RCN response to consultation on
Caring for our future:
Implementing funding reform.

Introduction
With a membership of over 410,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Background
This document responds to the Government’s consultation on what and how people pay for their care and support. Owing to the critical relationship nursing has with social care, in delivering frontline care and providing healthcare for unmet social care needs, the RCN has played a significant role in the debate around the funding of social care. Getting funding right in the social care system is crucial for the future sustainability of both social care and the NHS and for the quality of care that patients and service users receive. The RCN wants a system based on fairness, equal access, transparency, simplicity and, integrated, high quality care.

General Comments
- Any funding system that is too complicated or segmented will only exacerbate the current problems faced by the social care and health care systems i.e. duplicative eligibility form-filling and needs assessments, delayed transfers of care, resulting in many receiving inappropriate care or care in the wrong setting and health care nurses being taken away from frontline care.

- The RCN supports the delivery of integrated health and social care, however with separate funding systems the RCN is mindful of the potential for a blurring or shifting of the line between social and health care services. The RCN strongly supports the principle that nursing care, including when delivered in a social care context, should be universal, provided free at the point of delivery, based on clinical need and not ability to pay, and preferably financed through taxation.
The RCN welcomes the decision to set national eligibility criteria. However, since the same concerns regarding confusion, complexity and evidence of a postcode lottery exist in Continuing Healthcare (CHC), the RCN would advise that the Government considers the application of national eligibility criteria for CHC also. This would ensure that the processes involved in carrying out both CHC and social care assessments and arriving at decisions on needs are as simple as possible. We support the notion of a ‘continuum of care eligibility’ from social care to CHC, which would help streamline needs assessments and make them less complex, bureaucratic, and time consuming.

The RCN has identified the following principles, which underpin members’ support for a comprehensive state-funded system. These principles should be the basis of reform of the funding mechanism for care and support:

- Enable a seamless patient journey through social and health care. Social and health care services must be able to deliver joined-up, integrated care.
- Provide equitable access to social care for everyone, across the country and end the postcode lottery.
- Deliver national standards and system management with an appropriately resourced, independent regulator (Care Quality Commission) setting clear standards.
- Deliver a highly skilled and trained national social care workforce.
- Enable staff to give the time to care for patients and deliver the care they need.
- Avoid the escalation of those care needs that can be prevented. Regular clinical review and monitoring are important to achieve this and to ensure patients get the care and support they need.
- Ensure funds designated for social care are not diverted to support shortfalls in other services.

Responses to consultation questions of relevance to the RCN

Paying for Care

Fairer and more consistent charging – the charging framework

1. Do you agree the new charging framework should be based on the following principles? The principles are to be:
   - Comprehensive
   - To reduce variation in the way people are financially assessed; be transparent, so people know what they will be charged
   - Promote wellbeing and support the vision of personalisation, independence, choice and control and enables delivery of funding reform
   - Be user-focused reflecting the variety of care journeys and the richness of options available to meet their needs
• Encourage and enable those who wish to take up employment, or plan for the future costs of meeting their needs to do so; support carers and not place additional burdens on them, in recognition of the invaluable contribution they make to society
• Minimise anomalies and perverse incentives in choices between care settings
• And be sustainable in the long term.

The principles are appealing but as ever the devil is in the detail. There is not always the level of awareness of costs of genuinely quality care and whether fees charged are aligned with them. There is a need to ensure that commissioners (whether that is Local Authorities or the NHS for some types of residential care) scrutinise both costs and quality.

Faire cap for working age adults – varying the levels of cap

The cap on care costs

2. Do you agree that the decision on the level of the cap on care costs set for working age adults between the ages of 18 and state pension age should be based on the following principles? The principles are:

- People in similar circumstances should make a similar contribution
- Reflect people’s ability to plan, prepare and build up savings
- Be simple for people to understand and feasible to implement
- Support integrated care and effective transitions between services
- Help people to live independent lives.

The RCN welcomes a cap on care provision costs to alleviate the financial pressures upon individuals. However, set at £72,000 we are concerned about how many people this will actually affect. The RCN believes that too many may be left unaffected and still face agonising decisions over how to pay their care bills. The RCN calls upon the Government to reflect on its decision around the figure set as the cap and to revise it to one closer to that advocated by the Dilnot Commission of between £25,000 and £50,000.

