

# The Big Care Debate

## Summary of Dept of Health Green Paper: *Shaping the future of care together*



The Princess Royal Trust  
*for Carers*

### **Creating a National Care Service**

This section covers chapter 3 of the Green Paper and the first official consultation question asking for opinions on proposed six principles of a National Care Service.

Prime Minister Gordon Brown advises in the Foreword that the establishment of a National Care Service is to address the unfairness of regional disparities and provide greater security for all in their later years. The Government wants a new National Care Service that is fairer, simpler and more affordable for everyone underpinned by national rights and entitlements whilst keeping a service that can respond to individual needs. There are six principles that the Government advises people should expect from a new National Care Service:

- Everyone should be entitled to preventative services
- A nationally applicable assessment that is portable among local authorities
- Joined-up services with only one assessment needed to access services
- Universal access to information and advice
- Personalised care and support
- Everyone will receive some funding towards their care and support costs

This section will ask questions about how these might be achieved. There is an accompanying [online survey](#) where you can give opinions on questions raised in this briefing.

### **National assessment & eligibility**

There have been criticisms that in the current local system there can be unfair differences in the social care packages received by people with similar needs in different local authorities. The Government seeks to address this by setting national eligibility criteria for support and a nationally set proportion of the calculated costs of care that would be paid. Furthermore, any assessment would be portable i.e. you would not have to be assessed if you moved into a different local authority area.

- Would you like national government or your local authority to decide eligibility criteria?
- Would you like a national assessment that could be taken to any local authority in England?

We would also appreciate your views on the current Carer's Assessment and whether you think it works, how it can be improved or whether it needs to be replaced. Additionally, we would like your opinions on whether there are any of the six principles that need to be specifically addressed to make a reality for carers and those receiving care.

- What are your views on the carer's assessment?
- Are there any of the six principles of the proposed National Care Service that need specific attention to make a reality?

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### **A fully national or a part local-national system?**

The Government also asks whether it is national or local government that should decide what actual level of support/budget the individual would be entitled to. However, regardless of who decides the money would still go through local authorities.

The government appears to prefer the part national-local system and provides some arguments against a wholly national system (pg. 123):

- A local system of deciding how much individuals get allows local authorities more flexibility to encourage new kinds of care and support in their area.
- It will allow greater response to local conditions i.e. unit costs of care and support are greater in the south of England than in the north due to higher wages and property prices.

We think the first option could still apply in a national system as local authorities would continue to receive funding from national government for social care. On the second point, the national government could still set different budgets for the same needs among different areas to reflect different costs. They effectively do this currently by giving varying grants to local authorities partly because of variance in local costs.

A third government concern of a national system is that the current local system allows local authorities to choose to devote monies raised locally (council tax) to social care, but that in a wholly national system it would be extremely unlikely that local authorities would choose to do this. However, in a Comprehensive system, national Government would meet all social care costs through taxes and personal contributions. Therefore, it would be unnecessary for local authorities to devote locally raised income to social care; whether it was a part national-local or fully national system would not affect this.

The government also advises that it might be more difficult to have a part-national, part-local system with the Insurance system, but does not expand on the reasons why (pg. 123).

One problem for a national system that is not mentioned would be the need to prescribe what a budget should be for certain needs. The current system has drawn criticism because people with similar needs receive different packages of support/budgets due to living in different local authorities. For a national system to eradicate difference, it would need to prescribe an exact package/budget that would be given to people with identical needs, regardless of which local authority they lived in.

The first problem with this would be that given the complexity of needs amongst individuals it would appear impossible to prescribe budgets to every possible combination of needs. Furthermore, there is a difference between having similar needs and identical needs. The Government advises that in a fully national system “everyone who had the same level of need received exactly the same funding” (pg 124), but it is unreasonable to think that there are any two people, let alone whole groups of people, who actually have the exact **same** level or range of need.

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The only way for a national allocation system to work would be for people to be placed in bands or categories that had equivalent allocations into which people would be placed. This would re-introduce inflexibility into a system that is meant to becoming more personal and tailored to individual needs.

- Would you like national government or the local authority to decide what amount of support you need?

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### **A choice of funding models**

This section covers chapters five and six of the Green Paper and is closely related to Consultation official question 3 asking which of the three funding models proposed is favoured. A survey will be available from 11<sup>th</sup> September so that you can give your opinions on questions raised in this briefing.

Currently, people have to pay for all of their own care and support unless they have less than £23,000 in savings or assets in which case the local authority is responsible for covering the costs of social care. The Government does not believe this is fair or the best way of allocating resources.

The government provides three alternatives and the estimated contributions that people may have to make are based on current average costs of care for a 65 year old (current age of retirement):

	Average lifetime expected cost of care for a 65 year old
Female	£40,400
Male	£22,300
Average	£31,700

### **Choice 1: Partnership model**

Everyone who qualifies for care and support would be entitled to have a set proportion, e.g. one-quarter or one-third, of their basic care and support costs paid for by the state. People who are less well-off would have a higher % paid for them, e.g. two-thirds, while the least well-off people could get all of their care for free.

