



counsel + care 
for older people, their families and carers

guide

Information from Counsel and Care: 1

Community Care: understanding the system in England

If you need care, or are helping to arrange care for a relative or friend, you may be dealing with the community care system for the first time. To help you understand the system, this guide gives information about the structure of the community care system, who provides services, and the definition of some words and phrases you might come across.

Counsel and Care is a national charity working on behalf of older people, their carers and families. If you have found our service helpful, please consider making a donation or leaving a legacy in your Will. You can arrange either by telephoning 020 7241 8555 or using the secure service on our website www.counselandcare.org.uk.



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Your donations, legacies and payroll giving enable Counsel and Care to get the best care and support for older people, their families and carers

Counsel and Care is a national charity; however the creation of the Scottish Parliament, and the Welsh and Northern Ireland Assemblies means there are differences in the ways each region cares for and supports older people. The information in this guide applies essentially to England although there may be similarities with Scotland, Wales and Northern Ireland.

We also produce five separate guides for both Scotland and Wales covering the community care assessment of need process; paying care home fees and making a formal complaint which are the key areas where the policy and legislation differ significantly to England. All of the guides we publish can be downloaded from www.counselandcare.org.uk/helping-you/guides or posted to you by leaving a message on our guide order line on 020 7241 8522.

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1 The structure of care services

The Department of Health is the government department responsible for the effective delivery of health and social care services in England. It is responsible for:

- Maintaining the overall system
- Developing the policies and guidance that set out how health and social care services are to be delivered

The health and social care organisations that provide care directly to older people set up their own systems to deliver that care, but they must meet the requirements set by the Department of Health.

Most NHS services are 'free at the point of delivery'. This means that we all pay for the services through taxation so that the person receiving the care does not have to pay. Some services may be charged for depending on where you live, your age or if you have a disability, for instance, prescriptions, sight tests and dentistry. These are means tested so that people on a low income are not charged.

1.1 Healthcare in England

Strategic Health Authorities (SHAs) are the link between local National Health Services (NHS) and the Department of Health. There are ten SHAs responsible for managing, monitoring and improving local health services in England. SHAs are responsible for a number of Care Trusts in their area, which include Acute

Hospital Trusts, Primary Care Trusts, Mental Health Trusts and Ambulance Trusts.

Primary Care Trusts (PCTs) are responsible for 80% of the NHS budget, and the planning of primary care services for the local population. They arrange the provision of services like GPs, dentists, pharmacists and opticians. PCTs are also responsible for improving the health of the local population, providing screening services, mental health services and patient transport. They should also make sure that the health and social care systems work well together. More and more PCTs are expected to jointly commission work with local council social services departments, so that health and social care services are more streamlined.

1.2 Social care

Each local council is responsible for delivering **social care services** to its local population. Each person who appears to be in need, or who is in need of care is entitled to an assessment. A care package will then be provided to meet that need, if the local councils' eligibility criteria are met. This care may be at home, in supported housing or in a care home. The council can charge for any services it provides and you will be asked for details of your financial circumstances.

Many councils no longer employ care staff directly but make contracts with other agencies to deliver care services. These agencies might be private or voluntary organisations such as Age UK or Age Concern. If your care is supplied by a private agency,

but is arranged by the council, it remains the responsibility of the council to ensure you receive good standards of care. If your council provides you with money to 'buy' your own care, (see definition of **Direct Payments**), the council remains responsible for this provision of your care.

Increasingly, councils have financial problems which may restrict the amount of people that they are able to provide care for. However, once you have been assessed as needing a level of care, the local council has a duty to meet that need irrespective of financial problems. Councils tend to only provide services to those people whose needs are high or which are in need of more consistent support.

2 Legislation and guidance

The main framework for the community care system is the **National Health Service and Community Care Act 1990** which pulls together many other pieces of primary legislation. This primary legislation gives the Secretary of State for Health the power to make **directions** to councils and NHS bodies and provides **guidance** on how to implement the system.