When asked in 2011 what type of funding system they would support in the reform of social care RCN members overwhelmingly supported a comprehensive system based on the same principle as the NHS. They were particularly concerned that a new system should be fair, and that people should not have to sell their houses to pay for their care.

People’s ability to save for future care costs will be reliant on them planning ahead and wanting to insure against potential outlay, which in turn will be reliant on the private insurance market offering suitable and affordable financial products. The RCN believes that the design of the products that the financial services industry deliver will have critical implications for some key principles that our members value, such as equality and universality. Finally, it is worth noting that when asked, RCN members stated that they would prefer a state funded social care system.

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3. Do you agree in order to support transitions from children to adult care and support we should extend free care for eligible needs to young people up to age 25? Or are their alternatives we should consider such as through integration between child and adult care and support and the guidance provided on how to set the level of the cap?

The RCN supports the extension of free care for eligible needs to young people up to age 25 as there is a growing number of young people to whom this will apply. Transition is a worrying time period for the individuals and their parents and/or carers. Work has previously been undertaken by the Department of Health in regard to continuing care, this should act as a starting point to guide the level of care and support needed by individuals.

Who will qualify for a deferred payment?

5. Do you agree our criteria for determining who qualifies for a deferred payment should be? The criteria include people who would benefit from residential care and people with less than £23,250 in assets excluding their home. Are there any examples of where greater flexibility might be necessary to ensure people do not have to sell their homes in their lifetime to pay for care?

The RCN feels that consideration should be given to allowing people who have a dependent living in their house to defer payment for their care too (when the house is sold at a future date) otherwise it is likely that this option will only help a limited group of people to pay for care.

What fees can someone defer?

6. Do you agree with the principle that local authorities should have the discretion to introduce reasonable safeguards to ensure deferred payment agreements can be repaid? If so how can this be done in a way to support people’s choice of care home?

The RCN supports this principle, with the requirement that local authorities be open and transparent about any such arrangements, and where necessary apply their discretion so that an individual’s care and support needs are given the utmost priority.

How long can the deferred payment last?

7. Do you agree local authorities should normally wait at least 3 months after someone has died before actively seeking repayment? Are there circumstances in which the Local Authority should wait longer?

The RCN agrees that local authorities should wait at least 3 months and should consider waiting longer if individual circumstances dictate.

Wider flexibility to offer deferred payments

8. Do you agree that local authorities should have additional flexibility to go beyond what they would normally cover and allow people to defer care charges
to help them get the care they want in wider circumstances such as domiciliary care?

The RCN feels that it may be wise to first review the roll out and operation of the new system in regard to social care fees before considering whether it has any application for other care and public service areas.

**Calculating what counts towards the cap**

9. Do you agree with the proposed principles for calculating the independent personal budget and personal budget? The principles are:

- **To support the overall outcome of promoting a person’s wellbeing**
- **Be equitable to everyone who accesses local authority support, no matter whether they pay for their own care, or where they live**
- **Ensure consistency in the outcome of the calculation of the costs of meeting a person’s needs according to their individual circumstances as if the local authority was under a duty to meet them**
- **Be transparent over the calculation and the basis for it**
- **Where needs are being met by a carer, reflect the carer's ability and willingness to care**
- **And the impact of continuing to provide this support, and reflect what it may reasonably cost a local authority to meet a person’s needs according to their particular circumstances.**

The RCN has always maintained that all personal budgets should be optional since every individual, regardless of their long term condition or diagnosis, has very different needs, which should be considered on a case-by-case basis.

Local variation of eligibility criteria is confusing for patients, carers, family and staff and ultimately leads to unequal access to services across the country as well as problems with portability.²

People with personal budgets will need information and support to help them make informed decisions about treatments and services that best meet their needs and achieve their desired health outcomes.

**Recording progress towards the cap – the care account**

10. Do you agree that local authorities should have flexibility on providing annual updates where a person has not had care needs for many years, or they have already reached the cap? In what other circumstances should discretion be given?

An online account and a customer service centre could be useful options for people wanting more regular account updates.

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Responses to calls for evidence of relevance to the RCN

**Staying independent for longer – planning and preventatives**

**Raising awareness - information and advice**

1. How can we raise awareness of how care and support works to help people financially plan for their care needs? What should this cover and who should be involved? What are the key points in a person’s life where we should seek to provide this information?

