

LGA Green Paper – The Future of Adult Social Care – The Lives We Want to Lead.**Background:**

On 5th August 2018, The Local Government Association launched a nationwide consultation to kick-start a desperately-needed debate on how to pay for adult social care and rescue the services caring for older and disabled people from collapse. The LGA green paper - alongside funding issues – also seeks to start a much-needed debate about how to shift the overall emphasis of our care and health system so that it focuses far more on preventative, community-based personalised care, which helps maximise people's health, wellbeing and independence and alleviates pressure on the NHS.

The LGA eight-week consultation sets out options for how the system could be improved and the radical measures that need to be considered given the scale of this funding crisis. The consultation - the biggest launched by the LGA – is seeking the views of people and organisations from across society on how best to pay for care and support for adults of all ages and their unpaid carers, and aims to make the public a central part of the debate. The LGA believes the green paper provides an opportunity for Local Government to take the initiative in developing solutions, and will respond to the findings in the autumn, to inform and influence the Government's green paper and spending plans. It is supported by all political parties within the LGA, demonstrating the required level of cross-party support amongst local politicians that we need to see matched by our national politicians.

The LGA wants to build momentum and help stimulate a truly nationwide debate about how best to fund the care we want to see in all our communities up and down the country for adults of all ages, and how our wider care and health system can be better geared towards supporting and improving people's wellbeing. **They will reflect on the consultation findings in a further publication later in the autumn, in time to influence the Government's plans; not just their green paper, but also the Budget, the NHS Plan and the Spending Review. This is our chance to put social care and wellbeing right at the very heart of the Government's thinking.**

The Board are asked to:

- 1) Have read the summary paper circulated and considered the questions we are going to discuss on the day
- 2) Agree to the submission of a joint "Gateshead system response" to the LGA Green Paper (most of which we hope to be able to collate at the actual Board, but with a follow up meeting on 20th, should we require it)
- 3) Agree to promote the LGA Green Paper and encourage interested groups/individuals to complete it

- 4) Agree the delegation for appropriate Council officers to submit the response on behalf of the Gateshead system ahead of the deadline with the aim to have a draft to Portfolio on 17th September.

Green Paper:

<https://futureofadultsocialcare.co.uk/wp-content/uploads/2018/07/The-lives-we-want-to-lead-LGA-Green-Paper-July-2018.pdf>

Summary Green Paper:

<https://futureofadultsocialcare.co.uk/summary-green-paper/>

Resources (comms and facilitator packs):

<https://futureofadultsocialcare.co.uk/resources/>

Green Paper Chapters:

- 1. The voice of people who use services**
- 2. Delivering and improving wellbeing (Question 1)**
- 3. Setting the scene – the case for change (Questions 2 – 9)**
- 4. The options for change (Questions 10 – 20)**
- 5. Adult social care and wider wellbeing (Questions 21 – 23)**
- 6. Adult social care and the NHS (Questions 24 – 30)**
- 7. Summary of key points**
- 8. Have your say**

Questions:

- 1) What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?
- 2) In what ways, if any, is adult social care and support important?
- 3) How important or not do you think it is that decisions about adult social care and support are made at a local level?
- 4) What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?
- 5) What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?
- 6) What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?
- 7) What, if anything, are you most concerned about if adult social care and support continues to be underfunded?
- 8) Do you agree or disagree that the Care Act 2014 remains fit for purpose?
- 9) What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?
- 10) Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?
- 11) Of the above options for changing the system for the better, which if any, do you think are the most urgent to implement now?

- 12) Of the above options for changing the system for the better, which if any, do you think are the most important to implement now?
- 13) Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?
- 14) Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?
- 15) What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?
- 16) Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?
- 17) Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?
- 18) What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?
- 19) What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?
- 20) In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?
- 21) What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?
- 22) What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?
- 23) To what extent, if any, are you seeing a reduction in these other local services?
- 24) What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?

- 25) In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?
- 26) Do you think the role of health and wellbeing boards should be strengthened or not?
- 27) Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?
- 28) Do you have any suggestions as to how the accountability of the health service locally could be strengthened?
- 29) Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?
- 30) Do you have any other comments or stories from your own experience to add?

