

The lives we want to lead

Findings, implications and recommendations
on the LGA green paper for adult social care
and wellbeing

LGA consultation response





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Foreword



When the Government announced on 18 June 2018 that there would be a further delay to its green paper on the future of social care it created an unwelcome void. A little over a month later, we filled it with our own green paper, 'The lives we want to lead'.

We undertook this consultation process because we could not wait any longer for a nationwide debate about how best to fund the care we want to see in all our communities for adults of all ages, and how our wider care and health system can be better geared towards supporting and improving people's wellbeing.

The response has exceeded our expectations. We have received more than 500 submissions to our consultation questions from across the general public, people who use services, councils and other interested and significant organisations and sectors. These, alongside other work we have undertaken as part of this process, provide an invaluable and rich source of views and insights and we are extremely grateful to everyone who has given their time to respond so thoroughly.

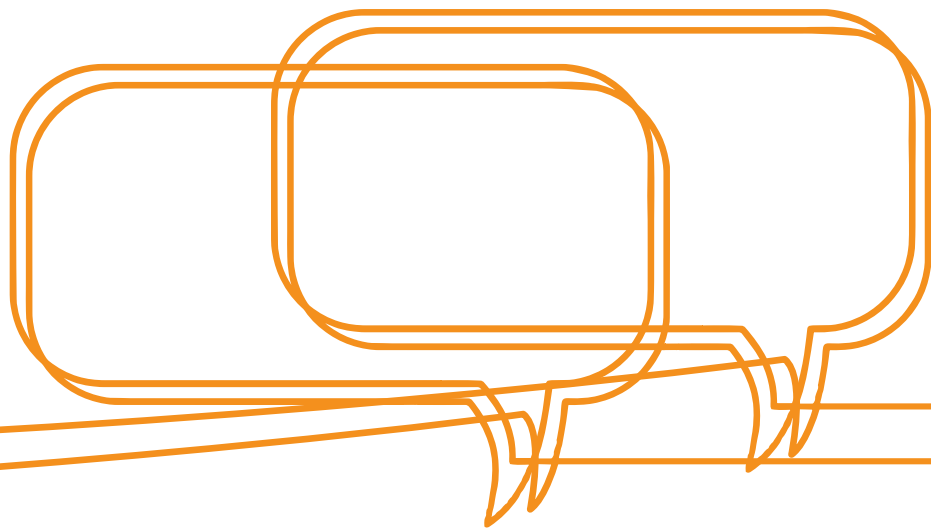
What shines through most in the full range of responses is the level of passion for supporting and improving people's wellbeing and the role social care and other linked services can, and should, play in enabling people to live the lives they want to lead. Twenty years of failed or aborted attempts at reforming social care funding may have frustrated people, but it has quite evidently not dulled their enthusiasm for bringing about change.

Exactly what that change might look like from the Government's perspective will be in its forthcoming green paper. We believe our own provides a strong blueprint. And we insist that the views of the more than 500 respondents to our green paper must be reflected in the Government's green paper.

This is not to say that the Government's task is suddenly an easy one – the weight of previous failed attempts to reform social care funding by governments of all colours will no doubt sit heavily. But there are two key lessons that the Government can take away from the work we have done over the last four and half months and which, at the very least, should focus its thinking.

First, there is clear consensus on key elements of the debate. Most importantly, there is universal agreement that the current situation is unsustainable and, in turn, is failing people on a daily basis, with people not living their life to the full. For those of us without care and support needs, we would not countenance any impediment to living the lives we want to lead; for people with care and support needs, this is the situation they face.

This might perhaps explain another point of clear consensus: that adult social care matters. It is a service that supports, fulfils and enables all aspects of a person's life. In this way, it must not be considered within Whitehall, or anywhere else, as a service that primarily helps keep pressure off the NHS or one that can simply be propped up through piecemeal handouts. It is of course true that a sustainable NHS relies on



a sustainable social care system, but its value is far deeper, and goes far beyond, the impact it has on other public services. If, as a society, we are committed to the ideals of equality of opportunity and self-determination, then we must get serious about adult social care.

Second, in addition to clear elements of consensus, there is an equally important element of willingness running through the debate. Willingness to engage with the questions that need to be posed and, most crucially, willingness to support – or, just as important, accept – the type of solutions that are needed to secure social care, but which may hitherto have been considered politically unpalatable or inexpedient. Willingness is a powerful force in this sense and one that the Government must, at the very least, explore further. As the sector and the public begin to coalesce around an understanding that fundamental solutions are needed – such as national tax rises or a comprehensive social insurance solution – they will simply not accept a roadmap for change that dodges the difficult questions, let alone the difficult decisions.

