

GREEN PAPER SHAPING THE FUTURE TOGETHER

To: **Cabinet**

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From: **Rod Craig Executive Director, Community and Adult Services**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **To brief Cabinet on the national consultation on the future shape and funding of adult care and support services, launched through the Green Paper, Shaping the Future Together, and to seek advice on the questions posed to inform the Council's response. The consultation runs until 13 November 2009.**

Recommendation: **Cabinet is recommended to:**

- (i) Note the detail of the Green Paper and comment on the specific questions raised in the consultation.**
- (ii) Invite discussion on the Green Paper and the specific questions raised in the consultation at the Full Council meeting on 13 October, to inform the Council's response to the Consultation that will be presented at the Cabinet meeting on 20 October.**

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1.0 INTRODUCTION

- 1.1 This report gives an overview of the Social Care Green Paper – ‘Shaping the Future of Care Together’ published on 13 July 2009 – which sets out the potential future shape of adult social care and support in England, and a vision for a new National Care Service – although it should be noted that a National Care Service has not been clearly defined. Is it one system of expectations or entitlements with respect to prevention, assessment and funding by the state; or a more comprehensive system of national governance akin to the National Health Service?
- 1.2 The term ‘care and support’ describes the activities, services and relationships that help people to stay as independent, active, safe and well as possible, and to participate in and contribute to society throughout the different stages of their lives. People rely on a whole range of support, from their families, friends and communities, as well as from state-funded support such as care in their own home or a care home, financial support from the benefits system and help with housing. All of these services combine to help people live active lives, whatever their priorities and needs may be. Local authorities not only provide these services in many cases, but also play a key part by commissioning these services from other providers.
- 1.3 The full Green Paper can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102338. The Executive Summary is included at Appendix A.

2.0 GREEN PAPER – KEY MESSAGES

2.1 Need for Radical Reform

Originally designed in 1948 and at 61 years old, the current system, despite a range of improvements and additions, is no longer sustainable or fit for purpose for today’s demography. Life expectancy has extended by 12 years from an average of 66 years then to 78 years now. There is a need for the separate systems of social care, disability benefits and housing support to come together in a more joined up way to deliver the most effective outcomes – integrating with health systems.

- 2.2 ‘Putting People First’ created an important first stage to this agenda, and now is the time for longer term solutions by working towards a National Care Service to serve the care and support needs of our society.

- 2.3 Resources are increasingly used to alleviate the pressures on the system by providing care to only those in the highest need. A more

effective use of resources in the reform of this system is recommended through investment in better joined up services between health, housing and social care, and a preventative focus to keep people 'well for longer', including rehabilitation services. This form of early intervention is the key to longer term efficiency savings, and opens up more opportunity for creative and more effective use of resources. Past successes are not to be forgotten, but instead built upon for maximum benefit, for example advice and support services on benefits, housing, care, health and family support.

2.4 Affects us all

A prominent message with the Paper is that this agenda impacts on the lives of just about our entire nation. All of us at some point in our lives will require a level of care and support and/or provide a level of support to others close to us, whether this is as a result of very low level needs associated with common complaints, or more complex requirements, for example relating to dementia care.

2.5 Demography

The demand on care and support services is ever increasing as a result of our society's increasing life expectancy, the growing number of disabled people and increased survival rate of illnesses such as cancer which often leave a need for practical, emotional and financial support. There is a predicted £6 billion gap between available resources and demand by 2020. This almost certainly will be exacerbated by savings and efficiencies needing to be made through reduction in public spending as a result of the recession.

2.6 Health and Social Care Inequalities

The paper aims to address the perceptions of unfairness in levels of service across the country – the 'postcode lottery'. It seeks to provide consistency in quality with a service underpinned by national rights and entitlements and personalised to individual needs. The paper outlines that users receiving services will be treated with respect, dignity and kindness – no longer will it be perceived that they have to 'fight for services'. This, in addition to the high quality of advice and support that should be expected, means a requirement for a well trained and knowledgeable workforce. There are resources being made available to ensure that this is achievable.

