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# CFYB newsletter

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Issue 9: April 2011

## The great care dilemma

DEMAND for person-centred support is outstripping supply, reveals a major new report by the Care Quality Commission.

More people are being given access to personalised services through the expansion of direct payments and personal budgets.

But, say the CQC in its report on the *State of health care and adult social care in England*, the number of community based services has fallen.

'The rapid growth of demand for support, especially due to the rising number of older people, was not matched by growth in the availability of more person-centred support during the year', says the report.

'This meant that proportionally fewer people benefited from these options, unless they were able to pay for them privately.'

The number of older people and of those with a disability or long-term condition receiving a council-funded care service fell by 4.7% (or by 83,930) during 2009/10.

'The reasons for this are not yet clear, but may be linked to improved re-ablement services or to councils applying more stringently their criteria for access,' say the CQC.

It found 'significant reductions' in the volume of all major community care services provided, including the numbers of people attending day services, or receiving a home care service, respite care, meals at home, or equipment and adaptations.

Council and voluntary run services had the highest proportion of services rated good and excellent (91%) in April 2010, says the report. Eighty one per cent of privately run services were rated good or excellent in the same period.

### Have your say

**Can personalisation survive the spending cutbacks?**

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## Cuts are 'killing' personalisation

THE 'DRASTIC' spending cuts are destroying the personalisation of care services, the Coalition Government has been warned.

There is growing evidence that the most vulnerable elderly and disabled are being 'targeted' as the cutbacks begin to bite.

Dr Simon Duffy, who runs the Centre for Welfare Reform, has warned in a hard-hitting lecture that the cuts are 'killing' personalisation.

He said 25% of the cuts were falling on three per cent of the population – the most severely disabled. 'That is not fair and is not justified by any economic necessity'.

Delivering the 2011 Tizard Memorial Lecture at the University of Kent, he said: 'The severe cuts that local government now have to make to all their care services is killing personalisation.'

'Local authorities do not feel free to innovate, to trust citizens or to strengthen their entitlements; instead we are seeing increased interference, bureaucracy and mistrust.'

Dr Duffy said the cuts demonstrated that personalisation would not work unless it was combined with fundamental changes to legislation and 'much greater clarity' about the duties of government and the rights of citizens.

'Personalisation was an attempt to improve the rights of disabled people. But the current cuts – that target disabled people – show that, on its own, personalisation will fail. It is time to campaign for much more fundamental reforms,' he said.

A new survey of people with learning disabilities shows that:

- 20% have been told that their hours of care are to be reduced
- 19% have been told to expect a reduction in funding
- 33% have been advised of an increase to eligibility criteria
- 27% face an increase to service charges

In their report – *Social care: the continuing crisis* – the Learning Disability Coalition say that 20% of local

authorities are already making cuts to services, double the number of councils making cuts last year, and a further 64% are making efficiency savings.

'Whilst moving towards personalisation through the modernisation of services is welcome, the main driver behind personalisation and modernisation of services should be service improvement, and not cost reduction,' say the coalition. 'In some cases, local authorities are closing traditional services in order to find money for modernising of services. Whilst this may be beneficial in the long run, in the short term it will end up putting further pressure on families who are already over stretched.'

Meanwhile, research by the Care and Support Alliance, shows that one in four older and disabled people have had their services reduced and are having to pay more for their care – before spending cuts are introduced this month. The Alliance, representing 40 charities including the Alzheimer's Society and AgeUK, say families are being pushed to 'breaking point' by reductions in care they receive, with many now struggling to buy food and pay heating bills.

- **Social care facing £1.2 billion funding gap**  
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# CFYB on the 'bigger message'

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## How to survive in this new era of person-centred care

*Providing better outcomes for older people in a new era of austerity is one of the great challenges facing social care businesses in the years ahead. **Jennifer Roberts** looks at potential ways forward for independent providers*

THERE'S no doubt about it. Social care providers are entering a period of great uncertainty – perhaps the most difficult in living memory – as local authorities cut their budgets to the bone. Many are digging deep into their reserves to stay afloat amid warnings that one in five providers could go bust in the next 12 months.

Care businesses in greatest peril are those relying on generic, block or spot contracts awarded by local authorities. A large number have had their fees cut, many are laying off staff and consequently reducing their services in their fight for survival. Those with few or no private clients inevitably will be in the greatest danger.

The key to survival will be adapting to a new environment in which person-centred care will be king – and time and task-based services will be consigned to the past. One in which all eligible service users will have control of their care through Personal Budgets – and a growing number of older people will have to pay for 'home help' and personal care.

With block or large generic contracts due to come to an end in the next two years, social care will enter a new era in which person-centred, outcomes-focused care will take centre stage (and not just be a grand vision outlined in a mountain of government documents gathering dust in the corridors of power).