The RCN has noted, in a number of public documents, our concerns regarding the complexity of the current system, and the compounding of this by the dearth of information about its workings for those seeking to access or use it. Providing information and advice is crucial in helping people understand the system, know what to expect, and make appropriate choices for their needs. Many people need to access care services when they are elderly, frail and vulnerable, or with complex and multiple needs. They must, therefore, have access to information and support in a format appropriate to their needs. They will be making decisions that will impact on their health and wellbeing and so need to understand, for instance, why choosing care provided by registered staff rather than non registered staff might be more appropriate for their needs. They should be made fully aware of the benefits of some types of care services, and the risks of others.

Information should be available on the internet, in booklets and leaflets, and crucially, information and support should be offered from appropriately trained or registered members of staff. The latter is vital, as such staff can provide better support in light of their understanding of local provision, the individual’s likely care journey, and the complexities of an individual's needs; as well as any national processes and policies. In particular, they can respond to individuals with greater care needs who may need detailed advice and support, or specialised help with planning and choosing their care. Trained and registered staff - underfunded and often absent in the current system - are therefore key to helping individuals successfully navigate the care systems.

Consideration should be given to providing information to individuals when they are likely to be most receptive to considering their current or future social care needs. For instance, when they are considering pension options, planning their retirement or perhaps when they are accessing an NHS service. It is important to be aware that younger people and the working population in general already have many pressures on their finances and an information campaign to the general public may not be the best use of limited resources. Lessons should be learnt from how to encourage people to save for their pensions, which have often been notable for their lack of success.

**Advice on financial planning and decisions**

2. In what circumstances is support required to help people with their financial decisions on how to pay for care? What information and support is needed to

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help them? How should local authorities work with other organisations to facilitate access to this information?

People need to be aware of where to go for information and support. To this end, local authorities could provide a one stop shop as people already access their services for a range of other issues (e.g. council tax, parking).

**Encouraging people to plan to pay for their care and support**

3. We welcome views on how, through implementation of funding reform, we can encourage people to take responsibility for planning and preparing for future care and support. What could prevent people from taking responsibility for paying their contribution towards care costs? What can Government, local authorities or others do to address these?

See response for call for Evidence 1.

**Assessment of the Care and Support you need**

**Accessing the cap on care costs – managing demand for assessments**

4. What flexibility should be given to local authorities in how they provide assessments of a person’s needs to accommodate the introduction of the cap and meet demands on local authority resources? How can we ensure assessments still support wider aims to signpost people to types of care and support, reflect each person’s preferences, and ensure safeguarding concerns are dealt with appropriately?

Providing for consistency in social care services across the country was one of the reasons for reform. The aim of helping service users navigate the social care system, and better understand what they are entitled to, should therefore be an important consideration in deciding the level of flexibility local authorities have in determining assessment processes.

The RCN believes that appropriately trained or registered staff members must carry out the assessments. Without such input, there is a danger that the assessment process becomes a tick-box exercise or one which does not fully understand the needs of the individual resulting in needs being missed or misunderstood and inappropriate referrals being made.

The use of multidisciplinary team assessments i.e. both health and social care professionals, including registered nurses would help integrate care and meet the holistic needs of a patient/service user, including any safeguarding issues. Joining up care from the initial assessment puts the individual in the centre of the care process, thereby helping plan and deliver integrated care to them throughout their journey.

**Removing barriers to integration of services – joint assessments**

5. How through the implementation of the cap, deferred payments and the new charging regime can we support integrated health and care planning for both the person receiving care and carers? What potential barriers to integration
could implementation of the cap or the charging framework create, and how might we reduce or overcome them?

The RCN supports the consultation’s assertion that “assessments should…not be bureaucratic.” Nursing staff who work at the interface of health and social care report feeling over burdened and frustrated by the administration involved in assessing who pays for care. Even care staff, who are aware of how the system works, find the system complex and difficult to navigate. In the RCN 2011 social care survey 64% of respondents felt that a means-tested social care system created too much paperwork for nursing staff.

The process of resolving who pays for care can be a time-consuming, often duplicative, and unnecessarily bureaucratic process, which can also be stressful and confusing for all concerned, and ultimately takes staff away from delivering frontline care.

It remains to be seen whether all unnecessary assessment duplication will be removed by the government’s efforts as means-testing and arbitrary division between the care systems is the cause of delays in discharge and confusion as to who pays for the care.

