

Adult Social Care: the Government's Green Paper and the LGA's Campaign

Decisions

1. Board members are asked to:
 - a. note the report
 - b. give their views on activity to support the LGA campaign

Actions Required

2. As determined by the Board.

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Summary

1. In the 2007 Pre-Budget Report and Comprehensive Spending Review the Government committed to a 'radical rethink' on long-term care, including a Green Paper on how to best fund adult social care and support in the future.
2. This year the LGA is also focusing on adult social care, by making the issue one of the association's six 'Putting People First' priorities. A multi-discipline officer team has been established to take forward this LGA campaign work.

Background

3. Since announcing the Green Paper in the November budget, the Government has given very little of its own view as to the future model of funding social care. What it has done is acknowledge that the current funding system is not working, and call for an immediate review of eligibility criteria. It has been made clear this will not mean free personal care or an end to means testing.
4. The Government is proposing a "big debate" with the public on the subject until autumn 2008, at which point the Green Paper will then be drafted. It is thought that the absence of any clearer schedule is due to the need to define the scope of debate within Government, and to have modelled a proposed new system for all adults over eighteen – not just a system for older people.
5. Central to debates within Government on proposals for a new system is the issue of how such systems would be funded; there is recognition that any sustainable system of financing social care will need additional state funding, but the question of where that money will come from is not clear.
6. The 2006 Wanless report, 'Securing Good Care for Older People: Taking a Long-term View' identified the non-means-tested benefits (Attendance Allowance and Disabled Living Allowance) as one option. Some degree of transfer from NHS budgets is another. These are the only two sources which would likely provide the size of increased funding needed.

Options for a New System and the Personalisation Agenda

7. The Wanless report set out three options for the future:
 - a. Free personal care
 - b. An adaptation of the current means tested system

- c. The 'partnership model'. This would give every individual a standard financial contribution from the state towards their care with an invitation to contribute an additional amount that would be match-funded by the state. This model is seen to, at least partially, overcome the main objection to means testing; that it disincentivises saving and penalises the moderately well-off
8. Two other debates are also receiving some consideration. The first, an earlier model, involves the state funding an individual's care after that individual has funded themselves for a certain amount of time. This is seen to cap an individual's liability in a way that they could prepare for or insure against. The second, being developed by the Joseph Rowntree Foundation and backed by a number of councils, is a scheme of equity release to pay for care costs (see separate Board paper).
9. The move towards the personalisation of social care puts this funding debate in a different context. Personal budgets, where an individual spends an allotted resource on a care package to meet their needs (with advice, support and brokerage from the council) puts the council in a different position. It becomes the shaper of services, rather than the provider, and the support and advice services they develop can support all residents in obtaining care – regardless of the balance of their own, and the state's, funding.
10. A model of funding based on individual budgets also makes it easier to draw in benefits and NHS funding based on individuals' current entitlement contributing to their individual budget.
11. Ivan Lewis has requested a review of eligibility criteria following the Commission for Social Care Inspection's report on the state of social care in England. The LGA will be involved in this review and we will be keen to see it focus on whether the eligibility criteria approach actually does help councils manage their budgets. Equally it will be important to use the review to see whether personal budgets would mean eligibility criteria were no longer needed.

LGA Campaign Activity

12. During December 2007 and January 2008 council Chief Executives and Leaders were asked to complete the LGA's Putting People First survey. This concentrated on the six priority areas for LGA activity over the coming eighteen months, and sought participants' views on whether the issues were key for their council and their residents. 96.2% of respondents agreed that social care and health was such an issue, and that it should be a key focus for the LGA.
13. To date, the LGA has not had a definitive position on the future of adult social care funding, beyond a set of key principles for any new system. These include a system that is:
 - a. Fairer than the current system
 - b. Simpler than the current system
 - c. Sustainable
 - d. Matches demand

