

Commission on the
Future of **Health** and
Social Care in England



Background paper

Sarah Gregory

Attitudes to health and social care

Review of existing research

Chair: **Kate Barker**

The King's Fund
11-13 Cavendish Square
London W1G 0AN
Tel 020 7307 2400

Registered charity: 1126980

www.kingsfund.org.uk

Attitudes to health and social care

Review of existing research

Sarah Gregory, Health Policy Researcher, The King's Fund

This paper was commissioned by the independent Commission on the Future of Health and Social Care in England.

The views in this paper do not necessarily represent the views of the commission or of The King's Fund.

Contents

1	Introduction	4
2	Sources	5
3	Summary of findings	6
4	How does existing research relate to the questions the commission is considering?	7
	References	13
	Library search	15
	About the author	24

1 Introduction

This paper reviews and summarises the findings from recent surveys and engagement exercises on the views of the general public on issues relevant to the Commission on the Future of Health and Social Care in England. The commission has been asked to consider the following questions:

- Does the boundary between health and social care need to be redrawn? If so where and how? What other ways of defining health and social care needs could be more relevant?
- Should the entitlements and criteria used to decide who can access care be aligned? If so, who should be entitled to what and on what grounds?
- Should health and social care funding be brought together? If so, at what level (ie, local or national) and in what ways? What is the balance between the individual and the state in funding services?

This paper is intended to inform the commission's understanding of public attitudes towards health and social care funding and what people are entitled to, and how the public might view potential changes to these existing arrangements.

2 Sources

The main sources for this paper are:

- a literature review on public attitudes to funding of social care by Ipsos MORI, commissioned to support the Dilnot Commission on Funding of Care and Support (Ipsos MORI 2011)
- the government's Care, Support, Independence engagement exercise (May and November 2008) which examined the opinion of the general public (and other stakeholders) on social care (Ipsos MORI *et al* 2009). It was designed to inform the content of the 2009 Green Paper *Shaping the future of care together* (HM Government 2009)
- the Big Care Debate, a consultation exercise on the proposals put forward in the 2009 Green Paper *Shaping the future of care together*, which engaged the general public through roadshows and also through twitter and Facebook (July and November 2009) (Department of Health 2010)
- a qualitative research study exploring public attitudes on care and support funding options by TNS-BMRB carried out to support the recommendations of the Dilnot Commission (Hewitson *et al* 2011)
- three events run by The King's Fund and Ipsos MORI in 2013 on how health care should be paid for in the future (Galea *et al* 2013).

In addition, The King's Fund librarians searched the Fund's Information and Knowledge Services database for publications on public opinion, patient views or consumer views on costs, taxation, charges, financing, integrated care or access from 2009. The search found 32 sources, including opinion polls, previous consultations and research literature. Details are given at the end of this paper. Several documents were only tangentially related or were so wide in scope that they had very little detail relevant to the questions outlined above.

Different reports have used different terms in their research, including 'care', 'care and support', 'social care' and 'adult social care', so it is not always clear exactly what is being discussed. This review uses the term 'social care'. The note does not claim to be comprehensive.

3 Summary of findings

- In some of the areas outlined in the Commission's terms of reference no relevant work had been carried out. Other areas had been explored in some depth.
- Importantly, the public has a limited understanding of the care and support system beyond their own experience (Ipsos MORI 2011; Ipsos MORI *et al* 2009) so there is a large information gap that affects people's ability to answer the commission's key questions. In particular, there is still limited understanding that under the current system the costs of social care fall to the individual (Department of Health and Ipsos MORI 2010). Some work, such as that by TNS-BMRB, noted changes in people's attitudes when they were presented with relevant information (Hewitson *et al* 2011).
- The general public's understanding of the distinction between health and social care is poor; in particular there is little appreciation that social care generally is not free at the point of use like the NHS although there is a clear sense that services should be better integrated around the needs of the patient (Ipsos MORI 2011; Ipsos MORI *et al* 2009; Hewitson *et al* 2011; Department of Health 2010).
- This review found no research on public opinion about whether the entitlement and criteria used to decide who can access care should be aligned, although some research suggested that the public tends to favour universal provision over means testing as a general principle for both health and social care (Ipsos MORI 2011). The government's 2008 engagement exercise found that 'the familiarity of the NHS model made it difficult for people to accept any reform of care and support that was not paid for collectively and free at the point of need' (Ipsos MORI *et al* 2009, p11). However, universalism in the context of social care was often expressed as a desire that everyone should be entitled to the *same level* of state-funded care regardless of their means, rather than that *all social care* should be free at the point of use (Hewitson *et al* 2011).
- There has been some research into whether the public feels that services should be provided nationally or locally, but not whether funding should be locally or nationally organised. The majority of people believe that the state should fund all health care (Galea *et al* 2013; Ipsos MORI 2013b). Attitudes to the funding of social care are more mixed; around half the public think that people should take responsibility for funding their own care (Ipsos MORI 2011; Appleby and Roberts 2013).

Finally, it should be noted that existing research cannot shed light on how opinions might change if radical changes were made to health and social care. It is difficult for the public to react to hypothetical situations, especially where there is low current awareness.

4 How does existing research relate to the questions the commission is considering?

Does the boundary between health and social care need to be redrawn? If so, where and how?