2.7 The Cost of Care

The cost of care and support is estimated to be in the region of £30,000 for a person aged over 65 during their retirement. The Paper acknowledges that this is unaffordable to most, with many finding that they have to use up their assets and sell their home to pay for the care and support they need. This must be addressed by driving down care

and support costs to an affordable level and ensure that no-one misses out on their right to high quality assistance. There have been many considerations made by Government on this point, which are outlined below under 'Funding'.

2.8 Partnerships and Efficiencies

The current system consists of various cross sector bodies – public, private and charitable. Inconsistencies or lack of communications complicate the system and only serves to confuse its users. Building better partnerships and thus avoiding duplication will lead to greater efficiency gains, and a much more open and transparent system that is more easily understandable.

2.9 There is no single answer about how to help health, housing and social care to work together. Changing mindsets and understanding, and not necessarily changing external structures, is key to joined-up working. The most crucial factors can often be local leadership and the willingness of staff to work together – and the support they have to do so.

2.10 Role of Local Authorities

Under either system, local authorities would continue to play the key role in delivering care and support. They would continue to:

- Be the channel for state funding and support
- Undertake assessments and provide Self-Directed Support
- Provide information, advocacy and care management for individuals
- Provide and commission services, and manage the market of care and support providers
- Foster innovation in care and support, using their freedom.

2.11 Housing Plays a Key Part

Housing has been identified as playing a key role in this radical reform as it is acknowledged that housing and housing related support services can have a significant impact on the health and social care arena and it is now widely acknowledged that housing is a key determinant on people's health.

2.12 The role of housing includes Supporting People funded housing-related support services for older and disabled people, as well as adaptations that help people get around at home safely, such as handrails and walk-in showers, often through the Disabled Facilities Grant.

2.13 Local Authorities need to continue to ensure that housing and housing related support services are promoted widely and contribute to health targets. This can be achieved for example through the Joint Strategic Needs Assessment (JSNA) by feeding local needs into the Local Area

Agreement (LAA) targets to ensure that they are a priority within each locality.

2.14 Making the Aspirational 'Dream' Come True

So what needs to change to make the vision a reality and transform the current system into a new National Care System?

2.15 Three key changes are identified as needed:

- 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.

2.16 Under a new system, organisations will continue to have the same responsibilities set out for them in Putting People First, but there will be implications for the way in which local authorities and other partners work together and with people who need services.

2.17 The Government has focussed the Paper around six areas that it thinks that everyone in the country should be able to expect, and that would be at the heart of building a National Care Service:

1. **Prevention Services**

- Free support to stay well and as independent as possible
- Re-ablement help at home post-hospital discharge (e.g. for 6 weeks) which can have significant savings on the support system/NHS
- The government will continue to encourage a range of housing support options including supported living (care in a person's own home), extra care housing (accommodation with design features and support to help people live independently), changes to homes or workplaces that make it easier for people to move about, and designing new homes. Housing-related support can also help to keep people safe. These measures will help to delay the need for care and support later on.

2. **National Assessment**

- The Paper proposes a national care and support needs assessment system which are portable and which will prevent the need for re-assessment when a person moves to a new area. This may also encourage greater national mobility.
- Proposes a single eligibility threshold which would provide more consistency than the existing Fair Access to Care (FACS) criteria that are often interpreted differently by different

authorities, and can use to 'filter' services to only those with critical or substantial needs

- Consistency of the proportionality of care paid across England eliminating the inequalities of the 'postcode lottery'. Further consideration is needed on this principle around the differing costs of care across England meaning that some people will be able to purchase more care than others.

3. Joined-up Services

- The Paper specifically notes better links between health, housing and social care services. This can dramatically impact on reduction in costs and improved outcomes.
- Services to work together more smoothly and be centred around individual needs (including social care services, benefit system, NHS and housing services, as well as the services provided by many different private and third sector organisations).
- Assessment only needs to be done once as can move with the person assessed anywhere in the country.
- NHS and the new National Care Service will be fully joined up.

4. Information and Advice

- Easy navigation of the care and support system
- Access to information on who can help, where, how and how soon making the system more effective and easier to understand.

