

The lives we want to lead

The future of adult social care



Why an LGA "Green Paper" on adult social care?

- NHS funding promise of £20 billion but no equivalent promise for social care
- Delay to Government's own social care green paper
- Aims: progress the public debate on key issues; build cross party consensus; inform Govt Green Paper, NHS Plan, Budget, Spending Review



The value of adult social care

- Adult social care is crucial to help people live the lives they want to lead
- Broad range of services from providing help with everyday tasks to supporting those who have recently been discharged from hospital: in own homes, community settings like day centres, or in care homes
- Supports older people and working age adults who have physical and learning disabilities, mental health conditions or are generally frail and unpaid carers
- Can help unpaid carers and those with mental health problems to stay in employment
- Huge scale: about 1.5 million people work in social care
- An estimated one in five people have direct contact with the social care system
- The Care Act 2014 introduced positive reforms



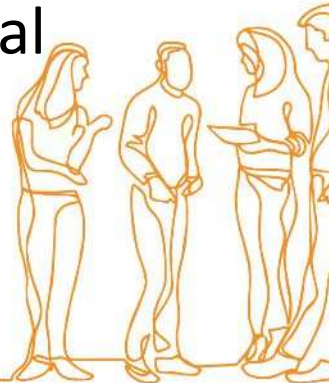
... as well as importance to the NHS

- Councils recognise that social care and NHS are inextricably linked
- But integration initiatives have been a source of frustration: effective joint working requires real partnership
- CQC "whole system reviews" were helpful
- Consultation questions on how to improve the relationship between the NHS and social care, and the role of Health and Wellbeing Boards
- Proposals for NHS plan to include real investment in prevention, primary and community care, district nursing and greater personalisation