The public's understanding of where the dividing line lies between social care services and health services provided by the NHS is weak. TNS-BMRB found that members of the public often assumed that social care was provided by the NHS. Even where they understood the distinction, they were confused by the demarcation between the two, for example, in conditions such as dementia there was confusion about which aspects of care would fall under NHS care and which would fall under social care (Hewitson *et al* 2011). There is also confusion about the boundary between medical interventions and support to live independently (Ipsos MORI *et al* 2009). People often do not understand that some financial provision (for example, financial support for carers, or direct payments) is part of social care, rather than the benefits system or the NHS (IPPR and PricewaterhouseCoopers 2009). TNS-BMRB also found a particular lack of understanding of the role of local authorities in providing care and support (Hewitson *et al* 2011).

However, there is some agreement in principle that health and social care should work more closely together at a local level, particularly among people with experience of the current system. While Ipsos MORI found that 44 per cent of respondents agreed with the statement 'NHS and social care services work well together to give people co-ordinated care', providers of informal social care are more likely to disagree with the statement (37 per cent, compared with 31 per cent of all respondents) as are people in the age bracket 55–64 (47 per cent disagreed) (Ipsos MORI 2013a). One respondent to the Big Care Debate said: 'Services like health and care need to joint work and work side by side for the best interests of the people who need their services. There's too much "oh that's the health side, we don't deal with that"' (Department of Health 2010, p 24).

Minority ethnic communities are particularly keen on a system of key workers from their own community (Opinion Leader 2009).

What other ways of defining health and social care needs could be more relevant?

This review found no work that was relevant to this question.

Should the entitlements and criteria used to decide who can access care be aligned?

As noted above, the public's understanding of this area is weak and there has been little work done in this area.

There is some evidence that the public instinctively favours universal access to both health and social care. An engagement exercise carried out in 2007 by Caring Choices (a coalition of organisations across the long-term care sector) reported 'almost no support' for means testing. It found that people favoured a model in which costs were shared, but which included a universal element,

ie, an amount of care provided to everyone in need and not subject to means testing (Caring Choices 2008).

TNS-BMRB also found that many participants were initially keen that the state pay 100 per cent of care costs, based on a sense that national insurance and taxes should fund social care, just as they do the NHS. However, when they were provided with relevant information (the ongoing cost of care and support and demographic challenges) and assured of a (means-tested) safety net for those unable to afford individual contributions, they moved towards favouring a model of partnership funding (Hewitson *et al* 2011).

There is very little support for restricting access to NHS care in line with entitlements to social care. A qualitative exercise by Ipsos MORI and The King's Fund reminded participants that social care is means tested in the UK and discussed with them the idea of means testing NHS services. People felt that means testing was contrary to the principles of the NHS and might be the 'thin end of the wedge'. They also queried how much additional money it would bring to the NHS (Galea *et al* 2013, p 15). Means testing social care support was also the subject of debate in the 2011 TNS BMRB study, particularly around whether those who could afford to should pay more or if needs were the most important factor. Eventually participants agreed that need should be the principle factor in deciding the level of financial support someone receives from the state (Hewitson *et al* 2011, pp 14).

If entitlements and criteria should be aligned, who should be entitled to what and on what grounds?

There is no research directly relevant here but it is worth noting again that research indicates that people are broadly in favour of introducing a more 'universal' element to social care (see above).

Should health and social care funding be brought together?

Public awareness of how social care services are funded and how much they cost is very low. Ipsos MORI research for the Department of Health in 2010 found that 54 per cent of the public thinks that services are free at the point of use (Department of Health and Ipsos Mori 2010), while a nationally representative poll on behalf of the LGA found only 13 per cent correctly estimated the cost of care in a residential care home (Local Government Association 2009). However, when given more information people often concluded that the funding of social care was unfair. For example, 59 per cent of respondents in a survey carried out in London responded that it was 'unfair' when they were told that they would be required to sell their home should they require residential care (Black 2009).

This paper only looks at the views of the general public, but it is interesting to note that in a qualitative survey of 27 service users by the Joseph Rowntree Foundation, 'about a quarter' mentioned bringing together the funding system of health and social care through general taxation in order to achieve effective integration (Beresford and Andrews 2012, pp 33). (The report does not specify whether participants were prompted or not.)

Little research has been done on views on the optimal mix of public, private and voluntary funding of social care (Ipsos MORI 2011), which might be relevant in bringing together funding.

If health and social care funding be brought together, at what level (ie, local or national) and in what ways?

The 2008 Care, Support, Independence engagement exercise found that most participants thought national government was in the best position to collect, hold and distribute money through the existing tax system. However, trust in national government was described as very low (although it was less distrusted than other organisations) and participants did not feel that it was in touch with the needs of local communities (Ipsos MORI *et al* 2009). Participants also perceived an advantage in the government maintaining national standards and on balance consistency of services was a stronger priority than local flexibility for most.

The 2008 exercise also discussed with participants whether there ought to be separate systems of funding care for younger disabled adults and for older people. People did not have strong views on this, which was attributed to their limited understanding of how the current system works and the implications of changing it. However, some members of the public felt it would allow the differing needs of these groups to be addressed appropriately (Ipsos MORI *et al* 2009).

