
Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 5 November 2009

Subject: Green Paper – Shaping the Future of Care

Report of: Councillor Mrs Carole Hegley, Portfolio Holder for Adult Social Care and Health

Summary: The report provides a summary of the options proposed in the Green Paper for adult social care 'Shaping the Future of Care Together'. The Green Paper highlights the challenges faced by the current care system and the need for radical reform, to develop a National care service that is fair, simple and affordable for everyone.

The Green Paper sets out a number of questions for consultation which will inform the White Paper to be published in 2010. Central Bedfordshire Council and its partners carried out local consultation events to get the views of local stakeholders. The findings from these events form the basis of a Central Bedfordshire response to the Green Paper.

Advising Officer: Julie Ogley, Director of Health, Social Care and Housing

Contact Officer: Patricia Coker, Head of Partnerships, Social Care, Health and Housing

Public/Exempt: Public

Wards Affected: All

Function of: Executive

Key Decision Yes

**Reason for urgency/
exemption from call-in
(if appropriate)** N/A

CORPORATE IMPLICATIONS

Council Priorities:

The recommendations contribute to achieving CBC's policy aims and objectives to:

- Support and care for our ageing population
- Promote healthier lifestyles
- Create safer communities

Financial:

The Green Paper proposes new ways of providing and funding care and support which could have future implications for the local government.

Legal:

Shaping the Future of Care Together is a Green Paper, from which a White Paper is expected in 2010.

Risk Management:

The council remains mindful of the implications for service provision and configuration from the Green Paper proposals

Staffing (including Trades Unions):

Workforce development is core to the Green Paper which identifies the need for develop new skills for new ways of working in ensuring that people can take as much control of their lives as possible.

Equalities/Human Rights:

The White Paper, when published could have impact on the diverse groups needing care and support. The Green Paper proposals have implications across the equality spectrum.

The Green Paper has the potential to promote greater equality with its focus on national rights, entitlements and services being personalised to individual needs. There is evidence that currently some sections of the community have a less awareness of services, are less likely to receive the service they need and face the risk of accessing services that are less suitable service to their needs.

Our local consultation events have been inclusive and participants at the events reflect the diversity of our community.

Community Safety:

None

Sustainability:

None

RECOMMENDATION(S):

That the Social Care Health and Housing Overview & Scrutiny Committee:

- (a) consider the proposals made in the Green Paper and the potential impact on the future provision of Care and Support in Central Bedfordshire**
- (b) Consider and comment on the proposed response to the Green Paper from Central Bedfordshire, following local consultation events involving key partners and local residents**

Reason for

So that Members of the Social Care, Health & Housing Overview

Recommendation(s): & Scrutiny Committee consider the fundamental reform of care and support proposed in the Green Paper, which will have far reaching implications for the way in which care and support is both provided and funded in the future and approve the proposed response to the Green Paper follow local consultation events.

Introduction

1. The long-awaited Green Paper on the future of care and support in England was published on 14 July. The Green Paper which is informed by 'The Case for Change – why England needs a new care and support system' sets out a vision for a National Care Service for all adults in England - a service that is fair, simple, and affordable and is underpinned by national rights and entitlements and personalised to individual needs. It also proposes fundamental reforms of care and support services
2. The Green Paper presents different options for reform and invites comments by 13 November 2009. Following the consultation, a White Paper on care and support with detailed proposals for implementing a new National Care Service is anticipated in 2010,
3. The Green Paper has important implications for local government and will have a major impact on joint working and partnership arrangements between the local authority and its key partners. It is therefore important that we engage extensively with our local communities and partners on the implications of the proposals.
4. We carried out local consultation events as part of the National Big Care Debate, in partnership with NHS Bedfordshire, Carers in Bedfordshire and the Older People's Reference Group. The outcome of those consultation events informs the Central Bedfordshire response to the Green Paper at Appendix 1.
5. Since the publication of the Green Paper, the Government and the Conservative Party have put forward further proposals on funding of social care. This is likely to have an impact on the final outcome of the Green Paper.