Consensus and willingness are key foundations for change. But they can only go so far in shaping a more detailed picture of what the problems are and how they can be overcome. Responses to our green paper consultation, and other associated work we have conducted as part of the process, help provide this detail. In this respect, we believe this publication should be required reading for the highest parts of Government.

But we have not wanted to settle for simply reporting back what others have said, as hugely valuable as that is. Instead, we have carefully reflected on that vital input to draw up a set of recommendations. In some cases, we are revisiting previous positions, albeit with a new and compelling body of evidence behind us. In other cases, we are setting out new positions – driven, in part, by a strong desire to try and move the debate along by backing particular solutions to the more thorny issues. This represents an important step change in the Local Government Association (LGA) position and one we hope the Government will mirror.

The recommendations we have made are aimed at achieving two broad objectives: stabilising and sustaining the here and now; and moving towards a system that we know could be better. ‘Better’ in this sense, is not about doing more of what we are doing now, but moving toward the real purpose and intent of the Care Act. This is not a perfect piece of legislation – no legislation is. But its principles are fundamentally sound: a genuine focus on people and their wellbeing being at the heart of care and support; a real commitment to prevention and doing everything possible to keeping people fit and well at home; meeting all needs with quality services, delivered by a thriving provider market and skilled and motivated workforce; and effective partnership working – not just with the NHS, but with housing, and the voluntary and community sector, for instance. This is about being better, not aspiring to be better, and we know councils can deliver.

There is therefore no interest in Government simply rearticulating the problem; we – and many countless others – have done that. Now is the time for answers. And every day that is spent further defining the problem and consulting on changes that only really tinker at the edges of the debate, is another day in which people’s lives are not being lived to the full.

Governments are remembered for the big things they do which improve our society. But sometimes such improvements require wider political buy-in from across all parties, as well as engagement from society at large. This is one such issue and it requires us to fully embrace it in order to resolve it. The current Government and its ministers have a unique opportunity to start that process, but politicians on all sides are just as responsible for bringing about the change we need. The LGA works on such a basis of cross-party cooperation, now our national politicians must do the same.

Lord Porter of Spalding CBE

LGA Chairman

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Labour Group Leader and LGA Senior Vice Chair

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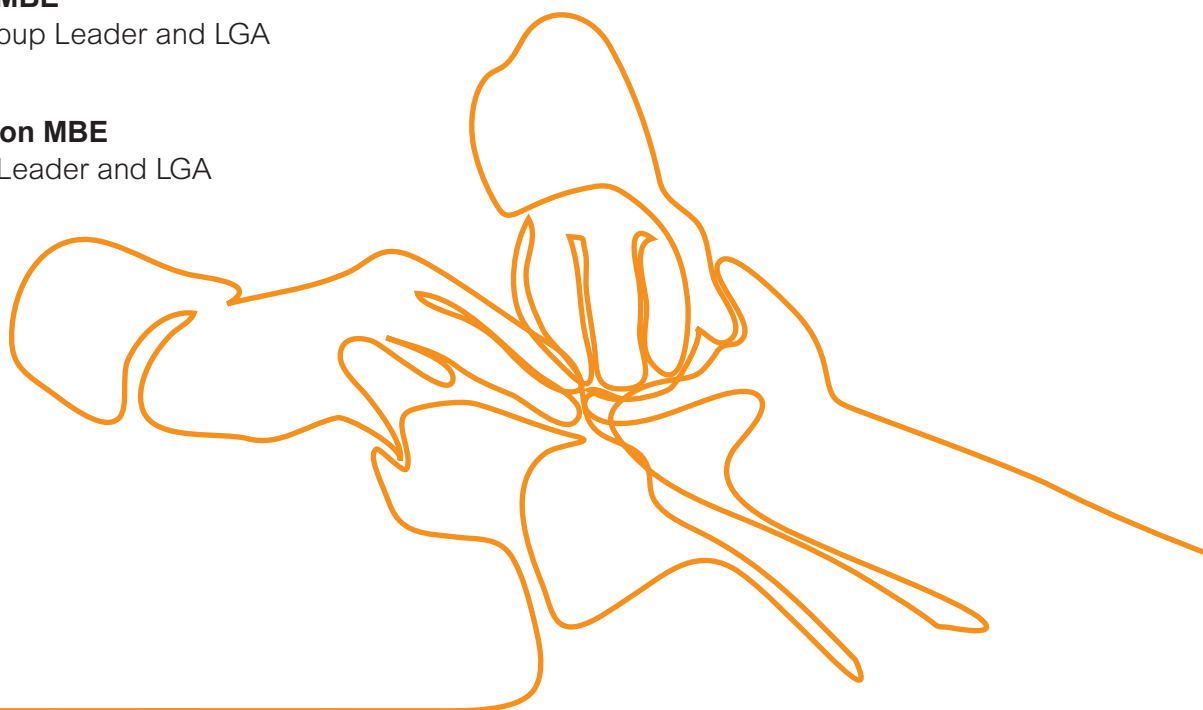
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Executive summary: findings and implications