Directions issued by the Department of Health are not law but they work in the same way and place a **duty** on the council or NHS body to comply. All directions are important but some in the community care system, such as those that cover complaints procedures and the right to choose which care home to move into, are particularly important for older people.

2.1 Guidance

Guidance is issued by the Department of Health. There are generally two types of guidance:

- **Policy** guidance – places a general responsibility on the council or NHS body to act in a certain way to make sure they provide effective services
- **Practice** guidance – places a responsibility on social care and health staff to work in a particular way to ensure that needs of individuals are appropriately addressed.

Using guidance

If you have a problem with the council or health organisation or want to make a complaint about any aspect of the care or support provided you may be able to use directions or guidance issued by the Department of Health to help you. For example, if you have had an assessment of your needs and it has been agreed that you need support provided by the council to meet those needs, you are entitled to a copy of your assessment, the statement of your needs and care plan. If you have difficulty obtaining these you can refer to both policy and practice guidance to support your request. (For more information, please see our guide **Complaints about community care and NHS services in England** (guide number 18).

2.2 Freedom of information

The Freedom of Information Act 2000 gives people the right to request information from any public authority. They are required to provide this information within 20 working days unless the information is exempt, for example, it would prejudice national security or damage commercial interests. Your request must be made in writing.

3 Terms you may come across

When you are talking to social services or health staff, they may use words or phrases you are unfamiliar with. The following list gives a brief description of the most common terms. For more information on any of the words, organisations or services listed below please contact Counsel and Care's advice service (tel.: 0845 300 7585).

Advocate: an advocate is someone who, with your permission, will act independently on your behalf and represent your views and interests to another party, such as a care home, the NHS, the council, or a member of your family. If you are dealing with a care home, NHS service or council, they all have an obligation to assist you to find an advocate if you feel that you need one. For more information, please see our guide **Independent Advocacy** (guide number 25).

Allowance: some people may be entitled to an allowance or benefit if they meet certain criteria, for example, Carer's Allowance (£53.90 per week) can be claimed by people who care for someone for 35 hours or more a week. Attendance Allowance is paid to people who need extra money because they have a physical or mental disability or both and need help caring for themselves. There are two rates: the high rate of £71.40 and the lower rate of £47.80).

Assessed needs: the individual's presenting difficulties and subsequent support identified as the result of a Community Care

Assessment (see below). Assessed needs should include the physical, mental, social, emotional, psychological, spiritual and cultural needs of the person.

Assessment: this is where an organisation gathers information about the way you live, your difficulties and the help already available to you. An assessment might look at your health, care needs or finances, depending on who is carrying it out. If someone is carrying out an assessment with you it is important to find out who they are, what organisation they represent, what information they want and what the assessment is for. It is also important to ask for a copy of the assessment in writing. For more information, please see our guide **Assessment and services from your local council** (guide number 12).

Befriending scheme: these schemes provide trained volunteers to visit you in your own home, join you on an outing, or telephone you for a chat.

Care assistant: someone employed by the council, a **home care agency** or in a care home that helps with everyday tasks such as washing, getting dressed or preparing food. Care assistants are sometimes called carers, care workers or home care workers or personal assistants.

Care home: a care home provides 24 hour care to its residents. Different care homes offer different levels of care. Some provide specialist nursing or dementia care; some only help with **social**

care. All care homes are registered and inspected by the **Care Quality Commission (CQC)** (tel.:03000 616 161; www.cqc.org.uk) and must meet the **Essential Standards of Quality and Safety** which are set out in law.

Care manager: care managers work for the council and are sometimes called social workers. They may be based in the community or in hospital and should make sure you receive the services agreed in your **care plan**. Sometimes the person in charge of a care home is called a care home manager. They are responsible for making sure your needs are met in the care home, in accordance with your individual care plan.