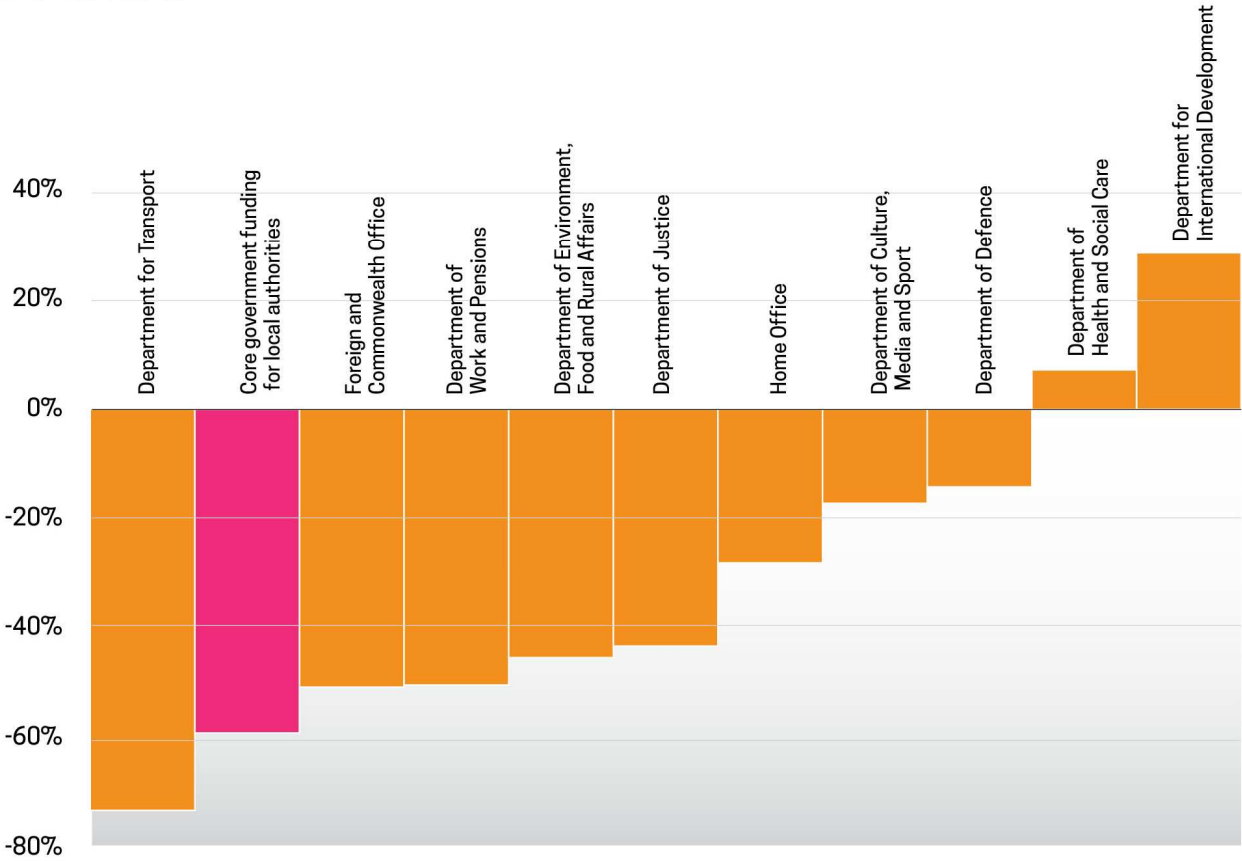
Recognising wider role of councils

- Councils deliver more than 800 services that can support wider health and wellbeing: including public health, housing, leisure, planning, licensing, transport, children's services
- Over 3,000 statutory duties
- But have prioritised adult social care above other services
- Have performed well on key priorities despite funding cuts: eg social care DTOC down by 40% compared to 14% for NHS since June 2017
- Innovation abounds: many examples
- 71 per cent of the public would most trust councils to make local decisions about services in a local area
- More to do to consistently drive efficiency and improvement



Funding for adult social care: context

REAL TERMS CHANGE TO REVENUE FUNDING 2010-20 PERCENTAGES



The case for change

- Councils have had to manage pressures/savings of £6 billion within adult social care services to try and balance the books since 2010
- Despite councils innovating and prioritising social care, problems of quality and provider failure, unmet and undermet need are increasing
- Social care faces the same demographic pressure as the NHS: by 2025, councils will need an extra £3.56 billion to maintain adult social care services as they are now
- Council tax is a poor tax base for this service
- Two thirds of people in England believe the NHS provides social care, and nearly 50 per cent believe that social care is free



Funding for adult social care: unfairness and complexity



Jo



John



Judy



We pay Income Tax, National Insurance, VAT and Council Tax.

We own our own homes and have similar levels of income and savings.



Jo



Jo



Jo is discharged from hospital after a stroke.

Jo needs help to meet her care needs so that she can stay independent and safe at home. The council helps her decide what services will help.

Jo completes a financial assessment. Because she is receiving care at home, the value of her home is not included in the assessment.

Jo's level of income and savings mean that she has to make a contribution to the cost of her care.



John



John



John develops dementia.

John, his daughter and his council discuss John's needs and agree they are best met in a residential care home.

John completes a financial assessment. The value of his home is included in the assessment.

John's level of income and savings are the same as Jo, but the inclusion of the value of his home means that John has to pay the full cost of his care himself.

If John does not want to sell his house now he can defer the payment.



Judy



Judy



Judy develops cancer.

Judy's treatment is provided free by the NHS.

Her savings, income and value of her home are not affected.



Changing the system for the better

Funding existing requirements

PAY CARE PROVIDERS A
FAIR PRICE

MAKE SURE THERE IS
ENOUGH MONEY TO
MEET RISING DEMAND
AND COVER THE COST
OF INFLATION

PROVIDE CARE FOR
EVERYONE THAT
NEEDS IT

Reforms to extend entitlements

FREE PERSONAL CARE

'CAP AND FLOOR'



How should we pay for these changes?

MEANS-TESTING
UNIVERSAL BENEFITS

SOCIAL CARE
PREMIUM

1 PER CENT ON
INCOME TAX

1 PER CENT ON
NATIONAL INSURANCE

1 PER CENT ON
COUNCIL TAX

CHARGING FOR
ACCOMMODATION
COSTS



Questions/ discussion

