	Develop in a number of trailblazer areas new ways of investing in preventative interventions in social care	No	From April 2013	DH, councils, social investors	Councils, care users and carers, citizens and social investors
	Statutory duty on local authorities to prevent or delay needs for care and support	Yes	2015/16	None	Care users, carers and citizens
Housing	Provide capital funding to support the specialist housing market for those with care and support needs	No	From April 2013	DH	Users of additional specialist housing
Personalisation	Set out in legislation an entitlement to personal budgets	Yes	2015/16	Councils	Care users/carers
	Develop and test the use of direct payments in residential care	No	2013	DH	Care users
	Exempt earned income from the residential care financial assessment	Amend existing regulations & guidance	April 2013	Councils	Care users
Integration	Build on the provisions of the Health and Social Care Act to set out further actions to support integrated care	No	Actions will be published in a report in autumn 2012	n/a ²⁵	n/a ²⁵
Information	New national care and support information portal including a directory of services	No	From April 2013	DH	Care users, carers and citizens
	Statutory duty on local authorities to provide information and advice	Yes	2015/16	None	Care users, carers and citizens
	Improve local authorities' web-based information	No	From 2014/15	Councils	Care users, carers and citizens

²⁴ Consideration of implementation, costs and benefits are being considered in the DH "Three Million Lives" Programme.

²⁵ Costs and benefits will depend on the actions presented in the report.

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	and advice services				
	Additional provision of advice and support to help people arrange care and support	No	From 2013/14	Councils	Care users, carers
	Make clearer the duty for local authorities to share information with individuals, carers and families	Yes	2015/16	Councils	Care users, carers
	Develop and disseminate best practice	No	2013/14 to 2014/15	DH	Care users, voluntary and private sector
Quality	Strengthen system leadership and develop a quality framework	No	2012/13	DH	Councils, providers and care users
	Improve the evidence base by piloting Clinical Audit in social care and extend NICE Quality Standards	No	2012/13	DH	Care users and providers
	Make available provider-level information including user feedback	No	2012/13	DH and providers	Care users and providers
	Work with the sector to improve commissioning information and skills, to focus on quality, outcomes and value for money	No	2012/13	DH and providers	Councils
	Support and enable increased user assessment of services, including training for local Healthwatch organisations	No	2013/14	DH	Care users
Market Shaping	Reinforce in legislation local authorities' role to shape their local market	Yes	2015/16	None	Care users
	Support local authorities to understand their local market better	No	2012	DH and councils	Care users
Workforce	Establish a Leadership Forum	No	March 2013	DH	Care users
	Align the Health and Social Care Leadership Qualities Frameworks	No	Summer 2012	DH	Care users
	Expand the apprenticeship programme for adult social care	No	From 2012	DH	Care users and providers
	Develop an online tool to support recruitment	No	2014	DH and providers	Care users, providers, people considering a career in social care
	Expand the Care Ambassador role	No	Ongoing from 2012	DH, providers and people using Care Ambassadors	Care users and providers
	Develop a Sector Compact	No	2013	DH	Care users
	Develop a Personal Assistant index	No	2014	DH	Care users
	Support the development of the PA workforce	No	2012	DH	Care users

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Safeguarding	Clarify through legislation the core membership and responsibilities of Safeguarding Adults Boards	Yes	2015/16	Councils, police and NHS	Care users and communities, councils, police and NHS
	Clarify in legislation that local authorities should have a function to make enquiries about adult protection cases	Yes	2015/16	Councils, police and NHS	Care users and communities, councils, police and NHS
Assessment Eligibility and Portability	Establish a national minimum threshold for eligibility for care and support;	Yes	2015/16	Councils	Users and carers
	Place a duty on local authorities to provide an equivalent package of care and support for users and their carers who move into their areas until they undertake a new assessment;	Yes	2015/16	Councils	Users and carers
	Develop and then test proposals for a new assessment and eligibility framework for both users and carers working with local government and the sector.	No	From 2012	DH	Users and carers
Carers	Simplify the legislation in respect of carers' assessments;	Yes	2015/16	Councils	Carers
	Introduce a new duty on local authorities to meet eligible needs for carers support.	Yes	2015/16	Councils	Carers
Care and support for people in prison	Specify in legislation that there should be a threshold of responsibility between prisons and local authorities for prisoners' care and support.	Yes	2015/16	Councils	Prisoners
Care and support for veterans	Amend social care regulations and charging guidance so that armed forces veterans injured in action no longer need to use their compensation payments to fund publicly arranged social care.	No	2012	Councils	Veterans using social care