Background

6. The Green Paper acknowledges that the current system of social care provision and funding which has evolved from a patchwork of initiatives is unfair and complex. It highlights the inequality of provision and variations in standards and quantity of care and support across different authorities. It also acknowledges the lack of clarity around what people can expect from the care system and the growing pressures from changes in life expectancy and changing demographics in England.

7. By 2026, up to 1.7 million more adults will need care and support. Rising expectations and increase in number of people who need care and support will create an exponential increase in the cost of providing care and support which will be ultimately unsustainable. A projected increase of 100% by 2028 is anticipated for Central Bedfordshire,
8. The Green Paper points out that an absence of reform will mean restricting support further and growing numbers of people going without the care and support they need with ever greater uncertainty and unfairness for families.
9. The Green Paper also builds on progress made through reforms such as 'Putting People First' emphasising the need for fair access to care and support, choice, control and quality of services provided and the increasing provision of advice and information, preventative care and early intervention.
10. The term Care and Support covers activities and services that help people stay independent, active and able to participate and contribute to society. The support ranges from family, friends as well as support for care in their own home or a care home and financial support from benefits and help with housing.

Key Proposals

Vision for the Future – A National Care Service

11. The aim is to develop a system that is fair, simple and affordable to everyone, underpinned by national rights for entitlement but personalised to people's individual needs. A universal and sustainable care and support system which empowers people to live their lives the way they want to, supported by the staff who work with them.
12. The system should help people so they can access the care and support they need and find out about the different kinds of support available. Everyone who receives care and support must be treated with dignity and kindness and their human rights must be respected.
13. The Government proposes a National Care Service built on the following components and in which everyone in England will be guaranteed:
 - (a) **prevention services** - the right support to stay independent and well for as long as possible and to delay care needs getting worse. People who are leaving hospital and need care and support for the first time should have the right to reablement to help people get back to their normal lives.
 - (b) **national assessment** - care needs will be assessed and paid for in the same way across the country
 - (c) **joined-up services** - all the services that someone needs will work together smoothly, particularly when their needs are assessed.

- (d) **information and advice** – people will be able to find their way through the care and support system easily. The care system will be easy to understand and navigate
- (e) **personalised care and support** - services will be based on personal circumstances and need, with greater choice and control, including control over their own budgets.
- (f) **fair funding** - money will be spent wisely and everyone who qualifies for care and support will get some help meeting the high cost of care needs

14. Three key changes are needed to make the vision a reality:

- i **More joined up working:** better joined up working between health, housing and social care services and between social care and the disability benefits system. Services would be fully joined up and people will receive more appropriate care in the right setting, reducing costs, improving outcomes and ensuring that services work together to keep people healthy and active wherever possible. Shared goals and joint ways of working can all help to transform the experience of those who need care. A ministerial working group on integration of health and social care services will report later on what has worked well and what barriers exist to integration.

The Green Paper notes that good joint working is already in place in many areas, particularly through local area agreements and directors of public health shared by councils and the PCT. Central Bedfordshire Council has a robust partnership and joint working arrangements with the local NHS and other key partners, through the Local Strategic Partnership and thematic boards such as the Healthier Communities and Older People Partnership Board which will lead on commissioning services for Central Bedfordshire residents.

- ii **A wider range of services in care and support:** provision of a wider range of quality care and support services which meets the needs of individuals in the area. The government will help local authorities make sure that services and ways of working support innovative and high quality care.
- iii **Better quality and innovation:** the National Care Service will be underpinned by rights and entitlements, which support a high quality service. Everyone who uses care and support services should be able to expect that they will be treated with respect and dignity. Improvement in quality will also depend on supporting people who work in care and support. Workforce development is an important part of this. Ensuring that staff are able to develop their own skills and make the most of their experience. Staff may need different skills to support people in taking as much control as possible of their own lives.