Why does adult social care matter?

Findings

Responses to the consultation demonstrate an unequivocal view of the importance of adult social care and support. That importance is defined in different ways. Some frame social care as a moral responsibility, a hallmark of a civilised society and as an issue of human rights. Others note the role it plays in enabling people to maintain or regain their independence, with a clear linked emphasis on the ability of social care to help prevent, reduce or delay the onset of needs. A clear proportion of respondents define the importance of social care in terms of helping people enjoy the best possible quality of life, including their participation in, and contribution to, society. Some respondents noted that social care acts as a 'universal safety net' and others acknowledged its importance in supporting unpaid family carers. Finally, a significant number of respondents spoke of social care's wider contribution to society, such as in economic terms and in linking to other public, private and voluntary services.

The majority of respondents also believe it is important that decisions about social care are made at the local level, recognising that a 'one size fits all' approach cannot work given the differences between local areas. Furthermore, respondents acknowledged the importance of democratic accountability and locally held knowledge. However, the consultation also revealed a degree of concern about a 'postcode lottery' of social care, with some respondents believing a local approach to social care within a framework set nationally is best.

Implications

There are as many answers to this question as there are people involved in any aspect of the social care and support and wellbeing sphere. But they all point in the same direction: adult social care and support matters because people's lives matter.

The problem, not discovered by our consultation but certainly reinforced by it, is that the value of social care is not recognised beyond that sphere. It is not part of the national psyche in the same way that the NHS is, or other fundamental institutions in our society that we instinctively appreciate despite any shortcomings, such as schools and education.

The first step to bringing about any change is building an awareness of what it is that needs changing and why. That helps raise appreciation, and in turn, builds momentum for a commitment to change.

Our consultation also underlines a well-known tension within the care and support system: recognition, and support for, the local dimension of social care on the one hand, but concern about variability on the other. One is not more important than the other, but the presentation of the issue sometimes implies that is the case. This must change.

The funding challenge and its consequences

Findings

Individuals and organisations with a commitment to social care and support have, for some time, outlined the pressures facing the system and their implications. In one sense, our consultation therefore reveals nothing inherently 'new'. However, the findings from our consultation underline this fundamental truth and bring it into the sharpest possible focus across several hundred responses that powerfully capture the human cost of our struggling care and support system.

All respondents – individuals, councils, providers, workforce and voluntary sector organisations – have described a system that is now failing across the board as a clear consequence of underfunding: the situation is “disastrous” and “catastrophic”. People’s needs are not being met, services are being withdrawn, quality is deteriorating, improvement is stalling and in some cases is in reverse, the ability to prevent the need for social care in the first place is rapidly being lost, providers are unable to stay afloat and unpaid carers and the care workforce are being put under impossible and unbearable pressure.

At the most important level, the implications are being felt most acutely by people. People who are “sad”, “lonely” and living “undignified” lives. People whose lives have now, in the view of one respondent to our consultation, “been put at risk”.

Implications

The breadth and depth of the historic and current funding challenge, and its consequences, is enormous. Short-term pressures must be addressed properly to stabilise social care and support now and as a down payment on longer-term reforms. A failure to act properly now will exacerbate the consequences of under-funding we have seen to date. Lives will not be lived to the full, quality and improvement will stall or reverse, unmet and under met need will rise, businesses will be at risk, demand on the NHS will increase, pressure on the workforce and unpaid carers will rise,

investment in prevention will decrease, and local communities will be fundamentally weakened. Not acting now will only increase costs over the longer-term, whether that be for councils or other parts of the public sector.