What is the balance between the individual and the state in funding services?

The public places great importance on health as a publicly funded service: 39 per cent of the public refuses to accept that there should be any limits on health funding (Ipsos MORI 2013b) and they consistently say that they would protect the NHS from cuts, prioritising it above all other services. Nearly half the public (48 per cent) would increase taxes in order to maintain the level of spending needed to keep the current level of care and services provided by the NHS. Only 11 per cent would reduce the level of care and services provided by the NHS rather than increase the current level of taxation and spending on the NHS (Ipsos MORI 2013b).

The King's Fund ran a series of events in conjunction with IPSOS Mori in 2013. They presented participants with alternative ways of funding NHS care, including charging people for some services (either narrowing the range of benefits on offer from the NHS or introducing co-payments), means testing for NHS care and creating a 'basic' standard of NHS care under which people could pay a premium for speed of service, hotel-style facilities or better clinical care. Most participants argued that access to health care should continue to be based on need rather than the ability to pay. Means testing was unpopular both in principle and for practical reasons. However, there was some support for the very rich paying for some services and for insurance schemes, particularly voluntary insurance. Any reduction in the quality of care was seen as unacceptable. Paying to secure preferential treatment was strongly resisted, but there was support for being able to pay to enhance non-clinical aspects of care (for example, hotel-style facilities) (Galea *et al* 2013).

The study concluded that: 'Most accepted that the NHS is under pressure, but few accepted that this is on a scale to justify changing the fundamental principles on which the NHS is based...people greatly value the system as it operates at present and are conservative about change' (Galea *et al* 2013, p 24).

The picture with regard to social care is far less clear. There is an acceptance that the individual should contribute to the cost of care in their old age (Ipsos MORI *et al* 2009). The most recent British Social Attitudes Survey found that 50 per cent of people thought that the individual should pay for social care, 22 per cent thought that the individual should pay what they can (with the government paying the rest) and 27 per cent thought that the individual should pay up to a capped amount (Tian 2014). Ipsos MORI found a similar split in 2011 – the percentage of people who agreed that it is their responsibility to save so that they can pay towards their care in the future was very similar to the percentage that disagrees (41 per cent agree and 41 per cent disagree) (Ipsos MORI 2013a).

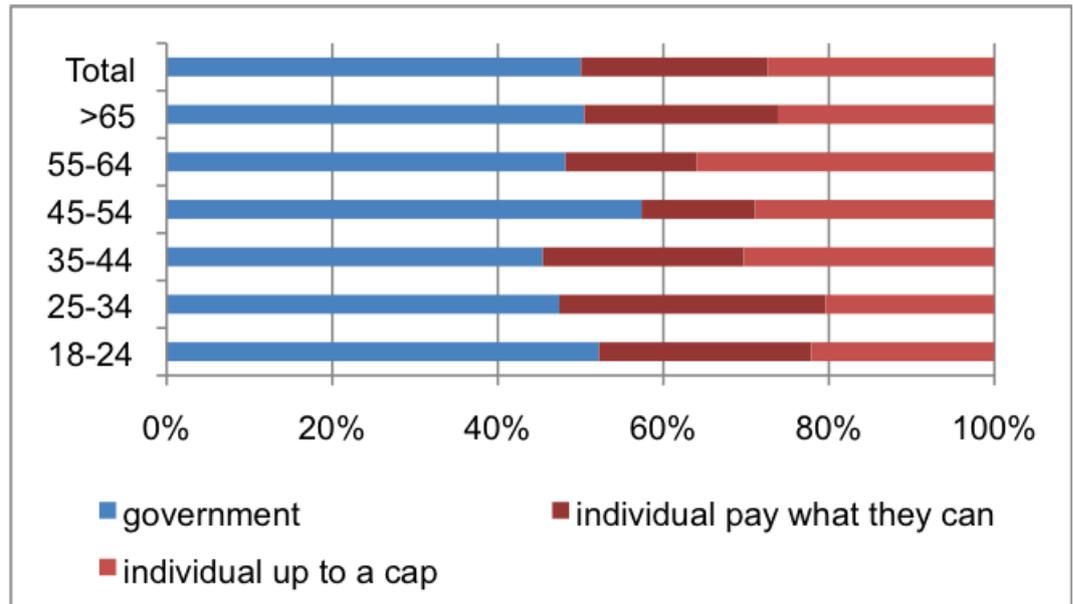
Other surveys report similar views although the balance in favour of state and individually funded care varies.

- A 2013 survey of 1,000 people by KPMG found that 82 per cent of respondents believed government should pay for long-term care, but only 9 per cent assumed that they won't also have to make a contribution to the cost of care beyond taxes. 27 per cent put the onus on patients' families.
- A survey carried out in 2009 for the Local Government Association by ComRes found people attached to the model of universal provision of NHS care – 96 per cent of people thought that the NHS should take at least some responsibility for looking after them in old age, and 52 per cent thought that the NHS should take a 'great extent' of responsibility (cited in Ipsos MORI 2011, p 12).

Three-quarters of participants in the 2007 Caring Choices engagement exercise felt that the state should contribute to the cost of personal care for everyone, irrespective of wealth, but only 20 per cent thought that personal care should be fully funded by the state (Caring Choices 2008).