Central Bedfordshire has commissioned a workforce development strategy for Social Care, Health and Housing.

15. **Funding Options**

16. The cost of care and support is high. Care and support needs in life and old age are inherently uncertain. Two in three women and one in two men will develop high care needs during their retirement. A 65 year old person can expect to need care costing on average £30,000 during their retirement. There are however differences in people's needs and the amount that they pay. For example, 20 percent of people will need care costing less than £1,000 during their retirement and 20 percent will need care costing more than £50,000. Some of those who spend years in a care home could face a bill of more than £100,000.
17. In developing a new system, the Green Paper recognises the need to integrate some funding streams, particularly those that are working less well such as Attendance Allowance, into social care funding to create a new offer for individuals with care and support needs.
18. The Government's view is that in the new National Care Service everyone who qualifies for care and support from the state should get some help paying for it. Any new system must therefore be fair; simple and easy to understand; affordable; personalised to individual needs and flexible enough to support people to live their lives in the ways they want to.
19. The government looked at five funding options two of which were ruled out:
 - i. Pay for yourself – because it is fundamentally unfair and would offer no support even for those on the lowest incomes with no savings.
 - ii. National taxation - because it would place a heavy burden on people of working age.
20. The three proposed funding options, which are universal, are based on the principle of the full cost being shared between the state and individuals and families who need support.

Partnership

21. This is the Government's preferred option. Everyone who qualified for care and support, regardless of income or assets, would be entitled to have a set proportion of their basic care e.g. a quarter or a third, paid for by the state. Individual income and assets would determine the personal contribution. People who were less well off would have more care and support paid for, while the least well off would continue to get all their care and support free. Under this system, many people would pay much less than the current average. The disadvantage would be that people who have really high care costs and own their own homes or have savings might still be liable for a very high contribution. This system would work for people of all ages.

22. The government favours the partnership model which they believe allocates funding more fairly. However, under this scheme although most people would get some help with paying for care and support, it does not fully protect against the risk of having to pay high costs if a long time is spent in residential care or the risk of being unable to pay the balance at the end of the care period.

Insurance Model

23. Everyone would be entitled to have a share of their care and support costs met, as in the partnership model. The self funded element of the cost would be covered through optional insurance. The state could play different roles to enable this. The government would make it easier for people to take out insurance to cover costs. It is estimated that the cost of insurance could be around £20,000 to £25,000 to be protected under a scheme of this sort compared to with the average of £30,000 costs of care for a 65 year old person. Insurance payments could be made as a lump sum or instalments, either before or after retirement or death.
24. Advantages of this system, according to the green paper are in the greater flexibility of products which could be chosen once developed. In addition people in the scheme would be able to ensure that the care they needed would be paid for, whilst protecting more of their estate in doing so. The disadvantages are that private insurance may not be available for those born with care and support needs or for people who subsequently develop pre-existing conditions. In addition, people who choose not to take out insurance would still face the risk of potentially high costs later in life.

Comprehensive

25. Everyone who can afford it would pay into a state insurance scheme meaning everyone who needs care will receive it free. It is estimated that the cost of being in the system could be between £17,000 and £20,000.
26. The advantages stated in the green paper are that once people had paid their contribution they would be entitled to the care and support they need. The disadvantage is that everyone would need to pay into the system whether they actually needed care and support or not.

The National System

27. The Green Paper proposes a care and support system that is fair and universal. Everyone who needs care can get it, regardless of where they live, so that people feel empowered to live normal lives and are able to choose where they want to live and work. The green paper states that the government would set at a national level, both the level of need at which someone becomes eligible for some support and the proportion of the care and support package that would be met.
28. Moving to a universal system would have important consequences for the way that care and support works across England. The system needs to allow for local flexibility and decisions on how to balance local flexibility and national consistency in the new funding system will have to be reached.