The Government advises that someone who got the basic offer of a third or a quarter paid for them might need to pay around £20,000 or £22,500 in addition. Some would pay much less and some people who needed high levels of care and support would pay far more than this. This could mean spending all of their savings and selling their homes.

This system would apply to people of all ages – people of working age and those of retirement age. If a person was born disabled or became disabled during working-age life, all of their care and support costs would be paid for if they did not have enough savings or assets.

### **Choice 2: Partnership + Insurance model**

This system builds on the Partnership scheme by allowing people to cover the additional costs of their care and support by taking insurance. This would be optional and the insurance scheme could be run by the State or privately. If people decided to pay into a scheme, they would get all of their basic care and support for free.

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People could pay in several different ways, before or after retirement or after their death if they preferred. The Government indicates that people might need to pay around £20,000 to £25,000 to be protected under a scheme of this sort, compared with the average cost of care for a 65-year old, which is £30,000. The Government advises that this system would only work for people over retirement age. Although this is not stated in the Green Paper, we think that insurance policies could still pay out before retirement age if the person has also been making contributions before retiring.

### **Choice 3: Partnership + Comprehensive model**

Everyone over retirement age who had sufficient savings or assets would be required to pay into a State insurance scheme and then everyone who qualified for care and support would get their costs paid for.

There are two options for deciding how much people should pay in a Comprehensive system. There could be a sliding scale according to savings and assets or there could be a fixed contribution that everybody with sufficient savings or assets would be asked to pay. Those who did not have sufficient savings or assets would have their contribution paid by the State.

As an indication, the Government suggests people might need to pay around £17,000 to £20,000 in a Comprehensive model. The cost would be less for people who were over 65 when the scheme was introduced. People could pay in several different ways: installments or lump sum, before or after retirement, or after their death if they preferred.

Once people had paid their contribution they would get their care free when they needed it. Because everybody was paying into a system, it is thought that such a system would be cheaper than the Insurance model proposed, where fewer people would likely contribute. In France and US only 10% - 20% take out private insurance to help with costs (p 88).

The Government advises they would look at having a free care system for people of working age alongside this, which they say would be largely funded by general taxation but do not advise where the remainder would come from (p 115).

### **Options ruled out**

The Government has ruled out implementing a Pay for Yourself model where everybody would be responsible for paying for their own care and support because it would leave many people without the care and support they need due to a lack of savings or assets.

The Government has also ruled out implementing a system fully funded by taxation. This is because the Government believes it would place a heavy burden on working age people, whose number is decreasing in comparison to retired people. However, during the consultation period before this Green Paper, there was widespread support for this option.

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### Summary

The Government proposes to replace the current model with the Partnership model, and then add a second model – the Insurance or Comprehensive – onto that. The Government has not said what level of savings and assets a person has when calculating the estimates given of what you may pay under each model.

The final important point is that all of these models would only pay for care and support costs and not any costs associated to accommodation or general living costs such as food and drink.

- Do you think the Partnership model is better than the current system?
- Do you prefer the Insurance or Comprehensive model to run in addition to the Partnership model?
- Should contributions to a Comprehensive scheme be a flat fee or calculated on a sliding scale according to savings and assets?

### Allowing payments to be deferred until after death

The Government advises that people could pay their required contributions for Insurance or in a Comprehensive model from their estate after death (p 107). The Government also advises that payments to cover accommodation in residential care, which would not be covered by any of the proposed schemes, could also be paid for after death, as some local authorities already currently allow (p 120). There is no information given about whether allowing deferred payments encourages people to spend savings before they die and thus result in fewer people being able to make the contribution.

- Should you be able to defer contributions towards care and support in an Insurance or Comprehensive model until after death?

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### **Recognising the in-kind contribution of carers**

This section covers suggestions made regarding the models of funding proposed in chapters 5 and 6 of the Green Paper. However, the relevant official consultation question (three) does not cover this issue. A survey will be available from 25<sup>th</sup> September at <http://www.carers.org/news/the-big-care-debate-kicks-off,4984,NW.html> so that you can give your opinions on questions raised in this briefing.

The Green Paper mentions delivering the new National Carers' Strategy in several places and quotes The Princess Royal Trust for Carers on page 119. But it contains little new proposals for carers, arguing that, *"by improving support to people who need care, we will also be supporting carers"* (p 20).

The Government says that they do want carers to be able to choose how much care and support they wish to provide (p 58) but advise that it is not *"affordable to have a system which completely replaced family care with state-funded care and support"* (p119). However, there is a suggestion in the Green Paper that might give value to the support that carers provide.