There are significant differences in attitude depending on the age of the respondent. The British Social Attitudes Survey data shows that people aged between 45 and 54 years old are the most supportive of state funding of social care (57 per cent compared with 50 per cent overall), while those aged 55 to 64 are the most supportive of a capped model (36 per cent compared with 27 per cent overall). Younger people are more supportive of people making a contribution to their social care costs 'paying only what they can afford' and are less supportive of a capped model (36 per cent compared with 27 per cent overall) – see Figure 1. Ipsos MORI find a similar split – those aged 16–24 are more likely to agree that they have a responsibility to save for their social care (57 per cent compared to 41 per cent overall).

FIGURE 1 Who should pay for social care by gender and age group

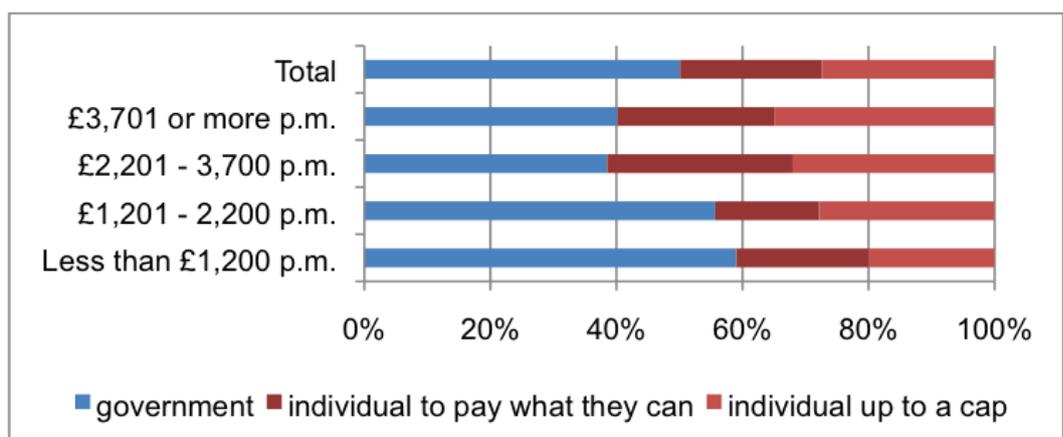


Weighted base 1,071

Source: The King's Fund analysis of 2012 British Social Attitudes data (Tian 2014)

There are also differences dependent on income bracket, with those in lower income groups (gross income of under £2,200 per month) more likely to think that social care should be state funded (57 per cent compare with 51 per cent overall) – Figure 2. Ipsos MORI has a similar finding, with those in social grades A/B more likely than other respondents to agree that they have a responsibility to save for their social care (49 per cent compared with 41 per cent overall) (Ipsos MORI 2012).

FIGURE 2 Who should pay for social care by pre-tax household income group



Weighted base 1,066

Source: The King's Fund analysis of 2012 British Social Attitudes data (Tian 2014)

However, while a significant proportion of people think they will need to contribute to fund their social care, the majority have not taken action. 66

per cent of participants surveyed by Ipsos MORI in 2011 said that they hadn't thought about preparing financially for their future social care needs while 72 per cent hadn't started to prepare. There was no difference in responses from people aged over 65 (Ipsos MORI 2011). Some work has been done into the role of family members in providing financial support to people receiving social care. The government's 2008 engagement exercise found that people did not feel that families should be expected to pay for social care, except perhaps by 'topping up' basic social care provided by the state (HM Government 2008). Other research found that rather than subsidising care, family and parent carers should be supported financially (Department of Health 2010). TNS BMRB's report for Dilnot concurs with both these findings (Hewitson *et al* 2011). Minority ethnic communities are more likely to favour a partnership option with greater family support because they are sure that their family or community will provide support. Others assume that they will return to their country of origin and therefore not need care (Department of Health 2010).

References

- Appleby J, Roberts C (2013). 'How have the public's views of the NHS changed over the last 30 years?' *British Social Attitudes 30. Health*. Available at: www.bsa-30.natcen.ac.uk/read-the-report/health/introduction.aspx (accessed on 13 February 2014).
- Beresford P, Andrews E (2012). *Caring for our future: what service users say*. York: Joseph Rowntree Foundation.
- Black J (2009). *Cost and provision: adult social care survey*. London: CELLO mruk Research.
- London: CELLO mruk. Available at: www.londoncouncils.gov.uk/London%20Councils/MRUKReportFina110June09.pdf (accessed on 2 February 2014).
- Caring Choices (2008). *The future of care funding: time for a change*. London: The King's Fund. Available at www.kingsfund.org.uk/publications/future-care-funding
- Department of Health (2010). *Join the Big Care Debate: shaping the future of care together. Report on the consultation*. London: Department of Health. Available at: www.monitoringris.org/documents/imp_nat/dh_114924.pdf (accessed on 2 February 2014).
- Department of Health/Ipsos MORI (2010). *Public attitudes towards care and support*. London: Department of Health.
- Galea A, Dixon A, Knox A, Wellings D (2013). *How should we pay for health care in future? Results of deliberative events with the public*. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/how-should-we-pay-health-care-future (accessed on 2 February 2014).
- Hewitson B, Seale B, Joyce L (2011). 'Public engagement exploring care and support funding options: TNS-BMRB report of findings' in *Fairer care funding: supporting documents*. London: HM Government. Available at: <http://webarchive.nationalarchives.gov.uk/20130221130239/https://www.wp.dh.gov.uk/carecommission/files/2011/07/Volume-III-Supporting-documents.pdf> (accessed on 2 February 2014).
- HM Government (2009). *Shaping the future of care together*. Cm 7673. London: The Stationery Office. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102732.pdf (accessed on 13 February 2014).
- IPPR, PricewaterhouseCoopers (2009). *Expectations & aspirations: public attitudes towards social care*. London: IPPR. Available at: www.ippr.org/publication/55/1697/expectations-aamp-aspirations-public-attitudes-towards-social-care (accessed on 2 February 2014).
- Ipsos MORI (2013a). *Public perceptions of the NHS and social care: an ongoing tracking study conducted for the Department of Health, December 2012 wave*. Available at: www.ipsos-mori.com/researchpublications/publications/1610/Public-Perceptions-of-the-NHS-and-Social-Care-Survey.aspx (accessed on 2 February 2014).