Choices in the Universal System

Part national, part local system

- (a) Under this system, people would know that they were entitled to have their needs met, and a proportion of their care and support would be paid for by the state, wherever they lived. However, local authorities would be responsible for deciding how much an individual should receive to spend on overall care and support, giving them the flexibility to take into account local circumstances
- (b) Local authorities would be able to set the actual amount of funding that someone would receive. This would allow greater flexibility for local authorities to encourage new kinds of care and support in their area and to respond to local conditions. Deciding how much funding people need in their particular area; making best use of public funds and delivering services focused on the needs of local people. The disadvantage is that people could still get different amounts of funding in different places which might be seen as unfair.

A fully national system – Universal Approach

- 29. Under this system national government would decide how much people would be allocated. The amount of funding could be consistent or could vary according to location to take account of the different costs of care across England. The advantage of this approach is that it is an easy to understand and potentially fairer system. People would be able to move around the country more freely and live the lives they want. The disadvantage is that this system would be less flexible and less able to respond to local variations and therefore offer less value for money.
- 30. This system would also mean major changes to the way money for care and support is raised and spent in England. Under a national system the green paper states that it is likely that all funding for care would need to be raised nationally through taxation instead of some of it coming through council tax.

The Role of Local Authorities

- 31. Under either system, local authorities would continue to play a key role in delivering care and support and continue to:
 - i. Be the channel for state funding
 - ii. Undertake assessments
 - iii. Provide information, advice, advocacy and care management
 - iv. Provide and commission services and develop the market
 - v. Foster innovation to decide how services are to be delivered

Conclusion and Next Steps

32. The existing care and support system is not sustainable in the long term because of changing demographics, resulting in a greater requirement for services in the future. In addition there is concern that increasing numbers of people who need care services are excluded from council funded services and face poor outcomes as a result.
33. The Government is proposing a National Care Service, which will be fair, simple and affordable to everyone. As part of the new National Care Service, people should expect prevention services; national assessment; joined up services; information and advice; personalised care and support and fair funding. The Green Paper proposals feed into the personalisation (Putting People First) and transforming social care agenda.
34. This green paper will have major implications on the way in which social care is provided. Self funders will no longer be excluded from state support and care and eligibility thresholds could become obsolete.
35. To make the vision for care and support a reality, the Green Paper proposes more joined up working between health, housing and social care services and between care and benefits services. A wider range of care and support services; better quality, more innovative services based on the best evidence about what works.
36. Central Bedfordshire Council and partners carried out local consultation events to inform a concerted local response to the Green Paper. This response once approved by Executive will be submitted to Big Care Debate before the closing date of 13 November.

Appendices:

Appendix 1 – Response to the Green Paper – Shaping the Future of Care Together

Background Papers: (open to public inspection)

The Green Paper – Shaping the Future of Care Together

<http://careandsupport.direct.gov.uk>

Location of papers: Priory House, Chicksands

Proposed Draft

**Central Bedfordshire Joint Response to the Green Paper –
Shaping the Future of Care Together**

Introduction

1. Central Bedfordshire Council and its partners welcome the Green Paper on the Future of Care and Support. We acknowledge the need to address the future provision of care and support for an ageing population and funding to meet the demands of a population with expectations of better services and greater choice.
2. We welcome the principles of fairness, simplicity and affordability, which will ensure that care and support is accessible to all who need it.

Question 1

3. **Is there anything missing and how should this work?**
4. Consultees felt that planning and development of housing for the older population was not included in the above list. Maintaining your independence and staying in your own home was a major priority for older people yet this has not been addressed in terms of housing development.

The Green Paper failed to highlight mechanism for monitoring and accountability particularly in relation to joined up services. It was felt that reference should be made to the instigation of a more robust regulatory system to ensure the vision for a joined-up service is successful.