This new era will mark the dawn of greater flexibility and new partnerships with social enterprises, charities and health professionals. It will herald a rapid rise in the number of personal care assistants who will be offering support to hundreds of thousands of people choosing to pay for their care through direct payments.

Change will not happen because of new legislation, government demands and whims. It is inevitable because people want better long-term care, want to live well and independently in their own homes, want to have a greater say over how they live and what support they receive – and want the freedom to choose how that support is provided.

When I think about this 'radical new approach', my thoughts turn to an excellent report produced in January



With block or large generic contracts due to come to an end in the next two years, social care will enter a new era in which person-centred, outcomes-focused care will take centre stage

this year by Angela Clark of the Centre for Policy on Ageing and published by the Joseph Rowntree Foundation – *How can local authorities with less money support better outcomes for older people?*

Although focusing on council, health and voluntary initiatives in England, Angela Clark refers to the 'bigger message' of how we deliver care and support in the future. She talks about how we 'move from thinking of services to thinking about the assistance that (older) people might need and choose to maintain a quality of life, well-being and (assisted) independence...to thinking about the experience(s) of (older) people.

The message is not earth-shattering or controversial. It looks beyond the dark days of 'time and task-based' services and paints a concise picture of how we can move forward amid all the concerns over public spending cuts and Britain's ageing population. It should – and will – change the way many of us help older people in the future.

The report suggests other ways forward:

- Involving people who use support and services in shaping them. 'Experience suggests this can improve outcomes and effectiveness, and result in different and more affordable approaches'
- Supporting and stimulating the provision of 'that bit of help' in the community to provide older people with the assistance they need to sustain the health, activities and relationships that are important to them

- Developing place-based approaches that reflect the whole of people's lives, and delivering value for money by including (for example) housing, transport, leisure, fire and rescue services, community and older people's groups to co-ordinate support

In suggesting a move away from conventional thinking about social care services, the report says this is 'as likely to be about community and the wider social and physical environment as it is about conventional notions of social care and public services'.

This, it says, may involve commercial organisations playing an important role, with the government supporting and encouraging:

- Accessing supermarket home shopping and delivery services
- Local restaurants and pubs offering lower-cost lunches at times of otherwise slack trade rather than councils providing separate lunch clubs in village halls
- Older people getting support from public services in negotiating access to pubs, sporting venues, shops, cinemas, etc

It is also about the role local authorities and others play in engaging older people's groups in community development, and in assisting older people themselves to be (as many already are) active contributors within communities, says the report.

Angela Clark says it is clear that older people value that 'little bit of help' – practical assistance with everyday things in life, and support to sustain social lives and relationships. This, she says, promotes quality of life, health and well-being.

'It requires local agencies (not just social services) to work together and with community and voluntary sector groups and providers – shaping a local market and networks of self-help and support, and thinking beyond conventional social care', she adds.

To make all of this possible requires not just a change in attitude at all levels, but a dramatic revision of care plans and documentation that are dominated by 'time and task-based' principles and language that could not be further removed from person-centred care and support.

## Making a difference...the support changing people's lives

LIFE for a couple in their 70s changed dramatically when the husband was told he had dementia. A care plan was drawn up for him which included everything apart from the one thing that would make a difference to his life – visits to his allotment. A careworker looking after him discovered the love of his life and arranged weekly trips to his village allotment. This allowed his wife to go shopping with her friends and have her hair done. The couple said this had made a 'huge difference' to the quality of their lives.

*A pub in the north of England struggling to attract enough customers at lunchtimes discovered that a local day centre for the elderly was going to close – because the cost of providing meals for 22 older*

*people was too high. The pubman offered his premises to the day centre users and now provides cooked meals for all those attending twice a week. He has made them very happy – and prevented his pub from closing during the daytime.*

A woman in her 80s had a care plan drawn up for her by social services that set out in detail the care that would be available to her. As part of the process, she spoke to many health and care professionals about her support. But it was a home care agency that discovered the one thing that would improve her life and wellbeing – her love for swimming. She now goes swimming once a week and, according to her family, she 'couldn't be happier'.



# Paul's view on social care

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## A little bit of help goes a long way

WHEN my mum was in her late 70s she gave up many hours of her time to look after elderly neighbours, most of whom were younger than her.

Living in a remote village in North Devon, she did their shopping, washed and ironed clothes, washed and put away dishes and cleaned carpets and floors. Most of all, though, she enjoyed having a chat with people she had known for more than 50 years – friends who needed companionship and a 'little bit of help'.

She usually got a cup of tea and a slice of home-made cake for her efforts. No money changed hands. Mum would have been offended if her neighbours had offered to pay her. Dad, a retired farmer, stepped in to look after their gardens, window boxes and lawns, charging just enough to buy his next ounce of pipe tobacco.

This was person-centred care in its truest form. It was greatly valued by all. Most importantly, it helped them to live independent lives in their own homes.