Ipsos MORI (2013b). *What the public think of the NHS*. London: Ipsos MORI. Available at: www.england.nhs.uk/wp-content/uploads/2013/10/cta-pub-opp.pdf (accessed on 2 February 2014).

Ipsos MORI (2012). *Public perceptions of the NHS and social care: an ongoing tracking study conducted for the Department of Health, December 2011 wave*. London: Department of Health. Available at: www.dh.gov.uk/health/files/2012/06/Public-Perceptions-of-the-NHS-Tracking-Survey-December-2011-Report-v1-FINAL-080612-PUBLIC.pdf (accessed on 2 February 2014).

Ipsos MORI (2011). 'Public opinion research on social care funding. A literature review on behalf of the Commission on the Funding of Care and Support' in *Fairer Care Funding: Supporting documents*. London: HM Government. Available at: <http://webarchive.nationalarchives.gov.uk/20130221130239/https://www.wp.dh.gov.uk/carecommission/files/2011/07/Volume-III-Supporting-documents.pdf> (accessed on 2 February 2014).

Ipsos MORI (2009). *The case for change: why England needs a new care and support system*. Engagement findings. London: Central Office of Information. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085263.pdf (accessed on 13 February 2014).

KPMG (2013) 'Patients wary of NHS ability to provide long term care'. KPMG website. Available at: www.kpmg.com/uk/en/issuesandinsights/articlespublications/newsreleases/pages/patients-wary-of-nhs-ability-to-provide-long-term-care-says-kpmg.aspx (accessed on 2 February 2014).

Local Government Association (2009). *Call to make the care of our ageing population a priority for all political parties*. London: Local Government Association.

Opinion Leader (2009). 'Supplementary research prepared for the Department of Health by Opinion Leader' in *Join the Big Care debate, shaping the future of care together*. Report on the consultation. London: HM Government. Available at: www.monitoringris.org/documents/imp_nat/dh_114924.pdf (accessed on 8 March 2014).

Tian Y (2014). 'Who should pay for social care services?' Blog. The King's Fund website. Available at: www.kingsfund.org.uk/blog/2014/01/who-should-pay-social-care-services (accessed on 13 February 2014)

Library search

Public attitudes to health and social care

The King's Fund database

Searched: su: public opinion or (su: (patient views or consumer views) and su: (costs or taxation or charges or financing or integrated care or access))

Years 2009>

Monographs only (no journal papers)

Galea, Amy

Dixon, Anna

The King's Fund

Ipsos MORI

How should we pay for health care in future? Results of deliberative events with the public.

London: The King's Fund, 2013

ISBN: 9781909029071

An informed public debate is needed about both the level of future spending on health and social care, and how that spending might be funded. With this in mind, The King's Fund, in collaboration with Ipsos MORI, held two deliberative events with members of the general public.

www.kingsfund.org.uk/time-to-think-differently/publications/how-should-we-pay-health-care-future

HIBI:OC (Kin)

Shah, Koonal

Devlin, Nancy

Office of Health Economics

Understanding social preferences regarding the prioritisation of treatments addressing unmet need and severity.

London: OHE, 2012

In this exploratory study, Shah and Devlin tested one approach to eliciting public preferences about allocating health care resources based on disease severity and unmet need. They found that maximising health gain was considered by most of those interviewed to be more important than giving priority to the severely ill or treating patients with unmet medical needs.

Free registration required to access this document:

www.ohe.org/publications/article/social-preferences-about-unmet-need-and-disease-severity-126.cfm

Bidgood, Elliot

Civitas

The NHS: The envy of the world?

London: Civitas, 2013

This paper provides an analysis of a survey carried out by ICM on behalf of Civitas. The poll examined the public's attitudes towards the NHS in relation to other healthcare systems and private provider involvement in the NHS.

www.civitas.org.uk/nhs/download/NHS_Envy_of_the_World.pdf

Survey results:

www.civitas.org.uk/nhs/download/OmNHS%20ICM%202013.pdf

Diamond, Patrick
Lodge, Guy
Institute for Public Policy Research

European welfare states after the crisis: Changing public attitudes.