Funding options appraisal:

	CHANGE	RATIONALE	COST 2017/18	COST 2024/25
Funding existing requirements	1. Pay providers a fair price for care (LGA and many others) ¹	The stability of the provider market is central to the provision of high quality care and support that meets people's needs and helps keep people independent at home. Enabling councils to pay a fair price for care (based on cautious industry estimates of what is needed) would help prevent providers ceasing trading and/or handing back contracts, and help to prevent a 'two tier' system between publicly funded care and privately funded care.	£1.44 billion	£1.44 billion
	2. Make sure there is enough money to pay for inflation and the extra people who will need care (LGA and many others) ²	Without funding for core pressures, unmet need is likely to continue to grow, pressures will build on the provider market and its workforce, and the impact on unpaid carers will continue to increase.		£2.12 billion
	3. Provide care for all older people who need it (based on estimates of unmet need amongst older people by Age UK) ³	Tackling unmet need amongst people with care needs, would help maintain people's independence and prevent the deterioration of people's conditions and would help allow informal carers to continue their caring role.	£2.4 billion in addition to 1 and 2 above	£3.6 billion, in addition to 1 and 2 above
	4. Provide care for all people of working age who need it (estimates based on broad assumptions set out below) ⁴	As above	£1.2 billion, in addition to 1 and 2 above	£1.4 billion, in addition to 1 and 2 above

Reforms to extend entitlements	5. 'Cap and floor'	<p>A cap on the maximum costs an individual could face, along with a more generous lower threshold in the financial means test, would protect people from 'catastrophic costs' and more of their asset base.</p> <p>The cost depends entirely on where the cap and floor are set. The Health Foundation and King's Fund modelled costs based on a cap at £75,000 and a floor at £100,000 (as per Conservative proposals at the 2017 General Election)⁵</p>		£4.7 billion ⁶ , in addition to 1 and 2 above
	6. Free personal care (Health Foundation/ King's Fund and Health and Social Care/ Housing, Communities and Local Government select committees) ⁷	Free personal care would improve access to social care by removing the current means test and help people to remain independent at home. It would apply to everyone who needed care. Decisions would be required on the level at which the offer applied and what would count as 'personal care'. Accommodation costs – including in residential care – would continue to be the individual's responsibility.		£ 6.4 billion ⁸ , in addition to 1 and 2 above

OPTION	FURTHER DETAIL	AMOUNT RAISED (based on other organisations' reports)	AMOUNT RAISED 2024/25 (estimate)
Means-testing universal benefits (2017 Conservative Manifesto)	Means testing and/or better targeting of winter fuel payments and free TV licenses (ie limiting these benefits to people on pension credit)	Means testing winter fuel payments would raise £1.8 billion (2020/21) ⁹	£1.9 billion ¹⁰

Social Care Premium (Health and Social Care and Housing, Communities and Local Government joint select committee report) ¹¹	<p>An earmarked contribution to which individuals and employers should contribute (such as an addition to National Insurance or another mechanism). Under 40s to be exempt and those beyond the age of 65 should contribute. Consideration to be given to a minimum earnings threshold to protect those on lowest incomes.</p> <p>This could be similar to a social insurance model. This could be voluntary or compulsory with different options for paying in – ie weekly, monthly, on retirement, deferred and paid from a person's estate. It could be private or state backed.</p>		<p>If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25</p> <p>This is a purely illustrative figure and would not be the cost to individuals if the premium was attached to National Insurance given that a person's employment status and/or how much they earn determines the amount they contribute to National Insurance. in 2024/25¹²</p>
1 per cent on Income Tax (Health Foundation and King's Fund and reproduced in joint select committee report) ¹³	Basic	£3.8 billion (2020/21) £5.1 billion (2030/31)	£4.4 billion ¹⁴

OPTION	FURTHER DETAIL	AMOUNT RAISED (based on other organisations' reports)	AMOUNT RAISED 2024/25 (estimate)
	Higher	£1.3 billion (2020/21) £1.8 billion (2030/31)	£1.5 billion
	Top rate	£400 million (2020/21) £900 million (2030/31)	£450 million

1 per cent on National Insurance (Health Foundation and King's Fund and reproduced in joint select committee report) ¹⁵	All rates	£9.1 billion (2020/21) £12 billion (2030/31)	£10.4 billion ¹⁶
	Extend beyond retirement age given the increase in the number of people working beyond retirement age	£1 billion (2020/21) £1 billion (2030/31)	£1.1 billion
	Extend to some elements of pension income (Resolution Foundation – note this was presented as an option for funding an NHS spending increase) ¹⁷	£2.5 billion (2022/23)	£2.6 billion ¹⁸
1 per cent increase in council tax			£285 million ¹⁹
Charging for accommodation costs in Continuing Health Care (Barker Commission) ²⁰	Means testing accommodation costs for people who receive continuing health care in a residential setting.	£200m estimate at the time the Barker review was published	£200 million

ESTIMATED BREAKDOWN OF 2016/17 GROSS ADULT SOCIAL CARE SPENDING



NHS AND ADULT SOCIAL CARE SPENDING 1993-2017