The options for change: changing the system for the better

Findings

There is a clear message from across respondents that more funding is needed, both for the immediate-term and beyond. Where respondents selected specific issues to address as immediate priorities, the most common selections were paying providers a fair price for care and covering the cost of inflation and the additional people needing care and support. There were linked issues around quality and the care workforce. Implementing a ‘cap and floor’ and free personal care for all were only selected by a small proportion of respondents as being most urgent to address now.

Looking to the medium-term and 2024/25, the most commonly chosen priorities were free personal care and providing care for those who need it, although these were only selected by one in 10 of respondents. For the future (ie beyond 2024/25), free personal care and a ‘cap and floor’ were the most commonly selected priorities, but again chosen by just over one in 10 respondents and just under one in 10 respondents respectively. Within the public polling, ‘making sure everyone who needs care is able to access it’ was the clear priority for the future.

Implications

The findings for this section of our consultation are largely reflected in the commentary above on the funding challenge and its consequences. This is particularly true in terms of immediate priorities, which were identified as stabilising the provider market and covering the cost of inflation and demography. What this section does reveal however, and looking to the medium-and long-term, is that there is no clear and widespread support for implementing a cap on care costs and a floor for asset protection.

Free personal care had slightly greater support for the medium-and long-term, but it was still not selected by a large proportion of respondents (just over one in 10 of those who answered). This is not to say that these ideas are not without merit and, indeed, people's understanding of that merit would likely be increased if there was a more general and better understanding of social care and its value, as identified above.

When considering exactly how to raise awareness, it will be important to consider the finding from our focus groups and public polling that, whilst people think it is right to contribute to one's care costs, only 22 per cent believe that the £23,250 threshold (above which people are expected to contribute the full cost of their care) is set at the right level. Fifty-eight per cent believe only those with assets and income over £100,000 should contribute to social care costs.

Similarly, in explaining options to the wider public, it will be important to be clear that while a cap on care costs would help to pool risk, it would still cost a significant amount of money. Equally, free personal care could be seen as a zero cap on care costs so, in this sense, they could be presented as a spectrum of options.

The options for change: how to pay for these changes

Findings

In many ways, this is the most important part of our consultation as the answer to how we pay for social care for the long-term is what has eluded many previous attempts to reform social care funding.

The consultation revealed that the most popular potential solution is increases to National Insurance (NI). Respondents favoured this for a number of reasons including the progressive nature of NI, the fact it would provide a national solution to a national problem, the relative ease with which the solution could be administered and the fact that it would raise a significant amount of money.

Increases to Income Tax was the next most popular option for broadly similar reasons to the appeal of NI.

Means testing benefits was the third most popular option but there were more concerns attached to this solution, such as the likely high costs of implementation and administration and the fact it would not raise sufficient funding for the size of the problem.

The consultation revealed no clear consensus on bringing wider welfare benefits together with other funding to meet lower level needs.

The additional material was similarly illuminating. The findings from the focus groups point to a wider set of issues which, in many ways, contextualise the discussion about how to change the system for the better and then pay for those changes. These also relate to people's understanding of social care; what it is and how it is funded, for instance.

The focus groups showed that learning more about how the system works provokes a very emotional response – in particular a considerable resistance to means testing and the perceived unfairness that people who have 'done the right thing' might have to sell their homes to pay for care.

This links to a tension that was also brought out in the focus groups: recognition that the system needs more money on the one hand, but a reluctance to contribute on the other based on a number of concerns including notions of 'fairness', the squeeze on households budgets and consequent feeling that people would not be able to pay an additional cost, and a lack of trust in government and subsequent concern that funding would not get through to social care.

Our public polling reinforces others' surveys in respect of people's lack of planning for future care costs. However, a clear majority (67 per cent) recognised it is fair for people to pay for some of their care costs if they can afford to do so, and a significant proportion (45 per cent) went further, agreeing that it is fair for people to pay for all of their care costs, if they are able to.

In terms of solutions for the long-term, the public polling mirrors our consultation in that the most favoured option is increases to NI (56 per cent of respondents). Increases to Income Tax were favoured by just under half of those polled (49 per cent).

On the idea of social insurance, our public polling showed that 56 per cent of people would support paying extra for social insurance. Compulsory payments were the preferred way for payments to be made, with 65 per cent believing such payments should apply to everyone of working age, compared with 21 per cent believing payments should only be made by those over the age of 40. Fifty-five per cent believe payments should be taken straight from one's salary, 8 per cent believe there should be a one-off payment upon retirement and 17 per cent believe a one-off payment should be made from an individual's estate upon death.