Policy Network Paper

London: IPPR, 2013

This paper presents a comparative analysis of contemporary and future changes in welfare states, and examines divergent trajectories of social development across Europe in the wake of the global financial crisis. It does so principally by examining underlying public attitudes to the role of the state, and how different social protection regimes will evolve in the light of fiscal austerity and long term structural challenges which the crisis has accentuated.

www.ippr.org/images/media/files/publication/2013/01/Welfare%20States%20after%20the%20Crisis_10272.pdf

Hall, Suzanne
Ipsos MORI

21st century welfare: Seventy years since the Beveridge report.

London: Ipsos MORI, 2012

This report examines the giant evils as conceived by Beveridge, places them in the context of today's society and explores public opinion.

www.ipsos-mori.com/DownloadPublication/1520_sri-21st-century-welfare-dec2012.pdf

Park, Alison (Editor)
Clery, Elizabeth (Editor)
National Centre for Social Research

British social attitudes 29.

London: Sage, 2012

ISBN: 9781907236242

Chapter on health is written by John Appleby, Chief Economist at The King's Fund, and Lucy Lee, a Researcher at NatCen Social Research and Co-Director of the British Social Attitudes survey series.

Full report http://bsa-29.natcen.ac.uk/media/13421/bsa29_full_report.pdf

Chapter on health <http://bsa-29.natcen.ac.uk/download.zip?ids=1669>

Includes section on tax, public spending and the future of the NHS

Report by chapter <http://bsa-29.natcen.ac.uk/downloads.aspx>

Doron, Natan
Harrop, Andrew
Fabian Society

No right turn: Britain's enduring support for public services.

London: Fabian Society, 2012

This report analyses original research undertaken by the Fabian Society in Spring 2012. Through nine hours of focus groups and a nationally representative survey of over 2,000 respondents, the research investigated the relative popularity of arguments for and against tax-funded public services.

www.fabians.org.uk/wp-content/uploads/2012/09/NoRightTurn.pdf

Doron, Natan
Harrop, Andrew
Fabian Society

For the public good: how people want their services to change.

London: Fabian Society, 2012

This research reports on a series of focus groups and polling that were conducted in spring 2012 to find out what people think about public service reform. The views revealed in this research present some strong challenges to the government's 'open public services' programme of reforms.
www.fabians.org.uk/wp-content/uploads/2012/08/ForThePublicGood_web.pdf

Ipsos MORI. Social Research Institute

Understanding society: evolving public services, evolving public opinion.

Understanding Society, July 2012

In this issue Ipsos MORI considers public service reform in the UK, and the future challenges they face in meeting public expectations and changing needs at a time of severe spending constraints.

www.ipsos-mori.com/DownloadPublication/1475_sri-ipsos-mori-understanding-society-july-2012.pdf

Cancer Campaigning Group

Patients' experience of integrated care.

London: Cancer Campaigning Group, 2012

www.cancercampaigninggroup.org.uk/wp-content/uploads/2012/11/Patients%E2%80%99-experience-of-integrated-care-A-report-from-the-Cancer-Campaigning-Group.pdf

National Voices

Principles for integrated care.

London: National Voices, [2012]

There is no single definition or model of integrated care but there are principles that can be used to stimulate change and measure progress. National Voices worked with its members to develop Principles for Integrated Care, which have since been endorsed by Sir David Nicholson, chief executive of NHS England. These principles stress that coordinated care will be most successful if the patient's perspective is central at all times. If care is to focus on the needs of, and outcomes for, the people who use services, it must be designed and evaluated with them, their support networks and local communities.

www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/principles_for_integrated_care_20111021.pdf

Beresford, Peter

Andrews, Eamon

Joseph Rowntree Foundation

Caring for our future: What service users say.

JRF Programme Paper: Paying for long-term care

York: JRF, 2012

ISBN: 9781859359143

This paper: presents the views of service users on current adult social care and their fears for the future of the service; discusses proposed changes, including funding, to the social care system; and makes recommendations on the future of adult social care, based on the experiences of service users.

www.jrf.org.uk/sites/files/jrf/caring-for-our-future-peter-beresford.pdf

Care Quality Commission

Health care for disabled children and young people: a review of how the health care needs of disabled children and young people are met by the commissioners and providers of health care in England.

London: CQC, 2012

This review looked at the support available for families with children under the age of 19 that have a disability. In particular, this review looked at: the availability of specialist health services for disabled children and young people and their families; an assessment of the quality of support in a geographical area linked to primary care trusts (PCTs); and the 'building blocks' of the care pathway that are of particular importance to families. Findings included: families felt access to and involvement in services was a challenge and that they waited too long for access to services and for initial diagnosis; contributors felt services were not joined up and that different services did not work well together; and many disabled children and their families also reported they had not been consulted on how their care had been provided.

www.cqc.org.uk/sites/default/files/media/documents/health_care_for_disabled_children.pdf

Associated documentation: www.cqc.org.uk/disabledchildren

Patient and Client Council

The people's priorities: a view from patients, service users, carers, and communities on future priorities for health and social care in Northern Ireland.