Many of those neighbours were widows who lived alone. They were visited by relatives – sisters, brothers, children, grandchildren – once or twice a month.

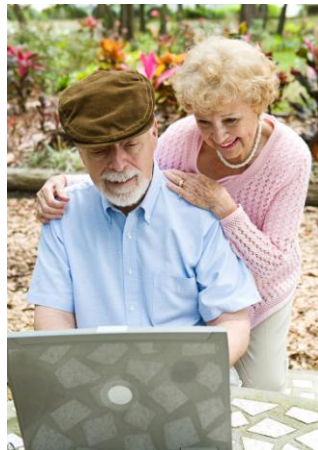
When my mum died in 1997, the people she cared for spoke of her dedication, her great friendship and desire to help. One, Barbara, a lifetime friend, told me she had tried for months to find 'home help' to enable her to stay at home and live a good life. She advertised for assistance in the local Post Office, newsletter and local newspaper (offering in 1992 to pay a helper £10 an hour), but without success.

She was eventually advised by a local careworker that care agencies would not be interested in helping an individual wanting to pay privately for a 'little bit of help'. Barbara was told that they got all their work from the local authority and didn't need to look at providing services for private clients.

Mum stepped into the breach and Barbara stayed under the care radar until she was admitted to a care home in 1999 at the age of 87. She told me there were others in the village who would have been happy to pay for preventative or early intervention services – but could find no-one to help.

Yes, this was a few years ago. Yes, at that stage, local authorities had a virtual monopoly on home care services across the country. But today, many care providers still say that 'all roads lead to local authorities' and there are 'not enough private clients out there' to move away from block contracts.

The truth is that there are countless numbers of people needing help to live well at home and retain their independence. The majority are not eligible for social care through their local authority – and do not want or need personal care services, just 'home help'. Many are prepared to pay for that help – in the same way they pay for a gardener or decorating work or for their hair to be done.



The truth is that there are countless numbers of people needing help to live well at home and retain their independence. The majority are not eligible for social care through their local authority – and do not want or need personal care services, just 'home help'

More of those eligible for free care are switching to Personal Budgets (and many are using them to pay for companionship, holiday breaks and activities that help them lead a normal life).

I thought of the kind of help delivered by my mum when the findings of a new survey on our ageing population were published in early March. It shows that many of the post-war 'baby boom' generation are 'too busy' or live too far away to see their elderly parents on a regular basis. The *Mature Times* survey reveals that one in ten of the 55 to 60-year-olds have not seen their parents for more than a year – and one in 20 speak to them only once every two or three months.

Many older people say they feel increasingly isolated because their children fail to keep in regular contact and are concerned that they are losing touch with each other.

The survey shows that almost half of the 'baby boomers' would not move home to live close to their parents to care for them. The vast majority say they would be prepared to look after their parents if necessary, but almost one in five say they would not.

So, here we have a problem for many families in Britain today – and an opportunity for independent care agencies to step in and help.

**The problem:** Many elderly people will have to pay for their own care in the future, with only the poorest receiving state-funded assistance. Local authorities are increasing the thresholds for social care (to care for the most needy) as they cut budgets to meet government spending targets. Many people needing 'home help', particularly those in rural areas, will try to manage on their own because their offspring are unable or unwilling to help. Thousands may be forced to sell their homes to pay for residential care if they are unable to look after themselves.

**The opportunity:** Many elderly people need a 'little bit of help' – with cleaning DIY, gardening, transport and shopping – to help them live happily and comfortably at home. That 'little bit of help' would go a long way to retaining their independence and give peace of mind to the 'baby boomers' struggling to keep in touch with their elderly parents. Early intervention – not offered by many care businesses – is key to keeping people well and out of expensive hospital and care home beds. People would not only be extremely grateful for the assistance, but would be happy to fund it. If they don't have the means to pay for the care, their children probably do.

## The false economy threatening the future of care

THERE are justifiable fears over the future of the personalisation of care in England with councils cutting social care budgets to the bone.

The Coalition Government plans to put one million eligible service users on Personal Budgets by 2013. But with many local authorities now raising the eligibility threshold for care services, how many people will be able to claim Personal Budgets?

In many areas of England, only the most needy will be able to secure Personal Budgets from next year. What happens in the meantime to those who will no longer qualify for care services from their local authority? The burden of providing that care will almost certainly fall on unpaid carers and hard-pressed families already struggling to make ends meet.

Personal Budgets are regarded by the Coalition Government as the easiest route to achieving personalisation. They want everyone currently eligible for social care in England to take control of their care services within the next two years.

About 250,000 people currently have Personal Budgets. The remaining number – currently estimated at 750,000 – is due to follow suit by 2013. But with eligibility thresholds ever changing – many councils are now providing care for those with critical needs only – the number who will be able to claim Personal Budgets will rapidly fall.

