

Great acceptance speech! But no Oscar for social care



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The prize for the best acceptance speech of the week goes to the Department of Health and Social Care, who [put their stamp of approval](#) on the recent Competition and Market Authority investigation into residential care provision. [The report](#) produced by the CMA at the end of November 2017 painted a picture of a very fragile care sector, and one that, particularly for those primarily supporting local authority funded residents, raised questions about its long term unsustainability. The report talked extensively about the future challenges associated with long term investment in the sector, and with that the limited opportunities for providers to invest in workforce, technology and buildings to improve the quality of care.

With this very clear exposé of the challenges impacting the sector, one might have hoped for something immediate and concrete to address this, however in response, the government notes the additional funding it has provided- and then reminds us of the forthcoming green paper, where, of course, all such knotty problems will be resolved! Although, perhaps in an interesting steer to anyone with future oversight responsibilities, it does explicitly state its expectation that additional monies transferred to authorities will result in increase in provider fees.

The DHSC response talks of the establishment of an independent body that would have oversight of local authority commissioning arrangements, and in so doing, ensure that the Care Act and appropriate market shaping responsibilities were being upheld. Sounds to me like a job that might be heading the way of the National Audit Office, as government works hard to unobtrusively reignite some of the oversight tools that it had in place in relation to local authorities, prior to their removal in the acclaimed 'bonfire of the quangos'. This independent body would look at the role of local authorities in planning for care needs, supporting authorities in producing market statements and report on them when they are not doing it right. In addition, it will also reflect on the cost of care – raising the potential for a nationally determined price point for care – this is an interesting centrist approach – but of course in almost every way contrasts with some of the dominant messages of this and previous governments around localism. An interesting circle to square. Hence, I suspect, the acceptance 'in principle' caveat.

The response also makes note of the issue of third party top ups, and states that it will be instigating a review of these. This was, of course, the subject of the recent case shared this

week by the Local Government and Social Care Ombudsman, and one can imagine that any future review will draw heavily on the findings of the Ombudsman.

The government accepted the CMA requirement to review the Funding Nurse Care and Continuing Health Care and indeed on the 1st March issued some [updated guidance](#). In addition, again the Ombudsman has updated [its guidance on FNC for practitioners](#).

More straightforwardly the response goes on to look at some of the key consumer concerns that the CMA honed in on. In an unsurprising flush of acceptance, the government has endorsed all the recommendations of the CMA that focus in on enhancing consumer protection, information, advocacy and advice. The issues around transparency of contractual arrangements, clarity around fees and streamlining of complaints procedures are vitally important and ones that many providers are already engaging with. There is a nod to the work of Quality Matters, and NCF and its members have been involved in the work that is being led by the Local Government and Social Care Ombudsman to streamline the sector approach to compliments and complaints. The route to compliance sits squarely on the shoulders of providers and the regulator, and we will need to work closely with the regulator to understand how compliance with these areas will be addressed during forthcoming inspection changes. However, consumers of care should all be better informed about their rights, the quality of care, how to access services and what to do if the service they find is unsatisfactory. The government response is right to strengthen this requirement, but it must ensure that this happens for all consumers, whether paying for their own care, or having it funded through the local authority. It is not clear from the existing proposals that there is any recognition or ambition to address the differential contractual terms that can exist between local authority and self-funding contracts, and yet current local authority contracts can limit an individual's ability to exercise choice and control.

In what appears to be a very positive nod towards power to a newly enlightened consumer, the government response sees the ability of the individual to exercise choice and control as a key future determinant of quality. The strength of this message, and how it could significantly drive forward person centred care, needs to be backed up by some clear action to enhance consumer understanding of care. The need for a national campaign to both promote the positive role of all types of care within communities, and to ensure families and carers know what to expect and how to ask for it, is imperative. The government has a key role to play in this, and again, it is hoped that the green paper will provide a future focussed vision for social care that will cement the position of social care in both the minds of those who will need services, and the future workforce. Some clear actions connected with this will turn this blushing acceptance speech into one worthy of a prize.

As with all good Oscar worthy blockbusters, the government has promised us a sequel. The investigation by the CMA looked at residential care only, but recognises the continued trend towards people receiving care at home. So – the government suggests that the CMA turn their sights next on the domiciliary care sector.....