Our polling of council leaders and cabinet members for social care shows that an overwhelming majority (82 per cent) believe that the risk, and therefore cost, of social care should be pooled. Of the options provided in terms of solutions, councillors clearly favoured increases to Income Tax. Increases to NI was the lowest of the five most popular options, but it still had the support of 63 per cent of councillors.

Implications

If one of the most significant findings of our consultation is that people are prepared (either instinctively or after learning more about how the system operates) to support national tax rises, then one of the most significant implications is that, at the very least, this option must not be ruled out in the Government's green paper.

This is not to say that this would represent an 'easy' funding solution (or solutions). Any government would face similar difficulties in explaining how the system works now, building a case for the public to pay more, and then implementing tax (or other) changes to raise that funding. This may partly explain why previous attempts at reform have ultimately failed.

What is potentially different now – as is evident from our consultation and others' work – is that the difficulty could be at least partially offset by the public's willingness to proceed with the bolder option of tax rises.

Of course, the other implication from this part of our consultation is that building such willingness amongst more members of the public will require a careful and concerted campaign to explain the issues and the need for, and merits in, more radical solutions. Key to this will be exploring people's strong feeling that one's home should be able to be passed down to one's children. In this sense, national tax rises may be considered the best of different, potentially unpalatable, options.

Adult social care and wider wellbeing

Findings

Responses paint a clear picture of the significant inter-relationships between a range of services that all have a role to play in promoting health and wellbeing. An equally clear picture is painted of the pressures facing these services.

Public health was recognised as having an important role to play in improving health and wellbeing, both in terms of its broad preventative function but also the evidence base it provides and which helps with service planning and commissioning.

A broad range of examples were given that illustrate the important interaction between services and sectors that are at the heart of building health and wellbeing. Social projects (such as those promoting physical health, education and employment), environmental projects (recognising the role of housing, transport, parks and green spaces), resilience projects (such as advocacy, navigating and signposting services) and behavioural projects (tackling, for instance, smoking, obesity and substance misuse) highlight the complex inter-play of services that strengthen community wellbeing and independence.

Respondents clearly believe that these wider wellbeing services are under pressure, with the majority of comments indicating that local areas are seeing a significant reduction in these services overall. Of particular note, several respondents spoke of the reduction in funding available for voluntary and community sector projects (at a time when that sector is also facing increasing demand).

Implications

There is clear recognition of the role and value of public health, housing and other local services in contributing to people's health and wellbeing. It is also clear that there is an important interplay between these services and the outcomes they achieve. Effective and integrated transport systems help people remain independent, allowing them to access services such as libraries, that help tackle loneliness, parks, which can improve physical wellbeing, and advice, advocacy and sign-posting services, that may assist with housing or employment issues.

But it is also clear that cuts to such services have been part of the approach to protecting adult social care budgets. This is counter-productive. It reduces councils' ability to positively influence the wider determinants of health, which can then limit people's potential and their own contribution to building resilient communities.

Adult social care and the NHS

Findings

Respondents clearly felt it was important, very important, or extremely important that decisions made by the local NHS are understood by local people and that decision-makers are answerable to local people. Linked points were made about the need for greater transparency in local NHS decision-making and the importance of involving local people in the decision-making process.

Slightly more than half of the respondents who commented on the role of health and wellbeing boards (HWBs) said the structures should be strengthened.

Of the suggestions given in the green paper for strengthening health and wellbeing boards, the two most popular options were requiring sustainability and transformation partnerships (STPs) to engage with HWBs in developing STP plans, and giving HWBs statutory duties and powers to lead the integration agenda locally.

On the use of the new funding for the NHS, and amongst those who responded to the question in relation to the suggested uses set out in the green paper, the most popular suggestion was to invest in prevention, primary care and community health services, with multi-agency teams working closely alongside the voluntary sector to put in place early help and support.

Implications

There is a strong and consistent message that the NHS needs to be more open and accountable to local communities, by directly involving local people in meaningful discussions about local health services and also through existing local democratic structures. In particular, health and wellbeing boards – the only statutory body where political, clinical and community leadership comes together to agree shared priorities for improving health and wellbeing – are identified as the best forum for ensuring that health services are accountable to local people.