Consultees felt that it is important that people are helped to live independently in their own communities.

Our Consultees welcomed the six elements of the proposed National Care Service.

Prevention Services are key to maintaining independence and it is right that a holistic approach is taken. People should have access to the right care and support so that they can regain independent living. More investment is needed for prevention services to avoid crisis.

Prevention is also key with up and coming generations where they might be increasing levels of issues such smoking, substance misuse and mental health.

The Third Sector also has an important role in prevention services. Getting communities thinking creatively about social activities and more opportunity for social contact for older people or vulnerable people would be needed. More community volunteering should be developed to encourage community well being and build social capital.

General Practitioners and other health professionals also play a big part in prevention services. Central Bedfordshire consultees felt that there should be seamless pathways between health and social care, particularly for those moving from acute care and needing longer term social care support. There is already

greater emphasis on prevention services, particularly through the transforming social care and the personalisation agenda. This needs to be extended and consideration should also be given to better and more equitable access to out of hours health care services.

Carers should be given more consideration in the White Paper. More recognition for carers should be one of the six elements of the proposed National Care Services. There should also be provision for additional support for carers.

More robust investment is also needed in assistive technology and falls prevention schemes. It is also essential that Good Neighbourhood schemes are encouraged and supported.

Re-ablement as a universal right is welcome but must be adequately funded to offer real value to people. The Green Paper fails to address how this will be funded? More investment and better training is needed particularly to ensure more effective diagnostic practice

National Assessment

We agree with the concept of a national assessment and the opportunity for consistency in the way in which people's needs are assessed and remove the widely accepted view of a postcode lottery.

The criteria on which the assessment is based needs to be very clear and robust enough to ensure consistent application and not open to interpretation. A national assessment should also include a review system to monitor and address the needs of those who initially fail to fit in with the eligibility criteria to accommodate change in circumstances for those who may not immediately meet the eligibility criteria.

Funding was also identified as a real concern and that for a national assessment system to work; there must a commitment or assurance that government can provide the funds to enable this to happen.

The question of how portable a national assessment is within the UK remains, as the system in Scotland differs from England. What would happen in those circumstances?

A Joined Up Service

A joined approach is welcome. Services should be aligned or integrated where possible to deliver better outcomes for people and we would advocate a multiagency approach with a clear lead and clear budgetary arrangements are made. The Green Paper does not explain how services can be joined up although makes mention of the ministerial working group on integration of health and social care services.

The number of assessments an individual has between services and across health and social care is an issue. It is hoped that the White Paper will champion a single assessment process across the services and reduce the pathways for care.

Information and advice from different agencies can be conflicting and confusing. A joined up approach would address some of these issues particularly around information sharing and the limitations posed by the Data Protection Act. Joined services can provide economies of scale and more effective and timely services.

Information and Advice

Access to information and advice is a key part of enabling and empowering our communities. It is key to prevention and early intervention. Shared information and a universal base of knowledge across service providers should be promoted.

Consultees felt that there should be greater investment in more 'One Stop Shops' across all local authorities that can be easily accessed by all. This is particularly important for self funders and carers.

More use should be made of community outlets such as libraries and GP surgeries to provide and disseminate information on services such as Carer's packs and signposting to community support and advocacy groups.

Information and consultation with service users on planning new service initiatives should also be given priority.

Personalised Care and Support

The emphasis on personalised care and support in the Green Paper is welcomed. Personalisation of care and support is a key priority for Central Bedfordshire and its partners. Our consultees felt that the majority of people would opt for more choice and control over their care support needs, if given the option. It would allow people to remain in their own communities and access services which are more appropriate to their needs.

Personalised care needs to be supported by good information to enable people to make good judgements about their care needs. There are however wider implications for specific care groups – e.g. young adults with learning disabilities and those who are more vulnerable and could be excluded due to lack of appropriate support. This needs to be taken into account and provision made to support this group of people.

