Making Life Easier Policy Taskforce

**OUR TASK**
People tell us they want health and social care services, which are convenient and easy to understand, access and use. Our task was to make recommendations that would make life easier for people.

**OUR PRIORITIES FOR ACTION – A SUMMARY**
We want to make life easier for people through the provision of better information, with improved access to services, which are co-ordinated and put people in control.

This can be achieved by concentrating on the 4 priorities of:
- Improving the provision of information
- Developing a workforce that empowers people to control their own health and wellbeing
- Creating health and wellbeing partnerships with joint commissioning
- Targeted prevention

1. **Introduction**

This report represents a summary of wide ranging discussion within the taskforce at three meetings, and work by individuals between meetings. The proposals identified in this paper are not fully worked up, but do reflect those discussions, and the emerging views from the public consultation process. Clearly they do not cover all elements of the areas encompassed by the taskforce remit, and they do not have a full evidence base. However, they do present a view from the group on the areas requiring action and we present them to you for your consideration. A list of the membership of the taskforce can be found at Appendix 1.

2. **What We Did - Working methods**

In the first session the group brainstormed what was needed to improve primary and social care, provide more services in the community, help people live healthily and help people with long term conditions. Small groups then identified the priorities and presented these at the second session. In the final session we considered the levers and incentives that could be used to achieve these priorities.
3. “What problem are we trying to fix?”

- **Information** – People currently lack the both information to help themselves make healthy choices and to find the services they need in the complex health and social care system.
- **People in Control** – People have been passive recipients of health and care and have not been fully in control of their own health and wellbeing.
- **Co-ordination** – The plethora of organisations that provide public services are not always joined-up to meet the needs of people.
- **Access** – People can experience wide variations in both the access that is available to services and the level of service that is offered.

4. Proposals

This section contains our proposals to make a positive difference.

**INFORMATION**

There are at least two levels at which information should be provided:

Firstly, information is needed to allow people to take charge of their own health and well-being by giving them the fundamental knowledge to make healthy decisions.

Secondly, people must have the information they need to help them ‘find’ services and identify ‘good’ services. This will require the provision of information not just for health and social care services but also on the other “interdependent” services such as housing, employment and benefits. Information is an essential pre-requisite for people to “navigate” the system.

**Priority - Improving the provision of information by:**

- Building on the current responsibilities of the health and social care system and other organisations to develop or commission a local network of information services.
- Promoting improved health and well-being ‘literacy’
- Improving access to available information through new technologies.

Specific policy proposals on better information are contained in Appendix 2.
We do recognise, however, that the mere provision of information may not be enough, particularly for people with complex problems or those who are disadvantaged. In these circumstances, people may need more support to make use of this information and health and social care staff can provide this.

**PEOPLE IN CONTROL**

If people are to receive personalised services, a shift in the culture of health and social care services will be required. This will need a change in the nature of the relationship between those who provide services and those who use services.

The key to the delivery of personalised services offering choice and control to people and improving the quality of services is to ensure that the workforce possess the appropriate skills, knowledge and competence.

**Priority - Developing a workforce that empowers people to control their own health and wellbeing:**

- Leaders of health and social care provides a clear vision to their workforce that their role is to support people taking charge of their own health and well-being.
- Ensure that user involvement and decision-making are central to the training of health and social care professionals.
- Provide a clear strategy to improve the general quality of the social care workforce where only 25% currently holds a qualification.
- Ensure that staff vary their level of input to meet the needs of the individual e.g. those people with complex problems will need much more help navigating the system than the mainstream population.

Other means of putting people in control such as the greater use of information technology, creating communities where people can share experiences and using direct payments and individual budgets are outlined in the Appendix 3.

The empowerment of the 5 million informal carers is also critical in ensuring their fundamental support to individuals is strengthened, supported and improved. We would particularly like carers to be noted on patient records/case notes. Other proposals for carers are set out in the *Who Supports and Helps me* Report.
CO-ORDINATION

Both people who use services and the staff who deliver them can be frustrated by the complex and fragmented nature of health and social care. Moving within either system or between health and social care can be difficult. People want consistency, coherence and continuity from services.

Co-ordination is required across a broader range of systems than health and social care such as housing, employment, benefits, transport, leisure, regeneration etc.

Co-ordination can be secured by better planning, commissioning and partnerships at a strategic level, and by better delivery between and across agencies and professionals.

Priority - Creating health and wellbeing partnerships with joint commissioning

- These would involve local government, health and public services. The focus would be to improve the health and wellbeing of the local population.
- They would identity need (through detailed population information) and arrange for it to be met.
- One of the key means of doing this would be using joint commissioning of health and social care services as a lever to incentivise the development of a single, simple criteria for access to services.
- To support this joint commissioning a tariff for long term conditions linked to the Quality and Outcomes Framework and Practice Based Commissioning should be developed.
- Joint commissioning would focus on the development of integrated care pathways for people.

Further details on health and wellbeing communities are contained in Appendix 4.

ACCESS

Often services intervene when problems are acute and chronic. The challenge for both health and social care is to intervene at an earlier stage to prevent problems developing. A further challenge is to ensure equality to access to services. Not all those in greatest need access services whilst some groups are overrepresented.


- Allow everyone to perform an interactive Health MOT on themselves using a vehicle such as NHS Direct online. This could
meet the public desire for MOTs, but in a cost and clinically effective way.