The Government advises that the costs for couples requiring care and support can be very high, and that since many couples provide care and support for each other, couples could be asked to contribute lower amounts in the Comprehensive model. However, they do advise that such reductions would have to be covered by higher contributions from other people. (p 114)

We agree with the suggestion that the provision of care and support should be recognized and given value by a reduction in contributions. This benefit should be extended to all carers, not just those in couples, which would give just recognition of the huge contribution that carers make to the social care system.

It would obviously be unfair to restrict any benefit to co-habiting carers as there are many carers who do not live with the person they care for yet provide substantial care and support. It would also be unfair for a carer not to receive such a benefit because they are not part of a "couple" but rather care for a friend or relative.

The provision of unpaid care and support should be valued as an in-kind contribution to the system, and reflected by a reduction in the amount to be paid in a Comprehensive model. Even if there was not a Comprehensive model and only a Partnership model in place, it would still be fair to recognize the contribution that carers make by taking this into account when calculating the proportion that the person receiving support has to contribute. Such measures would help the Government achieve its aim of creating a fair system, recognizing the irreplaceable value that carers provide in the social care system.

- If care is being provided by an unpaid carer, should there be a reduction in contributions made towards covering the cost of care? This could apply in either the Partnership or Partnership + Comprehensive model.

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### **Improved joined up working to help carers**

This section covers Chapter 4 of the Green Paper and is related to the official consultation question 2 looking at how to join up services in a National Care Service, and what choices people should have.

There are not many other proposals in the Green Paper specific to carers but the Government has said it is keen to increase joined-up working and involvement of third sector providers and user-led groups in planning and commissioning, which are aims that we support. There are also proposals for reforming assessments to reduce the number of assessments that one person has to go through which may improve matters.

Many problems experienced by carers are frequently due to the lack of co-ordination between various professionals/organisations, often at the point where care transfers from the NHS to social care. One aspect not considered that might improve joined-up working and help people manage the system are whole-family assessments. Currently, if several family members either give or receive care, they each get a separate assessment. Yet, one person's assessment can affect another's entitlements in complex ways and it may be that whole-family assessments, linking in with 'whole family' support might make the system easier to use and produce greater joined up working.

- Should families be able to receive a whole family assessment if all affected individuals agree?

The Government has suggested that short-term re-ablement programmes where the patient relearns personal care tasks such as washing and dressing could help people maintain greater independence at home, and thus help carers. They advise such programmes could run for six weeks (p 54).

The Government has proposed that an independent organisation could be created to look at which interventions work and what gives best value for resources (p 79) and presumably to encourage joined up working. It would work with the Department of Health to design a social care evidence and research programme to assess the gaps in evidence bases. This information could help commissioners and individuals who purchase care and support. The government does consider giving this remit to Social Care Institute for Excellence which currently identifies and disseminates the knowledge base for good practice in all aspects of social care throughout the United Kingdom.

- What barriers do you think there are, or that you have experienced to joined up working?
- What services need to be joined-up to make carers' lives easier?
- What would make sure that carers get more choice about the caring they take on and the life they live?

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### **Integrating disability benefits with social care budgets**

This section looks at a specific proposal in chapter 6 but is not referred to in any of the official consultation questions. A survey will be available from 10<sup>th</sup> October at <http://www.carers.org/news/the-big-care-debate-kicks-off,4984,NW.html> so that you can give your opinions on questions raised in this briefing.

The government proposes integrating some elements of disability benefits “for example Attendance Allowance” (pg 15) with the care and support system. The government thinks that as people currently have to apply twice to receive support, once for a disability benefit and another assessment to receive social care, people can be put off applying for either (pg. 72). An unmentioned benefit could be that it would be easier for an individual to manage one income stream, an individual budget comprising of benefits and social care allocations, than multiple income streams.

What is not clearly stated is whether the Attendance Allowance part of any future singular budget would remain non means tested as it currently is. There are two sentences on page 15 that imply different things.

The Government says that integrating the Attendance Allowance with the care and support system would ensure “people” had an “entitlement to have at least some of their care funded wherever they live in England.” This does imply universality and a national minimum offer.

However, the next sentence advises “people receiving any of the relevant benefits at the time of reform would continue to receive an equivalent level of support and protection under a new ... care and support system”. This would indicate that individuals becoming eligible in the new system would not be guaranteed to receive such benefits.

It could be that the current monies given to fund the Attendance Allowance scheme would be used to help provide a minimum contribution towards care and support costs that everybody will receive in the Partnership Model. It is clear that targeting resources and managing costs is a contributing factor to this proposal:

*“If we do not reform the system, in 20 years’ time the cost of disability benefits could increase by almost 50 per cent.” (pg. 40)*

*“Like social care, Attendance Allowance is subject to increasing funding pressures. But Attendance Allowance is not means-tested, so people get it regardless of how well-off they are... There are inconsistencies of approach between disability benefits and social care...this can lead to inconsistent and unfair outcomes.” (pg. 102)*

- Should disability benefits be integrated within social care budgets?

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