**Ensuring individuals are able to access and benefit from these reforms**

6. Do you have any evidence on how we can best ensure everyone can access and benefit from these reforms? In particular, we would like to gather evidence on the protected characteristics of:

- Disability
- Age
- Sex
- Race
- Religion or belief
- Gender reassignment
- Sexual orientation and marriage and civil partnership
- Pregnancy and maternity.

Feedback about how previous reforms have been implemented and received by those with protected characteristics suggests that there is a clear need for information about the reforms to be communicated in a wide variety of community languages and accessible formats. It is also vital that any communications strategy does not presume that those likely to be affected will be regular or confident users of online services or the internet in general. Recent research from Age UK has shown that older women are amongst those least likely to be online, which is concerning as they represent the group most likely to be impacted by the reforms.

We would also ask that support is given to voluntary and community organisations providing health and social care services, including the independent advice sector, who all work to improve access and outcomes for communities and individuals.

**Accessing support towards your care cost – the financial assessment**
7. What flexibility should be given to Local Authorities in how they provide financial assessments to accommodate the introduction of the cap, extended access to financial support and meet demands on Local Authority resources? How can we ensure financial assessments are proportionate yet still provide an accurate valuation of a person’s assets?

The RCN feels that Local Authorities should be given the flexibility to respond to individual circumstances.

**Paying for Care**

*Requesting the local authority to arrange your care – the arrangement fee*

10. What incentives could charging of an arrangement fee have on people receiving care and carers, Local Authorities or providers?

The RCN believes that an arrangement fee could be a disincentive for people in accessing the care they need, particularly if their needs are low or moderate. If people choose to go without care, their needs are likely to escalate or they may end up needing NHS care.

**Use of disposable income**

17. Should people be free to decide the proportion of their care costs met by their income and how much is deferred? Or should they be required to pay their care costs from income (leaving only an allowance to cover personal and household costs) and defer the remaining balance?

The RCN believes that the important point to make is that the same approach should be applied nationally, to ensure consistency, fairness, and promote a common understanding of the arrangements across the country.

**Information and advice**

20. What information do people need when they take out a deferred payment?

Information needs to be easy to comprehend and readily available in a wide variety of formats to ensure universal access to advice and support.

**Improved options for those who pay for their care**

25. What financial solutions will be important in helping different groups pay for their care? What are the priorities in terms of supporting the market to develop?

Currently, few people are aware that for most of the population social care is not free. In order to change this situation the RCN believes that it will be necessary for the government to run an extensive and regular education campaign on why people should save for their future care, and on the likelihood and cost of developing a care need in their older years.
We note, and as successive Governments have found, many people are resistant to contributing to any form of pension arrangement, which suggests that for many providing for their old age is not a foremost priority. If this is replicated with care insurance, we believe that it would result in high levels of unmet social care need, and the same costly implications for health care as under the current system. This reticence that people have to investing in their older age will need to be tackled in order for any private insurance based funding solution to be workable.

Additionally the cost and care coverage of the products on offer, and the incentives and discounts attached to them, will need to be carefully considered to ensure that this reformed system does not exacerbate inequalities or increase unmet care need.

We strongly believe that Government has a clear role and responsibility to ensure that any adverts and strategies used to help service users make informed choices are based on fact, and do not sway people into purchasing inappropriate care packages.

**Meeting your eligible needs**

**Measuring what counts towards the cap – the personal budget**

26. What additional information should be included in a personal budget or independent personal budget to accommodate these reforms, provide greater transparency and support planning?

Information needs to be easy to comprehend and readily available in a wide variety of formats to ensure universal access to advice and support.

**Calculating what counts towards the cap**

27. What sort of information does a local authority need to calculate an independent personal budget that they might not get through an assessment?

The RCN supports multi-disciplinary assessment but emphasises the need for flexibility to ensure local authorities are able to capture criteria that may fall outside any standard template.

**Reviewing needs and budgets as circumstances change**

29. How can we ensure a proportionate approach to reviews so personal budgets and independent personal budgets record the costs of meeting a person’s needs as circumstances change?

The RCN believes that carrying out multi-disciplinary assessments and regular reviews, are invest to save approaches as they minimise needs’ escalation. It is essential therefore that assessments are meaningful and not tick-box bureaucratic exercises.
Providing redress and resolving complaints

33. Given the reforms to the care and support funding system do you consider that existing processes to provide redress and resolve complaints are appropriate and accessible? Please explain your answer.

They would seem to be, although the increase in numbers might bring new strains and stresses to the system.