Changing eligibility levels is a false economy. More people need earlier help – particularly with everyday tasks – to help them live independently at home.

The inevitable result of the cuts is that a greater number of people will end up in care homes or in hospitals because they cannot get the assistance they need to stay at home. The cost of keeping them there will be much greater than providing services to allow them to stay in their own communities.

There is going to be more investment in 're-ablement' services to help people leaving hospital regain day to day living skills and help make them more independent. But budget cuts mean that smaller amounts will be invested in keeping those people out of hospitals or care homes in the first place. That is as crazy as it gets.

# CFYB latest social care news

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## Britain 'less prepared' for rise in elderly

MOST people believe spending cuts have left Britain less prepared for an ageing population, according to a new survey for AgeUK.

The number of people aged 60 or over is expected to rise by over 50% in the next 25 years. The number of people over 85 in the UK is predicted to double in the next 20 years.

A You Gov poll carried out on behalf of AgeUK surveyed more than 2,000 people. It showed that:

- Only 12% of those questioned believe that services for older people should not receive any special treatment
- 79% believe that some or all services used by older people should be protected from local authority cuts
- Over a third believe that all services used by older people should be protected even if that means larger cuts will come elsewhere

## How businesses will benefit from the Budget

WITH fuel prices nearing £1.50 a litre in some remote areas, George Osborne may have been ambitious in describing his March Budget as one to encourage growth and get Britain 'back on its feet'. But he outlined a number of measures that will benefit – particularly small – independent care providers who are having to dip into reserves, reduce staff and cut other costs to keep their businesses afloat.

Corporation tax is to be cut by 2% this month, not 1% as previously forecast.

Firms with fewer than 10 staff will face no new regulation or red tape for three years.

Business rate relief for small businesses is to be extended by another year.

Tax breaks will be offered to businesses in 21 new enterprise zones in England (the first of which will be in Nottingham, Liverpool, Manchester, London (Royal Docks), Birmingham, Sheffield, Leeds, the South West of England and the Black Country).

## Social care facing £1.2bn funding gap as axe falls on services

A SOCIAL care funding gap of at least £1.2 billion could open up by 2014 unless all councils can achieve unprecedented efficiency savings, according to a new report by the King's Fund.

It warns that the consequences of the spending cutbacks will be that 'even fewer people' will receive the care and support they need.

'This will have knock-on effects for people needing NHS care as there will be more emergency admissions to hospital, delayed discharges and longer waits for treatment,' says the report.

Richard Humphries, author of the report, *Social Care Funding and the NHS – An Impending Crisis?* says: 'Social care is not simply an adjunct to the smooth running of the NHS. It is possible that under-investment in vital health services, such as continence and community nursing, may generate additional demand for social care support.'

'A better understanding of the reciprocal relationship between spending in health and social care is essential to ensure that they operate as a whole system of care.'

He suggests that action to achieve better use of health and social resources could be taken in four areas by:

- Adopting a more unified national policy framework, for example, replacing existing separate processes with a single strategic assessment of the funding needs of the NHS and social care
- Developing a better understanding of local patterns of need, spending and outcomes
- Closer alignment of resources through pooled and place-based budgets
- A wider role for local government in



promoting health and well-being, reducing the need for NHS and social care services

The report says that adult social care could improve the effectiveness of the NHS through:

- Investment in services that reduce the need for NHS care, especially in hospital, and its duration (e.g. intermediate care that enables people to be discharged from hospital in a safe and timely fashion, thus reducing the likelihood of re-admission)
- Collaborative processes that enable professionals from different disciplines and agencies to achieve better outcomes for patients (e.g. through single or shared assessment frameworks, integrated locality teams and integrated care pathways)
- Organisational arrangements that commit councils and their local NHS partners to work together (for example, through pooled budgets, integrated commissioning, joint appointments and shared back-office functions).

## 'Little appetite' for change in Scotland

THERE is little appetite among the Scottish public for changing the way care services are provided or funded, according to a new poll conducted for the Scottish Government.

Even though more people disagree than agree that the care needs of older people are currently being met, 77% believe that care should be provided in a similar way as at present.

The poll on *Public attitudes to the future of care provision in Scotland*, carried out by Ipsos MORI, found that 63% of Scots support the current system for funding care.

Support was highest among the youngest (those

aged 18 to 34 years) in Scotland. This was regarded as 'particularly important' given that this group is most likely to have to take responsibility for contributing to their own care needs.

In the future, the majority of Scots (68%) believe that care should be paid for, as at present, from a mixture of general taxation and personal contribution.

Even if things were to change, people strongly favoured increased state involvement. Over a quarter (27%) felt that care for all older people should be paid for from general taxation. Only 2% believed that everyone should pay for their own care needs, without any assistance from the state.