5. Personalised Care and Support

- The ever more prevalent Government themes around choice and control, with the tailoring of services to the individual continue to focus strongly in this Paper
- Encourages the possibility of users controlling their own budgets wherever possible.

6. Fair Funding

- An element of financial assistance will be provided to all qualifying for care and support from the state to meet the cost of needs.
- Assurance that service users' own money is spent wisely.

2.18 Evidence Base – What Works?

An important part of improving quality is knowing which services will be most effective based on the best evidence on what actually works.

2.18.1 There has historically been a shortage of robust evidence about what works in care and support. For example, while there are many ideas

about what might work, and anecdotes about success, there is little solid evidence about what prevention methods work best and are most cost-effective. As we provide care to more and more people, and value for money becomes ever more important, it will be vital for us to know that the changes we are making are the right ones.

2.18.2 It is not a straight forward task to gather this evidence as care and support covers such a wide range of services that there are as many different needs and ways of providing support as there are people who need it. There has however been good progress in recent years on areas such as falls prevention which has improved understanding of what works and what does not.

2.18.3 The Green Paper suggests that an independent body (either new or existing) should provide advice on what works best in care and support and that this will help to make sure that, in future, services are as cost-effective as possible and that they are based on evidence.

2.19 Workforce

A whole scale cultural shift will take place in the organisations and workforces involved in the care and support system. It is all about a broader range of innovative and high quality services which of course requires an innovative and high quality, fully trained and skilled workforce to deliver. This may mean more staffing is required as demand increases, as numbers of people with complex conditions such as dementia increases, and to provide a broader remit of advice in wider areas such as financial guidance and support.

2.19.1 The Department of Health Workforce Strategy (April 2009) sets out key priorities for workforce reform, and a further Action Plan for the medium\long term is expected for release in a few months.

2.20 Funding

The Social Care Reform Grant has committed an extra £250 million over 2008-2011 to support councils to radically transform services and improve choice and control.

2.20.1 What is needed in the main is a fairer system with consistency over who gets state care and support funding to combat the existing 'postcode lottery'. Decisions are needed on the responsibility for paying for care between the individual, the State and family, as well as ensuring effective use of taxpayer's money.

2.21 Balance of responsibility is needed between local and national government, with acknowledgement that local government will continue to play a vital role for example, national government deciding on levels of need while local government decides how much funding provided to each category.

2.22 The Paper acknowledges a need to 'spend to save' to meet demands and expectations and a decision is required on the fairest way to bring in extra funding. Of the various options that Government considered for a new National Care Service, the Paper suggests the following three:-

1. **Partnership Model**

Government support for people of all ages with around a quarter to a third of the cost of care, or more if on a low income. Average costs for those aged 65 and over are estimated at £20,000 - £22,000, though those with more complex care needs associated for example with Alzheimers or dementia could face costs of around £100,000 or more.

2. **Insurance Model**

Government support for over retirement age with around a quarter to a third of the cost of care, and make it easier to take out state-backed insurance to cover remaining costs in full (either run by the State or private insurers). It is estimated that people may need to pay £20,000 - £25,000 into the scheme helping those with higher needs to cover what could be a much higher care and support cost.

3. **Comprehensive Model**

A compulsory state insurance scheme for over 65s, whether or not in need of care, meaning everyone gets free care when they need it. This is estimated to mean a contribution of £17,000 - £20,000. Options are suggested around who would pay what into the scheme based on savings and assets. It is suggested that this helps people plan for their future care costs and also plan what savings and assets they will have to pass on to family. This model is expected to run alongside a free care and support system for those of working age.

2.23 The Paper rules out options for everyone to pay for their own care as this would leave those less financially able without care, and also rules out a tax-funded model as placing too heavy a burden on those of working age.

3.0 THE BIG CARE DEBATE

3.1 The development of any new system needs to involve its users at its heart, and as such the Big Care Debate will include consultation with the public, stakeholders and staff and will take place over a 16 week period until 13 November 2009.