[Belfast]: Patient and Client Council, 2011

ISBN: 9780956717252

The purpose of this report is to help ensure that the process of setting future targets for health and social care reflects the opinions of people who use the services. A total of 3,461 people took part in this process; 3,238 individuals completed a short questionnaire in one-to-one interviews during street consultations and 223 took part in small group discussions.

www.patientclientcouncil.hscni.net/uploads/research/The_Peoples_Priorities_-_2011.pdf

Summary www.patientclientcouncil.hscni.net/uploads/research/Peoples_Priorities_-_Summary.pdf

Maryon-Davis, Alan

Jolley, Rachael

Faculty of Public Health

Healthy nudges: When the public wants change and politicians don't know it.

London: Faculty of Health, 2012

This paper provides an overview of results from a survey of adults across Britain about their attitudes towards a variety of health issues and what actions the government should take.

www.fph.org.uk/uploads/Healthy%20nudges%20-%20final%20final.pdf

Great Britain. Department of Health

Ipsos MORI

Public perceptions of the NHS and social care: an ongoing tracking study conducted for the Department of Health, December 2011 wave

[London]: DH, 2012

This survey is the latest in a series of surveys conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health between Spring 2000 and December 2011. The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services. In addition, the surveys provide a means of tracking changes in public perceptions towards the NHS and social care over time.

www.dh.gov.uk/health/files/2012/06/Public-Perceptions-of-the-NHS-Tracking-Survey-December-2011-Report-v1-FINAL-080612-PUBLIC.pdf

The King's Fund

Public satisfaction with the NHS and its services.

London: The King's Fund, 2012

The topline results and satisfaction trends relating to the NHS and health care issues from the British Social Attitudes survey 2011. These, and the results from a number of other health and health care questions (as well as the rest of the survey questions), will be published later in 2012 in the British Social Attitudes 29th report.

www.kingsfund.org.uk/current_projects/bsa_survey_results_2011/index.html

Croucher, Karen

Rhodes, Paul

Joseph Rowntree Foundation

Testing consumer views on paying for long-term care.

York: JRF, 2006

In 2005, the Joseph Rowntree Foundation published the report 'Facing the cost of long-term care: towards a sustainable funding system', which drew together some of the key evidence that the programme had generated and presented a number of policy options. To test the viability and acceptability of these options, public attitudes towards these options were tested in a series of eight focus groups. This report and summary documents the findings. The ideas tested were: standardised assessment and means testing of domiciliary services; re-packaging Attendance Allowance into a standardised care payment; increasing support of informal carers through resources and/or formal help; the potential of equity release schemes to pay for domiciliary care costs.

www.jrf.org.uk/sites/files/jrf/9781859354780.pdf

Summary www.jrf.org.uk/sites/files/jrf/9781859354957.pdf

Associated documentation:

www.jrf.org.uk/publications/testing-consumer-views-paying-long-term-care

Field, Steve (Chair)

NHS Future Forum

The NHS Future Forum: summary report: second phase.

NHS Future Forum

London: DH, 2012

The NHS Future Forum has given its second set of reports to Health Secretary Andrew Lansley in which it sets out a series of recommendations to improve the quality of patient care and achieve better outcomes. Highlights from the Future Forum's reports, summarised in this document, include integration; education & training; information; and the NHS role in public health. Over four months the Forum listened to more than 12,000 people and attended more than 300 events. In this phase, the Forum set out to listen to more patients and carers and sought more input from local authorities, housing and social care providers.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152169/dh_132085.pdf.pdf

Associated reports <http://healthandcare.dh.gov.uk/forum-report/>

Alltimes, Geoff (Chair)

NHS Future Forum

Integration: a report from the NHS Future Forum.

NHS Future Forum

London: DH, 2012

This report advocates that: integration should be defined around the patient, not the system – outcomes, incentives and system rules (ie. competition and choice) need to be aligned accordingly; health and wellbeing boards should

drive local integration – through a whole-population, strategic approach that addresses local priorities; and local commissioners and providers should be given freedom and flexibility to 'get on and through flexing payment flows and enabling planning over a longer term.

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132023.pdf

Associated reports <http://healthandcare.dh.gov.uk/forum-report/>

Hewitson, Ben

Seale, Becky

TNS-BMRB

Public engagement exploring care and support funding options: TNS-BMRB report of findings.

London: TNS-BMRB, 2011

Report written for the the Commission on Funding of Care and Support otherwise known as the Dilnot Commission.

The Commission on the Funding of Care and Support was established on 20th July 2010 to provide recommendations and advice to government on how to achieve an affordable and sustainable funding system for care and support in England. In order to better understand the views of the general public, and specific groups on the future funding of care and support, the Commission invited TNS-BMRB to undertake a research study, headline findings of which are outlined below. The study was qualitative in nature; engaging different age groups, ethnic minority groups, the lesbian, gay and bisexual community and faith leaders via deliberative methods tailored to audience type including: workshops, discussion groups, online communities and in-depth interviews. A total of 192 participants took part. A range of options for sharing costs between the state and individual were explored with participants. All the costs used in the options were illustrative rather than indicative of amounts being considered by the Commission.

Report <http://webarchive.nationalarchives.gov.uk/20130221130239/https://www.wp.dh.gov.uk/carecommission/files/2011/05/TNS-BMRB-Report-of-findings.-final.pdf>

Commission website:

www.dilnotcommission.dh.gov.uk/2011/05/18/report-of-qualitative-research-now-available-2/

Great Britain. Department of Health

Department of Health response to the public's comments on The Coalition: Our programme for government on social care and disability.