Many respondents want stronger powers for HWBs, especially in leading local integration of health, wellbeing and care services and in ensuring that sustainability and transformation partnerships and integrated care systems build on, rather than cut across or side-line, existing plans for joining health and care services.

Regarding additional funding for the NHS, there is a preference for investment in prevention at primary and community level in order to enable people to stay healthy and independent.

Prioritised recommendations

The recommendations set out in the main body of this report follow the themes, in order, that formed the basis of our green paper. Every recommendation is important but they must also be considered in terms of their priority: both in respect of their timings, and in respect of their overall objective. Here we draw the recommendations from the report and prioritise them within two main objectives that span the period between now, and 2025 and beyond.

The immediate priority must be to sustain the here and now and counter some of the serious immediate consequences of underfunding that are apparent across the system. Starting at the same time, but running for a longer period, we must lay the groundwork for delivering a social care and support system that we know could be better. Across both objectives, there are priorities to do with funding and priorities to do with changing the way we all think about care and wellbeing.

Realising a better system, such as we have outlined in our green paper, will require considerable input from Government. This will enable a significant expansion of what councils do in line with the very best of the 2014 Care Act.

We deliberately do not couch this as an 'ambition' or 'aspiration' because we know it is something councils, working with their local partners, can deliver. Therefore, this is a blueprint for **realising the known potential of councils**, and all parts of the wellbeing sector, so that we can all live the lives we want to lead.

Objective one: protecting the known potential of councils – stabilising and sustaining the short-term (2018-2019)

Funding

The Government must urgently inject genuinely new national investment to close the core social care funding gap that builds to £3.56 billion by 2024/25. This must include additional investment to that announced in the 2018 Budget to help address serious provider market stability concerns in 2019/20.

(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019)

Recommendation three, p.34

The above funding would help to stabilise the system as it currently delivers, but the Government's ambition should go beyond this. Any new settlement must provide the resources to deliver the aspirations of the Care Act with a focus on prevention, wellbeing, personalisation and integration. This means ending a focus on an eligibility driven approach to needs to one focused on prevention and picking up unmet need early to prevent escalation. We estimate that providing care and support for all older and working age people who need it will require an estimated further £5 billion by 2024/25. The Government must take urgent steps to tackle this by working with the sector to agree a clear figure for the cost of unmet and under-met need in time to feed into 2019 Spending Review discussions.

(Timescale: Local Government Finance Settlement, Nov 2018-Feb 2019 and ongoing)

Recommendation four, p.34

The Government should prioritise investment in prevention, community and primary health services for the £20.5 billion additional expenditure for the NHS.

(Timescale: NHS Long Term Plan, Dec 2018)

Recommendation 12, p.67

A new approach to care and wellbeing

The Government should implement a new 'duty to cooperate', requiring the NHS, in particular sustainability and transformation partnerships, to engage with health and wellbeing boards as part of developing local plans to reshape and integrate health and care services that are genuinely locally agreed.

(Timescale: NHS Mandate, Dec 2018)

Recommendation 13, p.67

Through its Mandate to NHS England, the Government should ensure the NHS takes decisions based on (i) the needs of local communities as a whole and (ii) public spending as a whole.

(Timescale: NHS Mandate, Dec 2018)

Recommendation 14, p.67

Objective two: harnessing the known potential of councils – toward a better future (2019-2025)

Funding

The Government should invest significant new funding to: close the funding gap facing adult social care that builds to £3.56 billion by 2024/25; and ensure that all older and working age people who need care and support are able to access it.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation five, p.45

Where additional funding is invested in adult social care, this should be made available with as few a set of conditions as possible so local areas have discretion to prioritise the most pressing local issues.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation six, p.45

The Government should reverse the cuts of £600 million to the public health budget between 2015 and 2020.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation 10, p.61

As part of its Spending Review, the Government should consider wellbeing in the round, recognising the contribution that different council services, and those coordinated by other public sector and voluntary sector organisations that councils commission, make to wellbeing.

(Timescale: Spending Review development, 2019 and Spending Review implementation, 2020-2025)

Recommendation 11, p.61

A new approach to care and wellbeing

The Government should convene a core working group from across the sector, with people with lived experience at its heart, to develop a national campaign that seeks to raise awareness of what adult social care and support is, why it matters in its own right and what it could and should be with the right funding and investment. This should be genuinely co-produced, with Government acting as a convenor.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation one, p.22

The campaign should be clear about the local dimension of social care and support. It should strike the right balance between embracing the value of this local dimension whilst also being clear about the national framework in which social care and support sits.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation two, p.22

The Government should only implement its care cost cap and asset protection floor proposals if they are part of a wider set of reforms that secure the long-term sustainability of adult social care and support as a whole.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation seven, p.45

In consulting on the shape of, and sustainable funding for, social care through its green paper, the Government should make the case for increases in Income Tax and/or National Insurance and/or a social care premium.