- 3.2 A series of national stakeholder events, public roadshows and webchats will provide an opportunity to discuss and debate the way forward and feed and steer the Government direction on this agenda. An online forum is also available along with a range of other access options including mobile phone information via Directgov, leaflets, Facebook and Twitter.
- 3.3 A toolkit is available to assist with this on the www.careandsupport.direct.gov.uk website. The complexities of the current care system may result in many members of the public not being fully informed on the current system and its true costs. It is important the events held within organisations ensure that a full picture on today's position is clearly shared to enable fully informed discussion and debate.
- 3.4 Further information on the Big Care Debate can be found at www.careandsupport.direct.gov.uk
- 3.5 Following consultation, a White Paper on care and support will be published in 2010, with detailed proposals for implementing a new National Care Service. The key consultation questions are:-

1. We want to build a National Care Service that is fair, simple and affordable. We think that in this new system there are six things that you should be able to expect:
- Prevention services
 - National assessment
 - A joined-up service
 - Information and advice
 - Personalised care and support
 - Fair funding.
- (a) Is there anything missing from this approach?
(b) How should this work?

2. We think that, in order to make the National Care Service work, we will need services that are joined up, give you choice around what kind of care and support you get and are high quality.
- (a) Do you agree?
(b) What would this look like in practice?
(c) What are the barriers to making this happen?

3. The Government is suggesting three ways in which the National Care Service could be funded in the future.
- **Partnership** – People will be supported by the Government for around a quarter to a third of the cost of their care and support, or more if they have a low income.
 - **Insurance** – As well as providing a quarter to a third of the cost of people’s care and support, the Government would also make it easier for people to take out insurance to cover the remaining costs.
 - **Comprehensive** – Everyone gets care free when they need it in return for paying a contribution into a state insurance scheme, if they can afford it, whether or not they need care and support
- (a) Which of these options do you prefer, and why?
 - (b) Should local government say how much money people get depending on the situation in their area, or should national government decide?

4. SIGNIFICANT IMPLICATIONS

This report is provided as a briefing to initiate discussion to inform the Council’s response to the Government’s consultation on the future shape and funding of adult care and support, and does not present specific proposals. However, a future White Paper, following the consultation on the Green Paper, will no doubt have significant implications for the Council in a number of areas that are identified below.

4.1 **Resources And Performance** (this heading includes Finance, Property and Facilities Management, Information and Communication Technology (ICT) Human Resources, Performance, Risk and Best Practice and where significant, they are set out below)

The following bullet points set out details of significant implications identified by officers

- **Finance:** The consultation offers options for the future funding of adult care and support, to manage increasing demand and expectations that will impact on all Cambridgeshire citizens, and the framework within which the Council funds care and support.
- **Human Resources:** The transformational change in adult social care that has already started has been reinforced within the Green Paper, which recognises the scale of cultural shift required to meet the challenges of the future.

4.2 **Statutory Requirements and Partnership Working**

- **Statutory Duties / Requirements:** A forthcoming White Paper would require compliance from councils to respond to and deliver care and support within a new framework.
- **Partnerships:** The Green Paper reinforces the requirements already set out in many government documents, including the Transformation of Adult Social Care LAC (DH) (2009) 1, making particular reference to the partnerships required between health, housing and social care services.

4.3 **Climate Change** (Includes any climate change, greenhouse gas emissions and environment implications and where significant, they are set out below)

- There are no significant implications for any of the headings within this category.

4.4 **Access and Inclusion** (includes inclusion, crime and disorder, the voluntary Sector, equality and diversity and transport implication and where significant, they are set out below)

- **Inclusion:** Consideration needs to be given to how the future shape and funding options set out in the Green Paper will support inclusion of all parts of our society, especially those people who find themselves most excluded.
- **Voluntary sector:** Working collaboratively with the voluntary sector is a feature in the Green Paper and the need to continue to develop this sector would no doubt feature strongly in a forthcoming White Paper.
- **Equality and diversity:** Consideration needs to be given to how the future shape and funding options set out in the Green Paper will recognise diversity and promote equality across all groups and communities within Cambridgeshire.

4.5 **Engagement and Consultation** (includes community engagement and public consultation and where significant, they are set out below)

- Any fundamental change to the way in which the adult care and support system is funded and delivered, resulting from a White Paper, will require the Council to engage with local people and communities to increase awareness and knowledge of how the changes and their impact.