Care plan: this is a written statement of your **individual assessed needs** identified during a **Community Care Assessment**. It sets out the overall aim of the care package, what your assessed needs are, how they will be met, and by whom. It also records when the services are to be provided on a weekly basis, emergency contact details and the date that the care package is to be reviewed. You are entitled to be given a copy of your care plan. You should not sign and date the care plan until you are happy with it. People who are self-funding their care services should also be given a care plan following an assessment of their needs. They can still request a copy of the statement of their needs from social services.

Carer: if you live at home and have a relative, friend or neighbour who looks after you, this person is your carer. Sometimes

professionals will refer to your carer as an 'informal' carer, which is different from an 'employed' carer such as a home care worker.

Carer's assessment: an entitlement which establishes if a carer has any extra needs as a result of being in a caring role. They would need to be providing or intend to provide, a substantial amount of care on a regular basis to another person (there is no set amount of time), and they do not need to be living with them. The assessment will take account of the time the carer spends in this role, and the impact this commitment has on them as well as on other areas of their life. It will also take into account the financial needs of the carer. The assessment will result in a **care plan** separate to the one provided for the cared-for person. The cared-for person does not have to be receiving services from the council for the carer to be entitled to this assessment, however, the condition for the carers assessment is simply that the carer must be caring for a person whom the local council is satisfied that it can provide or arrange services for. For more information, please see our guide **Carers – what support is available** (guide number 10).

Combined package of care: (also referred to as 'joint package of care'). This is a jointly funded package of care from social services and the NHS for those people who do not meet the criteria for NHS Continuing healthcare funding. Help from a registered nurse will be provided if you are in a nursing home, and community or district nurses will be at home, if you have nursing needs. If someone is eligible they will receive visits from a care worker for their personal care needs, and a nurse who will take care of their

medical needs. The recipient will be means-tested for the personal care part of the package, and may have to pay to receive this. The nursing care will be provided free of charge.

Community care assessment: where the local council's social services department finds out what you can manage and records the difficulties you are facing. This information is used to identify your **individual assessed needs**, what services you need and how they will be provided. The social services department is responsible for organising the assessment, but other organisations and statutory services, such as health and housing (directly or indirectly), may also take part, depending on your particular circumstances. The assessment should also look at maximising your income so it may involve the Pension Service (tel.: 0845 60 60 265). You should be told the results of the assessment. This may be in the form of a **care plan**.

Complaints procedure: a joint procedure, underpinned by government legislation, that each council and primary care trust has a duty to follow when dealing with a complaint made by someone receiving health or social care services. Each organisation must have a Complaints Manager who oversees and manages the complaints process. For more information, please see our guide **Complaints about Community Care and NHS Services** (guide number 18).

Care Quality Commission (CQC): the independent regulator of health and social care in England. It regulates the quality of care

provided in all care homes, home care agencies and hospitals, and all services provided by the NHS, local authorities, private companies or voluntary organisations. They also protect the rights of people detained under the Mental Health Act. One of the things they do is to make sure that all care homes and home care agencies meet the **Essential Standards of Quality and Safety** which are required by law. It publishes inspection reports conducted in every care home and with every care provider. CQC (tel.: 03000 61 61 61; www.cqc.org.uk).

Day centre: a service managed by the local council social services, NHS or voluntary, a care home or private body, which people who are socially isolated can attend during the day to meet other people, have meals and take part in activities. In many places, transport to and from the day centre is provided.

Devolution: Wales, Scotland and Northern Ireland have established systems of devolved government, which means some functions of government are organised from Cardiff, Edinburgh and Belfast. All three nations are responsible for the provision of health and social care services, and therefore have separate inspection agencies as well. For details of regional assemblies and organisations, please see our guide **Information – other useful organisations** (guide number 24).

Direct Payments: a scheme where people who need care services are given money by the council's social services department to arrange and pay for those services themselves rather than have the

services arranged by the council. See also **personal budgets**. For more information about Direct Payments, please see guide **Home Care: using direct payments and personal budgets** (guide number 23).