- e. **Addresses the interface with the NHS**
14. **Equally, the LGA has not come out in favour of any particular alternative model for adult social care funding, or commented on the split in responsibility between the individual and the state.**
15. **In the context of adult social care being one of the LGA's six key priorities for the year ahead, work is now focusing on two main strands:**
- a. **The system now – this is about alleviating immediate pressures within the current system. These are identified based on our position that the system now is underfunded, unclear and unfair.**
 - b. **The system in the future – this is about taking the learning from the current system to ensure whatever future system is implemented does not suffer the same issues. Importantly, this strand of work is also about developing, and building consensus for, an LGA-proposed new system. Very initial thinking is around a system that gives individuals a personal budget for their care, which would include a universal element derived from non-means tested benefits. This could then be spent on the individual's care, with support and advice from the council. The size of the personal budget could be developed based on the resource allocation models already being used for individual budgets, but there needs to be careful consideration of how the individual's contribution should be calculated. The Wanless model envisages the universal element to be enough to support the individual at a basic level, so that the match funding element is more like the top-ups we currently see in residential care. If the universal element is smaller, so that people who have very low personal funds would need to go without care because they cannot afford the supplement, then Wanless suggests that the benefit system would need to provide the top up – this could be seen as essentially moving the means test into the benefit system. And then there would be a means test for the board and lodging elements of residential care. When thinking through these options, there needs to be consideration of whether this improves on the current system in terms of simplicity and transparency for users.**
16. **A number of different activities are either underway or planned to support these two strands of work. On 'the system now', and practical things that can make an immediate difference, for example, officers are involved in the development of a 'Top 10 things to consider when you or a loved one needs care'. This will be designed with both the public and councils in mind, to ensure the provision of a simple, clear checklist of what to do and who can help. This will be supported by work with councils on improving provision of information and advice as part of the reform of social care.**
17. **On 'the system in the future', we are holding a Summit for Lead Members on 'The Cost of Care – Influencing the Green Paper' on 10 March. Members will hear from Ivan Lewis and the main opposition spokesmen for social care. In preparation for the Summit we are also polling all Lead Members on their views on key headline issues, such as the role of means testing and charges for home care. A summary of the results so far is included**

at Appendix 1.

18. An update on activity will be included in papers for the next Board meeting.

Implications for Wales

19. None.

Financial/Resource Implications

20. None.

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Lead Member social care survey

To date there have been 68 responses to the Lead Member survey on social care. The following are the results as they currently stand.

1. Councils should only provide social care to those in the greatest need

▪ Strongly agree	4.4%
▪ Agree to some extent	26.5%
▪ Neither agree nor disagree	2.9%
▪ Disagree to some extent	25%
▪ Strongly disagree	41.2%
▪ Don't know	0%

2. Councils should always take into account an element of means testing when assessing how an individual's care needs are funded

▪ Strongly agree	22.1%
▪ Agree to some extent	48.5%
▪ Neither agree nor disagree	8.8%
▪ Disagree to some extent	17.6%
▪ Strongly disagree	2.9%
▪ Don't know	0%

3. Councils should provide advice and information on care and support options for all their residents

▪ Strongly agree	92.6%
▪ Agree to some extent	4.4%
▪ Neither agree nor disagree	0%
▪ Disagree to some extent	0%
▪ Strongly disagree	2.9%
▪ Don't know	0%

4. Councils should be in a position to offer a minimum of financial support to everyone

- Strongly agree 17.6%
- Agree to some extent 32.4%
- Neither agree nor disagree 14.7%
- Disagree to some extent 19.1%
- Strongly disagree 14.7%
- Don't know 1.5%

5. Councils should set local levels of of charges for home

- Strongly agree 47.1%
- Agree to some extent 38.2%
- Neither agree nor disagree 8.8%
- Disagree to some extent 0%
- Strongly disagree 5.9%
- Don't know 0%

6. Councils' ability to provide the best possible service is constrained by the national system of eligibility

- Strongly agree 36.8%
- Agree to some extent 35.3%
- Neither agree nor disagree 8.8%
- Disagree to some extent 5.9%
- Strongly disagree 10.3%
- Don't know 2.9%

7. The country cannot afford a universal entitlement to publicly funded care

- Strongly agree 38.2%
- Agree to some extent 33.8%
- Neither agree nor disagree 5.9%
- Disagree to some extent 11.8%
- Strongly disagree 8.8%
- Don't know 1.5%

8. A significant increase in the threshold for the means test and/or removing houses from the means test would be enough to make the current system fairer

- Strongly agree 23.5%
- Agree to some extent 33.8%
- Neither agree nor disagree 20.6%
- Disagree to some extent 10.3%
- Strongly disagree 10.3%
- Don't know 1.5%

9. A system which gave individuals a personal budget for their care, including a universal element derived from non-means tested benefits, which could then be spent on care, with support and advice from the council; would represent a model of social care for the 21st century

▪ Strongly agree	51.5%
▪ Agree to some extent	41.2%
▪ Neither agree nor disagree	4.4%
▪ Disagree to some extent	1.5%
▪ Strongly disagree	0%
▪ Don't know	1.5%