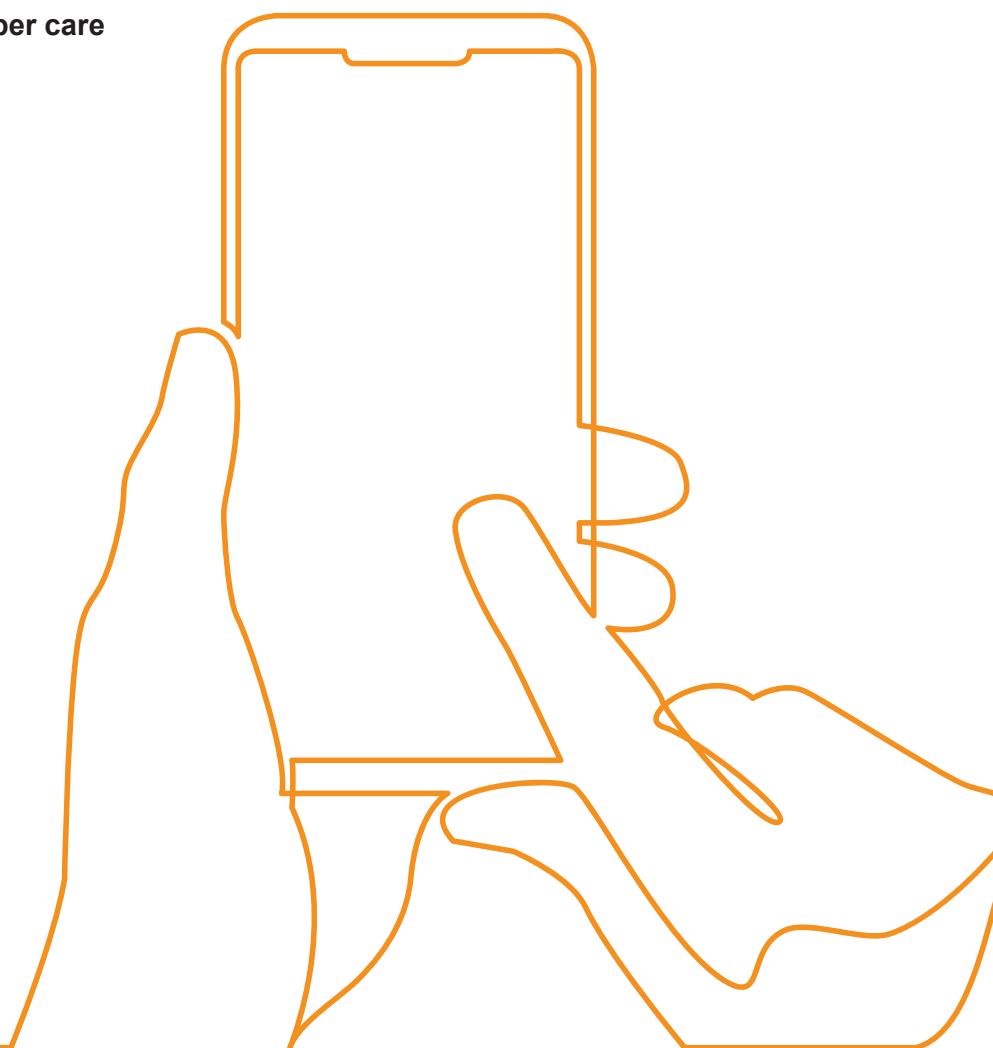
(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation eight, p.54

Building on the campaign to raise awareness of social care and its value (recommendations one and two), the Government should make the case for national tax rises or other sustainable, long-term solutions and consult on clear propositions which explain the various options for how sufficient funding for social care and support could be raised nationally. The Government must set out how such increases would relate to the wider social care and local government funding system. The Government should also be clear about how nationally-raised increases for social care would relate to nationally-raised increases for the NHS.

(Timescale: Government green paper care and support, Dec 2018 onward)

Recommendation nine, p.54





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