

Implications of the *Dilnot  
Commission on Funding of Care and  
Support* from research in practice  
*for adults*

This briefing details what we consider to be the top highlights of the *Dilnot Commission on Funding of Care and Support*, identifies the implications and the support and resources that **research in practice for adults** can provide to address them. We have organised the briefing into two parts: theory and implementation.

## THEORY

**Highlight:** Economic analysis of the current situation

**Implications:** Planners and commissioners need to take advantage of research expertise.

**Highlight:** Services are inconsistent in their approach to eligibility, funding, assessment, and provision

**Implication:** Local Authorities need to share knowledge and build capacity to ensure consistency of service. Need to work with universal information services to deliver clarity to customers.

**Highlight:** People are not prepared for the future. Currently information and advice is of poor quality

**Implication:** Need for public awareness and understanding of what social care is. Local Authorities need to ensure people giving universal information have access to the best information and evidence.

**Highlight:** Increased demand and expectations

**Implication:** Local Authorities can be champions that this is a good thing.

**Highlight:** System needs to be flexible as things will continue to change

**Implication:** Local Authorities have a vital role in projecting needs. They will need to engage with the public to do this effectively.

**Highlight:** Shared responsibility for social care funding - individuals are responsible for meeting their own needs up to the cap of £35k. People with between £14,250 and £100k will be means tested

**Implication:** Demand from self funders for good information about available resources and alternatives to residential care services. More people will fall into the means-test as the threshold is raised from £23,500

**Highlight:** Universal disability benefits

**Implication:** Ensure take up, providing advice on how to use these benefits with details of what is available.

**Highlight:** People who go into adulthood with care and support needs and adults who develop care and support needs up to 40 years of age would not need to contribute. After the age of 40 the cap (amount that people would need to contribute up to) would increase. Someone over 65 would be expected to pay up to the cap of £35k

**Implication:** This should simplify transition as care will remain free at 18, however, there may be even more complex debates about eligibility and entitlement, if there is an expectation that the government will meet care needs. Possible complexity of recording how much people contribute particularly if they have short periods requiring support, questions around whether reablement would still be exempt.

**Highlight:** People in residential care would make a contribution to their living costs (food and accommodation) of up to £10k per year from their income and savings

**Implication:** Similar to how it is now

## IMPLEMENTATION

**Highlight:** Universal disability benefit will be made clearer and aligned to social care system

**Implications:** Local Authorities may have greater role in ensuring clarity and take up.

**Highlight:** New financial products will emerge to reduce risk of paying out £35k; such as extended deferred payment scheme so people do not pay for care until they die

**Implication:** Local Authorities may have an advice role; creating a need for closer working with the financial services sector.

**Highlight:** Suggestion of a national eligibility threshold, preferably substantial need

**Implication:** Local Authorities providing above this will need to rethink; possibility to work with third sector for lower level needs.

**Highlight:** Track how much people pay for care to measure when they reach the cap

**Implication:** Local Authorities will need to assess everyone and so will need skilled assessors.

**Highlight:** Clearer, more objective assessment and this should be portable

**Implication:** Need for consistency in provision of assessment and support planning.

**Highlight:** Joined up assessment with other partners eg health

**Implication:** Local Authorities need agreement over where health and social care overlap and how they interact.

**Highlight:** Services will still be commissioned and delivered at the local level with customers and other partners

**Implication:** Local Authorities will need to improve engagement and partnership working and will need to be able to defend why they are not offering what the neighbouring authority is offering.

**Highlight:** Market will need to be stimulated to ensure choice of provision

**Implication:** Local Authorities are likely to have a role in market stimulation and so need understanding of demand and of what works.

# research in practice *for adults*

**Highlight:** Carers want better assessments, information, and support - also supported by the Law Commission's recommendations on carer assessments and services

**Implication:** Local Authorities need to consider carers in all they do.

**Highlight:** Will need to be a family approach

**Implication:** Local Authorities will have to work across directorates and consider people holistically.

**Highlight:** Needs to be clarity about the NHS and social care boundary

**Implication:** Local Authorities will need to be consistent in applying reablement, continuing health care and end of life care.

**Highlight:** Recommended joined up health and social care services and pooled budgets

**Implication:** Local Authorities need to ensure understanding of the benefits of early intervention, prevention and wider social care support so that the budget does not move to acute care.

**Highlight:** Need for early intervention and prevention

**Implication:** Local Authorities will need to better manage acute work, to free up resources for prevention and will need to understand what works.

**Highlight:** New technologies to support people to meet needs

**Implication:** Local Authorities will need to be able to understand these and embrace innovation.

**Highlight:** Need for appropriate housing

**Implication:** Local Authorities to join up housing and social care more, and to have better links to private landlords.

## research in practice *for adults* support

**ripfa** offers a range of approaches to embed the use of evidence to improve outcomes for those requiring support of adult health and social care. We have highlighted some of our services and resources below, links to our **website** are also included and further information can be found in our **Delivery Programme**.

### Networks

**ripfa** partners benefit from knowledge sharing with our wider network and collaborations, linking practice and research to enable evidence-informed approaches and better outcomes. Links with universities support the skills, knowledge and experience students need to use evidence effectively in their work. Our forums for exchange include online discussion forums and face to face opportunities such as our annual **Directors Forum**.

### Resources

**The Dartington review on the future of adult social care** offers an authoritative and evidence-based assessment of the development of adult social care between now and

# research in practice *for adults*

2020. **Change Cards** support practitioners, managers and leaders to implement self-directed support successfully.

Our new evaluation support service, **reason**, in collaboration with **research in practice** and NFER, demonstrates the value of social care and aims to build sector capacity for evaluation and self-assessment. Through our **Analysis and Critical Reflection Change Project** we investigate evidence to support good analysis and assessment.

Our **Working Together Change Project** explores *Partnership* and how agencies can work together effectively to improve the experience of people accessing and using services. **Key Issue: Outcome based commissioning and contracting** supports contract monitoring and refers to the impact and end results of services on service users.

The importance of building public awareness and clarity will be addressed through the provision of customer service guides in the Autumn, including: *What can social care do for me?* and *How can self-directed support work for me?* **Key Issue: User-led organisations** and the associated **series of workshops** examined the evidence-base for User-Led Organisations and how Local Authorities can respond to, and support, their emerging role.

## Knowledge Exchange

Knowledge Exchanges take place in various formats (in person meetings, webinars and teleconferences) and provide an opportunity for practice knowledge exchange. We recently produced a briefing **Reablement: policy, research and practice** to support a telephone Knowledge Exchange focusing on *Reablement*

## One-to-one support

**ripfa** Partners have twenty hours of one-to-one available for tailored support each year. Current projects being undertaken with Partners focus on *Evidence-informed decision-making*, *Using evidence to support professional development*, *Evaluation of Newly Qualified Social Workers (NQSW) programme* and *Implementing the national competency framework for Safeguarding Adults*. Other areas of interest include *Contract monitoring*, *Market development for self-directed support* and *Learning from complaints*. More information on current and past projects can be found on our **website**.

For more details of how **ripfa** can support you please contact [help@ripfa.org.uk](mailto:help@ripfa.org.uk)