• Supplement this by proactive outreach to target the most at-risk groups particularly those who are ‘hard to reach’ to give them face to face advice and health checks.
• Identification of at-risk individuals is done by a variety of means e.g. through the new pharmacy contract and school nurses.
• In addition, develop integrated prevention and early intervention projects.

There is also a need to improve access to GPs by creating a system responsive to the pattern of people’s lives and the urgency of need. This is being picked up in the *My Life, My Choices* report.

5. **What are the priorities for action**

The focus of discussion of the taskforce has been to identify the problems to be solved, the potential solutions and priorities for action. We have generated a range of ideas, some broad in concept, some detailed. The deliberative events and the other taskforces will similarly generate ideas. We felt it important to identify priorities for action, which would have a strategic and practical impact on making life easier. Four priorities were identified:

• **Improving Information** to people so they can make informed choice, and lead to more personalised care.
• Developing **health and well-being partnerships using joint commissioning** to ensure the system operates for the benefit of people with the elimination of fragmentation.
• **Investing in the workforce** to ensure they are equipped to deliver individualised services with people in control.
• **Targeting prevention** at those who are most in need, who are often those least likely to access services.

David Behan,
Chief Inspector, Commission for Social Care Inspection
Chair, Making Life Easier Taskforce
Appendix 1

Taskforce Membership:

David Behan (CSCI, Chair)

Jane Ashman (ADSS)
Francine Bates (Contact a Family)
Gail Cartmail (Amicus)
Faith Davey (The Care Forum)
Chris Ham (Birmingham University)
Peter Hay (Birmingham City Council)
Tim Hind (LGA)
Mayur Lakhani (RCGP)
Chaand Nagpaul (GP Committee of the BMA)
Gary Needle (Healthcare Commission)
Mike Sadler (NHS Direct)
Ruth Siemaszko (DfES)
Hugh Sturgess (NPDT)
Sue Younger-Ross (ODPM)

Gary Belfield (DH, Senior Aide)
Peter Howitt (DH, Secretariat)
Appendix 2

Better Information – How will it work?

Build on the current responsibilities of the health and social care system to develop or commission a local network of information services:

- Local areas should publish standard and transparent information on all services on offer, how to access them, eligibility criteria and waiting list times. This information should be available through every information outlet including the internet. This should be available for all relevant advice and information providers to link to via their own websites.
- Offer specific health advice/information tailored to key life stages (recognising diversity and the individual e.g. DWP send out info on health and wellbeing in older age on retirement, information on counselling and support provided on bereavement)

Promote improved health and well-being ‘literacy’:

- Add health literacy into the education curriculum and embed into every aspect of ‘school life,’ building on the healthy schools concept.
- Use the brand of the 2012 Olympics to promote health literacy and to make them people aware of healthy activities on offer in their local area.

Improve access to available information through new technologies:

- Technology as a navigational aid to service availability. This can be achieved in several ways: digital TV which can connect older people to the internet, interactive decision making tools, text reminders, personalised web spaces and email reminders.
- Technology in community facilities to encourage access to information at location and pace to suit individual
Appendix 3

People in Control – How will it work?

Technology for Healthy Living – offers many exciting innovative opportunities to offer people control over their own health, well being and independence. Examples:
- Pilot hand held records.
- Provide monitoring systems for vulnerable people to use at home e.g. blood sugar level.
- Use Telecare applications to assist people who are vulnerable or their carers to stay at home safely. This could be linked to call centre advice, e.g. NHS Direct.

Create communities of users – Many people feel empowered through the support offered by others with similar experiences.
- The Birmingham event suggested that a quarter of the population would find support through self-help groups useful, and a third would find support from a fellow service user who had received additional training useful.
- This would tackle the current asymmetry of knowledge between professionals and the public by sharing knowledge.
- Expand expert patient programme so that it is the norm rather than the exception.
- Create a social care interactive forum on the internet for people to ask each other questions and provide advice (virtual community). This builds on the interactive forums for people with specific health conditions and care needs (e.g. Contact a Family’s website attracts 1.5million visitors per year). The voluntary and community sector are well placed to develop this approach. NHSD could also assist. Explore use of LPSA to incentivise these initiatives.
- Organise groups with the same LTC condition to meet regularly (physical community)

Expand the opportunities for self-directed services - Many people feel empowered through the opportunity to make direct payments and hold individual budgets for Social care. We would like to extend these benefits.
- Develop a personal budget pilot for those with long-term health and social care conditions to cover both funding streams. This may be achieved by building on the personal budget pilots.
- Facilitate self-access to therapies.
Appendix 4

Co-ordination - How will it work?

Creating health and wellbeing partnerships:
- Develop integrated outcome based frameworks – shared vision, priorities and accountability across health, social care and other key sectors.
- Agencies within the partnership to be placed under a duty to co-operate to achieve health and wellbeing (local and national so would include government departments such as DWP)
- The partnership to produce a joint strategic action plan which demonstrated how national objectives will be delivered locally.
- Review the current flexibilities to ensure that they incentivise joint-working.
- Develop new accountability arrangements which can demonstrate how new flexibilities will be delivered e.g. LAA.
- Design the performance assessment and regulation system to drive improvement in outcomes for people.
- Encourage use of inclusive community sport facilities e.g. opening school swimming pools in the evening.
- Have services delivered by integrated teams of professionals working to common outcomes underpinned by a development programme designed to secure collaborative working.
- Make use of the current infrastructure of public services (including general practice) to deliver co-ordinated care.
- Ensure health and well-being considerations are taken into account in all public services e.g. so town planning would design new communities around walking rather than cars.