Safeguarding is also an important issue in this context. The Green Paper does not address the safeguarding agenda within personalisation.

Fair Funding

We welcome the broad principle of fair funding and the need for a system that is fair and equitable for all, regardless of personal circumstances. However there are concerns and differences on what is 'fair'

There are concerns about the historic inequitable approach to funding and hope that the White Paper will address this.

Question 2

Making the Vision a Reality – a National Care Service

Access to timely, flexible, high quality services, which offer choice and are delivered in partnership with sufficient funding, is key to making this vision a reality. It is also important to have mechanisms in place which will allow resource transfers between organisations.

Effective partnership arrangements with aligned priorities and strategies should be an integral part of this vision. Joint working poses an important challenge and has implications for the integration of services if the aspirations of a national care system are to be met. However, it could lead to better use of current resources and / or be more creative with the use of current limited resources.

Consultees felt that cooperation between government bodies could result from such an initiative. Sharing best practice to provide better outcomes for people. People would feel more confident with a visible single point of access to services, better communication, forward planning and prevention.

A National Care Service should provide a holistic approach which will cover all aspects of care needs and allow the development of flexible, skilled workforce able to respond to individual care needs across the spectrum of care provision. Offering greater choice and control to the customer.

A National Care Service should support an integrated approach to reablement and intermediate care services which can often involve a succession of different health and social care professionals.

A National Care Service should offer better support for carers.

Barriers

Consultees felt that a major barrier would be resources and the capacity to deliver these ambitions. Another important issue highlighted is the cultural shifts needed within organisations providing care and support and meeting the needs and aspirations of people. Changing public perception care and support funding will be challenging.

A lack of robust market place for social care service provision and appropriate workforce to deliver this new vision are also important barriers.

Third Sector organisations have a key role in the delivery of this vision and may face challenges in meeting the changing relationships, for example from a grant funded organisation to contractual arrangements to provide care and support to their local communities.

Consultees felt that there was a danger of targets hampering choice

Funding Options

Funding was a particularly contentious issue within the groups and many consultees felt that they were being asked to comment on how the proposals would work in practice without sufficient information in the Green Paper on which to give an informed opinion.

Almost half of the consultees expressed a preference for the 'Partnership' option, with a quarter abstaining from a choice due to the lack of detailed information available on the options. The remaining quarter were almost evenly split between 'Insurance' and 'Comprehensive'. Overall consultees felt that there was no obvious clear choice. Other options, such as a combination of Insurance and Partnership together, were suggested, as well as increased National Insurance contributions and personal taxation.

The overwhelming response to the question was that there was insufficient detailed information on the options available, such as who would be responsible for holding any insurance monies. Concerns were also expressed about how safe people's money would be and some felt that this debate should open up dialogue with younger people about preparing for their old age and possible care needs.

Some consultees felt that the insurance system would work for the majority of people of working age, provided that the scheme was administered and regulated by the government and not put solely into the hands of private insurance companies or organisations without set guidelines and conditions.

A suggestion was made that a person's primary residence should be excluded from the calculation of assets when means are assessed. This would be a popular move and would not lead to a reduction in houses owned, which could occur, if the current policy is extended to care

Some members felt that it would be a simple and fairer option to raise taxes which would negate the need to introduce funding options that will only create further anxiety and controversy.

National vs Local

We welcome the reiteration of the role of local authorities in the delivery of care and support as set out in the Green Paper. The delivery of the vision will need to be coordinated at the local level. Local authorities and partner agencies have a key role in delivery prevention services and enhanced care and support.

The majority of Consultees agreed that national government should decide how much money each local authority should get but with local authorities having clear input into the decision making process to ensure that local needs were addressed. They also felt that more clarity is needed around the definition of and what would constitute "minimum entitlement" and that any resource allocation system should be able to take into account the varying levels of need.

More clarity is needed from the government on the role of local authorities in the context of this Green Paper.