[London]: [DH], [2010]

This document contains the Department of Health's response to the public's comments on social care and disability. The response is based on the top three issues raised by the public: improving the care of older people and people with disabilities, improving palliative care services and investing in mental health services.

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118503.pdf

Associated documentation:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118129

Great Britain. Department of Health

Department of Health response to the public's comments on The Coalition: our programme for government on the NHS.

[London]: [DH], [2010]

This document contains the Department of Health's response to the public's comments on the NHS. The response is based on the top three issues raised by the public: the need to reduce bureaucracy, the argument that not all targets are inappropriate and questions regarding how GP commissioning will work. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118502.pdf

Associated documentation:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118130

Institute for Public Policy Research
PricewaterhouseCoopers

When I'm 94: How to fund care for an ageing population.

London: IPPR, 2010

This briefing is based on deliberative workshops that engaged people in debate about social care. It highlights that few are yet willing to face up to the challenges around costs of care. Three principles emerged from the workshops as essential components of any future system of social care – fairness, sustainability and simplicity.

www.ippr.org/images/media/files/publication/2011/05/When_Im_94_1760.pdf

ISBN: 9780956503152

Ipsos MORI

What do people want, need and expect from public services?

London: 2020 Public Services Trust, 2010

Ultimately, the public will decide the future of public services. What do they want, need and expect from their services? In this authoritative report, prepared by Ipsos MORI, the most up to date quantitative and qualitative data is used to explore the public's priorities and anxieties. It suggests how the relationship between citizens and their services might change in the future. In particular, it suggests that there may be some appetite for citizens playing a more active role in deciding or reviewing the actions of public services, although the limits of this appetite and the conditions for translating into action need to be clearly understood. Published in partnership with the RSA, with the generous support of the Joseph Rowntree Foundation and the DCLG, the report brings home the need for politicians and policy makers to engage more urgently and honestly about the choices ahead for public sector reform.

www.ipsos-mori.com/DownloadPublication/1345_sri_what_do_people_want_need_and_expect_from_public_services_110310.pdf

Sell, Julie, Scott, Iain (Editors)

Economist Intelligence Unit

Health reform: The debate goes public.

London: Economist Intelligence Unit, 2009

This paper is the third in a series of four reports focusing on healthcare, commissioned by Philips and written by the Economist Intelligence Unit as part of the 2009 GetInsideHealth programme of research. It is based on a survey of 1,575 citizens in the UK, U.S., Germany and India, across a range of ages, levels of education and employment status. The survey sought to ascertain just what they thought about their healthcare systems. The findings show clearly the kinds of dilemmas faced by healthcare policymakers who seek to implement reforms.

http://graphics.eiu.com/marketing/pdf/Philips_Healthcare3.pdf

Reeves, Richard

Great Britain. Department of Health

A liberal dose? Health and wellbeing: the role of the state: an independent report.

London: DH, 2010

A difficult question for any government is how far to intervene in the choices and behaviour of individuals in order to promote their own, or others', health. This report: sets out evidence for what the public think about this question; explores the key issues at stake; clarifies principles for state intervention; suggests a new framework to guide decision making; and, proposes a new narrative for future state intervention.

http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_111695.pdf

Associated documentation:

http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111697

HI (Ree)

Beresford, Peter

Joseph Rowntree Foundation

Funding social care: What service users say.

Viewpoint: 2486 (March 2010)

York: JRF, 2010

This summary reports the views of a diverse range of adult social care service users, brought together to explore current proposals for funding social care. www.jrf.org.uk/sites/files/jrf/care-service-users-views-summary.pdf

Great Britain. Central Office of Information

Ipsos MORI

The case for change: Why England needs a new care and support system: engagement findings.

London: COI, 2009

This report summarises responses to the government's 'Case for change' about the future of adult social care. It sets out the findings from the engagement process held between May and November 2008, which engaged with the public and key stakeholders about how the existing system can meet the challenges of the future.

http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103075.pdf

Original consultation documentation:

www.cpa.org.uk/cpa/Why_England_needs_a_new_care_and_support_system.pdf

Black, Jean

CELLO mruk Research Ltd.

Cost and provision: Adult social care survey.

London: CELLO mruk 2009

This document was commissioned by London Councils.

www.londoncouncils.gov.uk/London%20Councils/MRUKReportFina110June09.pdf

Institute for Public Policy Research
PriceWaterhouseCoopers

Expectations & aspirations: Public attitudes towards social care.

IPPR and PWC Social Care Programme briefing

London: IPPR, 2009

This programme seeks to generate public debate about the future of social care; and consider how the social contract between the state, organisations, communities, families and individuals may need to fundamentally change to ensure that the future of social care is based on principles of fairness and sustainability

www.ippr.org/publicationsandreports/publication.asp?id=669

About the author

Sarah Gregory joined The King's Fund in 2007 and focuses on NHS reform policy.

Sarah came to The King's Fund from the BBC where she worked for 10 years, as a social affairs analyst for BBC News and then as a producer in both news and current affairs. Sarah contributes to the Fund's responsive work, tracking the performance of the English health and social care system. She leads the Fund's work for the European Health Observatory and last year edited a review of NHS performance since 2010.