

Healthwatch Birmingham's response to Operational guidance to implement a lifetime cap on care costs

Healthwatch Birmingham welcomes the opportunity to respond to the Department of Health and Social Care's consultation on *Operational guidance to implement a lifetime cap on care costs*. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement.
- Whether the proposals are responsive to the needs of the people of Birmingham

We are pleased to see that the Department is consulting on the guidance for such an important change. We are pleased to see this should lead to consistent implementation of the lifetime cap and reduce inequalities across the country. It is also pleasing that the department have committed to reviewing the guidance in an iterative process following implementation in October 2023.

As a local Healthwatch, we are often contacted by members of the public about care costs, as they find the current system quite confusing to understand. Especially in cases where they have a relative going into care at short notice, such as when discharged from hospital. People have struggled to get the help and support they need to understand things clearly.

This is compounded by varying levels of health and care literacy, thus poor knowledge and information about how the system works and people's rights within the system. Healthwatch Birmingham therefore believes that there needs to be clear guidance to local authorities about access and communication with people, so they do not face unnecessary hurdles. Otherwise, those able to understand the lifetime cap and knowledge of the system are likely to get support - increasing the likelihood of inequality/inconsistencies across the UK.

This is of particular concern in Birmingham as it has a population of more than 1 million residents. There are over a hundred different languages spoken in Birmingham. Some areas of the city are mainly (at least 80%) populated by residents from Black, Asian and Minority Ethnic groups. More than half of Birmingham's population is under the age of thirty. Forty-six percent of Birmingham's population live in the 10% of most deprived areas in England, which accounts for some very poor health outcomes. The city has a level of homelessness that is more than three times the national average, long-term unemployment two and a half times higher, and one in three children live in poverty. One in four people live with a mental health condition that started in childhood. There is a prosperity gap of 10 years between the most affluent and least affluent people living in Birmingham.

Information and guidance need to be easily accessible to all those with language support needs. Information will also need to be culturally sensitive and appropriate. Services such as advocacy providers will be needed to give support to people who need it.



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There needs to be an understanding of the barriers and challenges different groups face and consideration of whether the guidance will allow local authorities to address these barriers and improve outcomes for people. In addition, consider how the overall guidance reduces inequalities and improves access by focusing on index of multiple disparity, ethnicity, and protected characteristics.

We note that the Care and Support (Direct Payments) Regulations 2014 will be altered to extend direct payments to all residential care settings. We recently undertook an investigation [Direct Payments in Birmingham: Choice, Control and Flexibility](#) and found that improvements were needed. As direct payments are to be extended, we urge the department to examine our report and take note of our findings. These improvements where appropriate can then strengthen the guidance to local authorities.

Our main findings were:

- People need clearer information from local authorities about their entitlements to Direct Payments. This is needed to increase their uptake.
- People need diversified ways to learn about Direct Payments. Well above two-thirds of people who shared their experiences had received the information from social care workers, with the remainder citing a third-sector organisation or word of mouth.
- Direct Payment users need freedom to plan flexible and innovative ways to meet their care and support needs.
- Service users and carers need to know what they should expect when they try to access, and then use, Direct Payments. This includes how service users and carers can feedback to local authorities about their experience of trying to access and use Direct Payments.
- People need to be supported through the process by being given the necessary information and advice, control of the Direct Payment and how it is spent, and support without undue constraints and bureaucracy.
- Frontline council staff need a clear understanding of Direct Payments, the support offered by services, targeted training and support to ensure that Direct Payment users receive consistent information and support.
- Direct Payment users need to be supported to build their capacity to manage their payment including guidance and training.
- Assessments and reviews need to be genuinely person-centred, timely and accurate.

We look forward to reading the updated guidance following this consultation.

Yours Sincerely,



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