



Briefing 09-44 August 2009

Shaping the Future of Care Together

This briefing provides an overview of the recent Government Green Paper on the future of social care services and support, 'Shaping the Future of Care Together'. Whilst the paper is directed toward the care system as it exists within England, the issues and their resolution have UK wide implications for how local authorities administer and deliver social care. The issues raised are therefore of interest to chief executives, elected members and those involved in the commissioning and delivery of social care services throughout the UK.

Key issues

- Rights and entitlement to social care to be set nationally
- Local authority role in deciding funding for care services to be significantly reduced.
- Future funding of care likely to be involve an element of insurance.
- Ability to deliver services in-house maintained although pressure to engage with and support a greater role for the market

Proposals

The Green paper seeks to introduce greater certainty to the care system, through the introduction of a National Care Service. This will be underpinned with national rights and entitlements but personalised to individual needs.

By 2026 there are expected to be 1.7 million more adults needing care and support, including a doubling of the number of people over 85. By 2029 a quarter of the population will be over 65. At the age of 65 the mean lifetime cost of care is expected to be £40,400 for a female and £22,300 for a male. In England there are an additional 3.25 million adults of working age who have a care need.

The paper outlines the rights people might expect, the funding mechanisms that could be used and the structure to deliver the care services.

Six areas are listed in which people can expect a consistent application across the whole of England:

- The right to support to stay well and independent. This covers a right to 6 week re-enablement support.
- The right to consistent assessment of support and the same proportion paid wherever the location
- A single assessment to provide access to the whole range of care and support services
- Easy access to information on care available and how quickly it may be accessed
- Services will be based on personal circumstance and a personal budget may be available
- Funding will be available to meet a proportion of care and support costs

There are three options for funding that are suggested for further development:

- A **Partnership** approach which shares costs between the individual and the state
- An **Insurance** approach which would enable people to take out protection against the risk of having high care and support costs
- A **Comprehensive** approach in which everyone would be required to pay in and would get free care and support in return

A further two options, one **Pay for yourself** and the other **Tax-funded** are ruled out.

There is an underlying assumption throughout that accommodation costs including lodging and food remain the responsibility of the individual.

Two options for structure are given, one based on a **part-national, part-local system** and the other a **fully national system**. The first envisages the central government sets the proportion of costs to be covered whilst the local authority decides the total amount. The fully national system decides the value of funding to each individual, stripping the local authority of its ability to supplement care services.

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

- Be the channel for state funding and support
- Undertake assessments
- 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 to decide exactly how services are delivered at a local level.

Greater joined up working between the NHS, local authorities, private providers and the third sector is envisaged. Initial pilots (see APSE briefing 09-20) have been mixed. A

Ministerial Group on Integration of Health and Social Care Services is heading this work within the Department of Health

The Consultation period runs to November 13th 2009 with a White paper promised in 2010

APSE Comment

Whilst a General Election is likely to delay or de-rail the proposed White paper, the funding implications will remain whatever the complexion of a future Government. None of the major political parties have a radically different alternative view of funding and all appear to accept the rationale behind commissioning although the value for money benefit of this route remains unproven.

The Green Paper introduces the concept of a National Care Service with universal rights to entitlement. Quite how this will operate is unfortunately left in the air, even suggesting that such a move *'does not necessarily need to involve structural change'*. A National Care Service would suggest a move to centralised control and audit, a further layer of management and given the relative power of the NHS to local government, a further diminution in the role of elected members in deciding social care priorities locally.

The envisaged role of local authorities in service delivery is indistinguishable from the current method of operation and the paper maintains the local authority would continue to use *'their freedom to decide exactly how services are delivered at a local level'*. Unfortunately the paper is rather lacking in detail on this point and appears to gloss over just how personalisation in care services will evolve whilst maintaining this freedom. The Government circular *Transforming Adult Social Care perhaps provides* a clearer view of the expectation on local authorities stating: *"Councils will also be expected to have started, either locally or in their regions, to develop a market development and stimulation strategy, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes."* APSE has major concerns that the impact of such an approach. It is not local authorities role to create markets, it is to help those who need care.

APSE welcomes moves that provide a greater level of certainty for older and disabled people in regard to levels of funding and care. Questions however abound over the remit and powers of a National Care Service which appears to *'fly in the face'* of recent pronouncements on localisation and devolved responsibilities. Although local authorities will continue to play a *'key role'*, this role would appear to be centrally driven, administering and commissioning services. As social care accounts for around a third of top tier local authority spend, any widespread structural change would have massive financial implications for what remains of the Council and would further diminish the role of elected members in deciding local priorities.

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