Disabled Facilities Grant (DFG): a means-tested grant that enables the home of disabled homeowners and private tenants to be adapted to meet their needs, with for example, a walk-in shower, widening doors or installing a stair lift. The disabled occupant must agree to live in the property for at least five years after the works are completed, unless health reasons mean they will live in the property for a shorter time. For more information about DFGs, please see our guide **Housing: adapting your home to stay independent** (guide number 28).

Discharge team: a team of staff based at some hospitals which should give you advice, support and practical help when you are well enough to be discharged from the hospital and when you first go home.

Domiciliary care: care services that you receive while you live in your own home, such as assistance for you to get out of bed, to wash or dress, or visits to a day centre.

Eligibility criteria: organisations such as councils or Strategic Health Authorities (SHAs) judge when services should be provided to individuals by deciding on certain 'conditions' the individual should meet before the service is provided. These 'conditions' are known

as eligibility criteria. There are national government guidelines to help councils or SHAs set fair eligibility criteria. Depending on demand for services and the resources available, each council or Strategic Health Authority can change their eligibility criteria.

Enduring Power of Attorney: this is someone who has the legal ability to manage someone's financial affairs and property on their behalf. It applies to people who do not have the mental capacity to decide on their financial matters, but must have been set up before they lost mental capacity. A new power was introduced in October 2007 called Lasting Power of Attorney, but anyone who already holds an Enduring Power of Attorney can continue to use it. See also **Power of Attorney** and **Lasting Power of Attorney**. For more information, please see our guide **Money and welfare: managing my affairs if I become ill** (guide number 33).

Essential Standards of Quality and Safety: a set of standards which all care providers must meet in order to operate and be registered as a care provider by the Care Quality Commission. The standards set and monitored by the Care Quality Commission (CQC) cover all aspects of life in a care home and a home care agency. In a care home, the standards consider the experience of service users when moving in, being caring for, social activities, safety and privacy and complaints about standards of care. In a home care agency, there are standards set for a wide range of issues including the recruitment of staff, protecting the safety of the service user, policies and procedures and complaints. (See **Care Quality Commission**.)

Extra care housing: this is independent living for older people who wish to live in their own flat, but who may need a degree of support with personal care tasks. Extra care housing is available to rent or buy. Local councils can provide this type of accommodation but it is still quite rare. However, there are a number of commercial providers which provide extra care housing. It is sometimes referred to as very sheltered housing, or supported living. For more information, please see our guide **Extra care housing** (guide number 30).

Financial assessment: this is when the council asks for information about your income and savings to work out how much you have to contribute to the cost of your care.

Home care: another term for **Domiciliary care**.

Home care agency: an agency that provides **care workers** to help you at home. The agency might be a private company or a charity. The agency can be employed by the council to provide you with services, or you can employ the agency's staff yourself using **Direct Payments**. For more information, please see our guide **Home Care Agencies: what to look for** (guide number 15)

Home Improvement Agency: these are locally-based, not-for-profit organisations which help homeowners and private sector tenants who are older, disabled or on a low income to repair, improve, adapt or maintain their homes. They advise on how to claim

grants to help raise money for work. Some will help older people with minor jobs and put them in touch with approved technicians who can carry out the work. For details of your local Home Improvement Agency, contact Foundations (tel.: 0845 864 5210; www-foundations-uk-com).

Hospital social worker: a social worker or care manager employed by the council, but who is based at a hospital.

Incontinence: this is where someone may be unable to control when they go to the toilet. This can be treated in various ways and your GP will be able to refer you to a continence advisor or health visitor.

Independent Mental Capacity Advocate (IMCA): this is a role created by the Mental Capacity Act 2005. A local council or NHS body has a duty to involve an IMCA when a vulnerable person who lacks mental capacity needs to make a decision about serious medical treatment, or an accommodation move. This could be an older person with dementia or a learning disability. An IMCA may also be referred to where measures are being put in place to ensure the protection of a vulnerable adult from abuse. The IMCA will help support the older person to make the decision, will represent their views and should act in the person's best interests. For more information about IMCAs and Independent Advocacy in general, please see our guide **Independent Advocacy** (guide number 25).

