A CHARTER TO DELIVER WELLBEING AS A HUMAN RIGHT

On the eve of the inauguration of the NHS in 1948, Nye Bevan as Minister for Health wrote to the British Medical Association. They had been worried that a national health service would mean them becoming agents of a controlling state. But he told them their job would be, 'unhindered', to identify need. His job would be to do all he could to find the resources to meet those needs.

This embodied the founding principle of the NHS - *need precedes resource.*

But , when it came to the care of older and disabled people, the priority was to end the abhorrence of them being forced into workhouses for accommodation if destitute. Bevan told Parliament that local authorities, in taking on the responsibility, would do '*as much as resources allow*'. The consequence, unintended as it surely was, was to set social care on the path of a need only being a need if resource exists to meet it.

It is the mirror opposite of ***need preceding resource***. It requires professionals to deprive the individual control of how their needs are defined – and, with that, control in how their lives are to be lived.

This is an unambiguous moral wrong. But it also results in very poor use of public money. The system is perpetually fighting fires it lights itself.

Furthermore, it deprives social care's leaders of credibility in their claims for more funding. They say they need more money to implement the Care Act's vision. But at the same time, because they define need to match their budgets, they report that all needs under the Act are being met. So which is the case?

Our dossier *Social Care Exposed* will set out the evidence for both the moral and economic wrong that result from failure to put need before resource, and also the lengths political and professional leaders go to protect the system.

The Care Act has created the legislation for serious change. Proper delivery would result in ***need preceding resource*** just as in the NHS. The proposed Charter would ensure proper delivery.

The concept is remarkably simple.

- The Care Act defines wellbeing by nine areas. They describe a ***vision*** of how life should be.
- Each individual would work with their social worker to identify each of their needs to achieve the ***vision*** to the fullest extent their condition allows. **This must have no regard to available resources.**
- To be followed by honest and transparent decisions about which needs can be met within currently available resources
- Which would generate the information to know the gap between needs and resources to drive local and national budget setting. Just as *waiting times* are the barometer in health of the gap between needs and resources, so *unmet need* would be in social care.

Just as Nye Bevan ensured clinicians in the NHS would be free to advocate for their patients as part and parcel of their routine work, so social care's practitioner workforce would become advocates for their service users.

Founded on the same principle, a National Care Service would be fit to sit alongside the NHS in partnership. One would deliver *health* and the other *wellbeing*. Both are important to us all. As public understanding and warmth toward social care grows, so the cost of making it free at the point of delivery would become increasingly feasible politically.

The NHS was launched without a single new doctor or nurse. Not a single penny will be required to create a National Care Service founded on ***need preceding resource***. All that will be required is political and professional integrity and commitment.

CHARTER FOR THE HUMAN RIGHT TO WELLBEING

1. The nation's vision is that all people in need of care and support services should experience the best level of wellbeing possible for them. Wellbeing is defined by the nine areas set out in the Care Act 2014. They set out the factors that make life the best it can be.
2. Through partnership with each individual in need of care and support services and their informal carers, local authorities will identify all their needs according to the Act's nine areas of wellbeing, without regard to the availability of resources
3. Local authorities will be honest and transparent with each individual about which of their needs they have the resources to meet and which they do not.
4. Local authorities will collate the information about the needs that cannot be met so they and central government know the resources required for all to have their best possible level of wellbeing.
5. That information will be used to:
    I. Inform local planning of services to achieve the greatest impact for the greatest number of people within existing resources
    II. Determine central grants and set local budgets knowing the gap between needs and funding, with a commitment to close it as fast as finances permit, along with the equitable distribution of currently available funds.

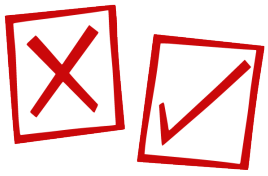
THE CARE ACT 2014 AREAS OF WELLBEING

YOUR PERSONAL DIGNITY

Including your treatment with respect

YOUR PHYSICAL AND MENTAL HEALTH & YOUR EMOTIONAL WELLBEING

PROTECTION FROM ABUSE AND NEGLECT



HAVING CONTROL OF YOUR DAY TO DAY LIFE

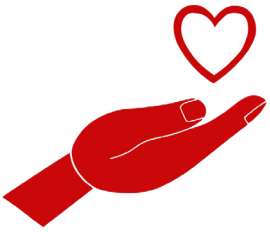
Including over your care and the way in which it is provided

YOUR PARTICIPATION IN WORK, EDUCATION, TRAINING OR RECREATION

YOUR SOCIAL AND ECONOMIC WELLBEING

YOUR DOMESTIC, FAMILY AND PERSONAL RELATIONSHIPS

THE SUITABILITY OF YOUR LIVING ACCOMMODATION



YOUR CONTRIBUTION TO SOCIETY

The Statutory Guidance to the Care Act 2014 says that the Act's definition of wellbeing embraces the United Nations definition of Independent Living, set out in a treaty to which the UK Government is a signatory. The treaty includes the concept of 'progressive realisation' by nations of the resources required for all to experience Independent Living. By bringing about delivery of the Care Act, this Charter will at the same time bring about the honouring of this treaty commitment.

HIGH LEVEL ACTIONS REQUIRED FOR THE ADOPTION OF THE CHARTER

The Charter can be delivered without additional funding and within existing primary legislation. The following high level actions will be required.

1. The Charter to be adopted and published by the Department of Health as Social Care's equivalent of the NHS Constitution.
2. The relevant parts of the Statutory Guidance and Regulations to the Care Act to be changed as necessary.
3. A national debate to set the criteria for the minimum guarantee. The criteria must be robust to ensure consistent application. The use of the word 'eligible' to describe this level of need to be phased out as it would become misleading.
4. Plans developed to support councils to change the way they deliver practice, financial control, strategic commissioning, strategic reporting and budget setting.
5. As public understanding of best possible wellbeing as a human right alongside best possible health grows, and as public understanding also grows of social care's importance to people whose circumstances happen to deny them wellbeing, so the conditions will exist within which the national debate can be resolved that social care should be free at the point of delivery on the same terms as the NHS.