

## Shaping the Future of Care Together – Green Paper Report by Cllr M A Steele

**A National Care Service:** the idea of a National Care Service is for there to be nationally defined entitlements based on need. It should be noted that four of the six elements of the proposed new service – prevention, advice and information, personalised support and joined-up delivery – are already being implemented 11 August 2009 ... - The Leader of **Hampshire County Council**, Cllr. Ken Thornber held **'Hampshire's'** Commission as part of the 'Putting People First' programme. In this sense the Green Paper connects funding reform with a better model of delivery, which is to be welcomed – the objective is not just to find a better way of funding but to provide a different way of responding to people's need.

We welcome the proposal for a national assessment process in which help is determined on the basis of what people need rather where they live. Research has shown that those who use or are affected by the service and also the wider public regard the current variations as unfair – tackling the so-called postcode lottery is entirely justified. However, the experience of the NHS after more than 60 years is a useful reminder that a national approach alone is not enough to ensure geographical consistency.

### **Funding choices:**

Although the Green Paper refers to the extent to which funding arrangements should be the same for working age adults and older people, it does not directly address the different needs of these groups nor how each option would work in practice. As a result there is a view that the funding options focus largely on older people. Two of the three options involve insurance that would not be relevant to younger adults with disabilities whose need for care will already be apparent. And, unlike older people, many of them will not have had the opportunity to accumulate significant savings or assets. For these reasons, under the proposed 'partnership' option, many adults with disabilities would continue to receive their care free. This would also be the case under the 'insurance' option (because they would qualify for free care under the 'partnership' element). The 'comprehensive option' is described by the Green Paper as being 'for people of over retirement age' but there is a commitment to 'look at having a free care system for people of working age alongside this'.

The implication appears to be that by default under all three options, adults of working age would continue to receive 'free' personal care either through means-testing or a new system funded by general taxation.

It is worth noting that councils are experiencing severe pressures on their budgets for learning and physical disabilities and this will be increased by further improvements in life expectancy in these groups. The rise in demand is not just because the population is ageing, and any assessment of need and the resources required to fund it must address demand across the whole age range.

None of the options in the Green Paper deals specifically with one widely expressed concern about the unfairness of the current system – the plight of those with modest means who have saved prudently throughout their lives. The proposal for a basic entitlement will, of course, be of benefit to this group **but possibly improvement offer: - a partnership model proposal that in addition to the basic entitlement, the state would match individual contributions pound for pound.** This would reward thrift and provide an incentive for individuals to contribute to the costs of their care.

### **Towards a new system**

The Green Paper marks an important milestone on the journey to a reformed system, and the promise of a White Paper next year is encouraging. But realistically attention must focus on what can be done to support change in the next parliament.

*The surprise announcement by the Prime Minister at the Labour Party conference that the government plans to introduce free personal care at home for those in highest need may have some merit as a transitional measure but it does not reduce the urgent need for comprehensive reform. Also concern too about various aspects of this proposal and the fact that there has been no discussion or debate about the implications before it was announced. This is all the more surprising as it emerged halfway through consultation on a Green Paper that had taken more than a year to develop and that had explicitly ruled out free personal care as an affordable option.*

Economic recession and the inevitable squeeze on public spending will make radical reform harder to achieve. The imminence of the general election makes reaching any form of political consensus unlikely within the next year. Yet the underlying demographic and funding pressures will continue unabated, and there is a desperate need to maintain the momentum for reform. **In the meantime there are steps that could be taken to ameliorate some of the more blatant flaws in the current system, such as raising the ceiling on current assets, which determines whether an individual in a care home is entitled to local authority support, from £22,250 to £42,500, and lifting personal allowances, as recommended by the Joseph Rowntree Foundation (JRF 2009).**

Despite efforts to transform the way social care is delivered through personalisation and the 'Putting People First' programme, the system remains largely unreformed and significantly under funded. The real terms increase in adult social care spending over the past 10 years has been half that of the NHS and less than many other public services. It is clear that the options and costs set out in the Green Paper are indicative and will change according to public spending decisions and priorities.

For that reason alone there needs to be much greater openness and clarity about the costs of each of the options and the impact they would have on individuals. We need to understand more clearly how benefits will be brought into the new system and how this will affect future claimants. The Green Paper has left the position of working age adults unclear; unless this is addressed it is likely to encourage suspicion and hostility rather than open engagement.

There is much to do before the aspirational goals of the Green Paper can be translated into specific and detailed proposals; as a consultation document it is perhaps inevitable that it has raised more questions than answers, but the options must be firmed up before anyone can take a definitive view about whether there is one that should be taken forward. The proposals for a National Care Service, and getting the right balance between national consistency and local flexibility, have elicited particular comment. The promise that people will enjoy 'joined-up services' is laudable but the means whereby this will become a consistent reality have yet to be specified.

### **Key points Green Paper *shaping the future of care together***

1. To what extent is the Government seeking to ensure that arrangements for the care and support of older people are fairer than they are at present?
2. Previous reviews of adult social care have acknowledged the importance of fairness in assessing the merits of different models of support and care, but have generally given greater prominence to funding rather than equity issues.

3. The Green Paper does not contain sufficient detail to determine whether or not it will lead to a fairer settlement.
4. Detailed, costed proposals are still needed before any of us can support any particular funding model. The need now is to show in detail how people on different incomes may 'win' or 'lose' under any new set of proposals.
5. If people will have to pay more than envisaged for care and support, they need to know – better the certainty of bad news than the uncertainty of current arrangements.