Intermediate care: a range of short-term treatment or rehabilitative services designed to promote independence, reduce the length of time you might be in hospital unnecessarily, or help you to avoid unnecessary admissions to hospital. You can be provided with intermediate care in hospital, a special unit, in a care home or in your own home. Intermediate care services are for a short time and usually last no longer than six weeks. They are paid for by the NHS and you should not be charged personally for them.

Lasting Power of Attorney: this is a provision created by the Mental Capacity Act 2005. It is the legal document which states that a third party is able to have control over someone's affairs, including decisions about finances, care and welfare, once the person lacks the capacity. Lasting Power of Attorney must be set up whilst the older person still has capacity to make the decision about who they would like to have this control. It is important that the person (or persons) you choose to have Lasting Power of Attorney is someone you trust to act in your best interests once you are unable to make informed decisions. See also **Enduring Power of Attorney** and **Power of Attorney**. For more information, please see our guide **Money and welfare: managing your affairs if I become ill** (guide number 33).

National Service Framework for Older People (NSF): strategic national guidance, set by government, to ensure the standards of care older people receive are raised and maintained across the country. There are other frameworks for different NHS priorities,

such as cancer, coronary heart disease, and mental health services. They set out 'milestones' and 'targets' for improvement of services.

NHS Continuing healthcare: a package of care services that is provided by and paid for by the NHS. This type of care can be provided in hospital, a hospice or a care home, and can be available in your own home (but not limited to). Sometimes the care is arranged by the NHS (for example, in a hospital or nursing home), or sometimes it is arranged by the council, but paid for by the NHS (for example, continuing healthcare in your own home.) For more information, please see our guide **Continuing Healthcare: Should the NHS be paying for your care?** (guide number 27).

NHS-funded nursing care payment: a way of working out whether a resident in a care home requires care from a registered nurse. This determines whether the NHS will pay an amount to cover the cost of the nursing care that the resident receives in the care home. There is one single NHS-funded nursing care payment of £108.70 per week in England.

Nursing care: if you need nursing care in a hospital or from a registered nurse in your own home it will be supplied and paid for by the NHS. If you receive nursing care in a care home the NHS will pay the nursing care element of the care home fees.

Occupational Therapist (OT): someone who can look at the support you need to carry on performing everyday activities independently and can advise you about, provide, loan, or help you get access to, special equipment or adaptations and other

strategies. You can contact them directly for an assessment of the equipment or support you need, or you can be referred by your GP or through the community care assessment. There may be, however, a delay in the assessment and the provision of equipment.

Ordinarily resident: this is a legal phrase which is used to describe where you live. Where you are ordinarily resident helps decide which organisation is responsible for assessing your needs and paying for your care. For example, if you are taken ill while visiting a friend in another part of the country and go into hospital, the payment for any long term care you need is the responsibility of the health and social care services where you normally live.

Palliative care: this term is used to describe the care of someone with a terminal illness for whom medical treatment is confined to making them as comfortable as possible towards the end stages of their life. Please see our guide **Terminal illness – caring and coping** (guide number 34).

Patient Advice and Liaison Service (PALS): all NHS Trusts and Primary Care Trusts should have Patient Advice and Liaison Services to provide information and on-the-spot help for patients, their families and carers. Their details can be obtained from your local hospital.

Pension Credit: this entitlement has two parts – a **Pension Guarantee Credit** and a **Pension Savings Credit**. The Pension

Guarantee Credit is for people aged 60 and over to ensure they receive a minimum income per week. The Pension Savings Credit rewards people who are 65 and over who have made modest savings and investment for their retirement. For more information, please see our guide **Pension Credit** (guide number 2).

Pensions Savings Disregard: this is a flat-rate disregard for people over 65 who live in a care home and who have income over a qualifying amount. For more information, please see our guide **Pension Credit** (guide number 2).