34. Do you agree that a tribunal system would be likely to slow down the process of resolving complaints and add significant costs, introducing a further burden on the system? Please give evidence to support your answer.

Yes. However, complainants must be clearly and easily able to access an appeals system, and so the application of the schools appeals model to the care and support setting will need to be carefully monitored and evaluated in its early implementation phase to see if and how it works, and adjustments made if and when found to be necessary.

35. Are there any lessons that can usefully be drawn from complaints processes in other sectors or local areas? Please provide evidence of approaches in other sectors that you believe would be more effective.

Our work on the Clwyd review (NHS complaints) shows that there needs to be clarity on access and procedures and timeliness in terms of response.

36. Do you have a view on the strengths and weaknesses of applying a similar mechanism to the schools admissions code appeals process to adult care and support?

See response to 34.

When the cap on care costs is reached

Transition to the introduction of the cap

39. We welcome examples of needs assessment practice from elsewhere and what we can learn from them to help manage the demands on local authorities from the introduction of the cap on care costs.

The RCN has recently commissioned a review of the benefits and challenges to shared assessments of people’s health and social care needs. The review found evidence that shared assessment processes can be beneficial if systematically implemented and robustly monitored and supported.

Responses to implementation questions of relevance to the RCN

*Transition to the introduction of the cap*

1. Do you agree local authorities should conduct assessments of people who are funding their own care and support up to 6 months before the introduction of the cap on care costs?

The RCN agrees that local authorities should conduct such assessments as it allows them to see if they have unmet needs in their local population.

*Workforce development*

3. We welcome views on the implications for commissioners and workforce leads from the potential use of partners’ resources to help manage the demands on local authorities from the introduction of the cap on care costs and how this should be addressed within the workforce development strand of the implementation programme.

Workforce planning is the key means to anticipate the impact of demographic, technological and policy trends on future service requirements and also as a possible way to improve efficiency in the service and support service re-design. Yet, workforce planning is too often seen as a separate and distinct exercise from service and financial planning and is generally introduced as an afterthought in service and policy development.

It is important that planning takes account of the whole workforce rather than treating each profession or group as a separate silo, which can inhibit innovation and mean the overall plans do not make sense when put together. It also needs to consider the whole system - health and social care - including the range of providers of services across both the public and the private sector.

The workforce planning function has three key elements:

- Assessing how many and what type of staff are required
- Identifying how these staff will be supplied
- Determining how a balance between demand and supply can be achieved (in effect it provides for some management of the workforce market)

Workforce planning needs to be an integral aspect of overall service and financial planning and should be influencing funding allocation, service reconfiguration and staffing decisions to assist an organisation or systems planners to make better use of its internal labour market and to map the position of the organisation in the wider labour market. Used effectively it can enable organisations to respond flexibly to changes in the external labour market.

Workforce planning needs to:

- Include key stakeholders: Service Planners; Workforce Planners; Service Commissioners; Education Commissioners and Providers; Service Providers both Public and Private Sector; and Trade Unions
- Include key functions: Finance; Human Resources; Service Planners
• Ensure all stakeholders are committed to and involved in the planning process with clear lines of responsibility, transparent decision making and accountability well defined.
• Have an agreed framework for collating staff information with a system for sharing the data across sectors.
• Take account of the whole workforce.
• Support best practice in employment standards and in employment relations – supporting both recruitment and retention of staff during change.

Nursing roles are central to meeting future challenges such as an ageing population. This will require nurses to develop skills and enhance their roles within a variety of work settings, including local authorities. It’s crucial therefore that the redesign and reorganisation of the health system and health and social care structure fully take into account workforce implications and how staff need to be supported and developed to deliver high quality care to patients that fully meets their needs.

**Market shaping and oversight**

4. **We welcome views on how local authority commissioning and care and support provider provision should adapt to take advantage of the opportunities provided by the introduction of funding reform and respond to the challenges it may present.**

The RCN’s initial submission\(^7\) raised a concern that improving quality of social care services was not included in the Dilnot Commission remit. The college is therefore unsure what is meant by ‘taking advantage of the opportunities provided by the introduction of funding reform’ and would request further clarification on this point.

5. **We welcome views on how funding reform and increased transparency will affect the shape of local markets for types of care and support, and evidence to understand how the demands on local authorities to arrange care on behalf of people who arrange their own care and support may change.**

The RCN feels that a formal review of the new arrangements should carried out after one year.

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