Personal budgets: this is the amount of council money available for your care and support, decided in line with your agreed care and support plan. People who are eligible for care and support services should be assessed for a personal budget in order to enable them to direct their own care and support. **Direct payments** are one way of using your personal budget. The goal is for older people to have increased choice and control over the care they receive and who provides it. Pilots are also in progress to test out the benefits of similar personal budgets for people who use healthcare services. The move towards everyone having a personal budget is a key part of the **personalisation** agenda. For more information, please see our guide **Home care: using direct payments and personal budgets** (guide number 23).

Personal care: care you need to help you carry out activities such as washing, dressing, bathing, eating and going to the toilet. It can

also be advice, encouragement and supervision.

Personalisation: Government has introduced a whole new way of thinking about care and support called 'personalisation'. It aims to transform social care so people and their needs are at the heart of it. Personalisation is about people having choice and control over any assistance and support that they need to live their daily life. It is about looking at the whole of a person's life, their aspirations as well as their care and support needs. For more information, please see our guide **Home care: using direct payments and personal budgets** (guide number 23).

Physiotherapist: someone who will help you to increase your physical mobility after a fall or if you have another condition, such as arthritis, by giving you suitable exercises.

Power of Attorney: this is someone who has the legal ability to manage someone's financial affairs on their behalf. It applies to people who have the mental capacity to decide on their financial matters, but who may find it difficult to physically administer, for instance, someone who lives in a care home. See also **Enduring Power of Attorney** and **Lasting Power of Attorney**. For more information, please see our guide **Money and welfare: managing your affairs if you become ill** (guide number 33).

Premium: this is an extra entitlement added to your means-tested benefit which allows you to be paid a higher level of that particular benefit, for example, carer's premium or severe disability premium.

For more information, please see our guides **Pension Credit** (guide number 2) and **Carers: what support is available** (guide number 10).

Primary care: this is the care provided by people you normally see when you first have a health problem. It includes services, such as GPs, community nurses, dentists, pharmacists, and opticians.

Registered nurse: a nurse registered by the Nursing and Midwifery Council (tel.: 020 7637 7181; www.nmc-uk.org).

Respite care: this is a service to enable a **carer** to have a break from the role of caring if this role becomes stressful or the carer feels a break will help them to continue in their role. This might take the form of the older person staying in a care home for a couple of weeks, attending a day centre, or a professional care worker sitting with the older person in their home while the carer goes out.

Self-funder: a resident in a care home who is paying their fees out of their own resources. This includes people who receive the **NHS-funded nursing care payment**.

Sheltered housing: this is purpose-built accommodation for older people, which include support such as an alarm system that you can use 24-hours a day; and a scheme manager, who will, at a minimum, be responsible for overseeing the upkeep and maintenance of the building. Tenants have their own front-door

key which allows independent living, but with the reassurance that there is help available if required.

Single Assessment Process: this is the process that should be followed by health and social services staff when undertaking the assessment of need for an older person. This means, that if appropriate, the viewpoints of all the professionals involved in the care of the older person should be obtained as part of the assessment process.

Social care: see **Personal care**.

Social services department: a department of the local council with responsibility for assessing the needs of, and providing support to, older, disabled or vulnerable people in the community in line with statutory law and government guidance.

Strategic Health Authority: the ten NHS bodies responsible for developing plans to improve health services in local areas, ensuring health services are good quality and increasing the capacity of these services. They also make sure national priorities and targets are integrated into the local system.

Timesheet: the form a **care assistant** may ask you to sign to confirm the days and times that they have visited you and the tasks they have carried out for you.

Welfare benefits: these are paid by the state to people who are a particular age, who are on a low income, or who have particular care and support needs. A social worker will assess individuals to make sure they are receiving all of the benefits they are entitled to, but local agencies such as Age UK or Age Concern can also conduct benefits checks and help people apply for these benefits.

Our advice workers can advise on a wide range of issues affecting older people, their families and carers. Counsel and Care produce a range of guides which can be downloaded from our website www.counselandcare.org.uk, or requested by calling our guide orderline on 020 7241 8522.

This guide is not a full explanation of the law and is aimed at people over 60.

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