

## HOUSING LIN POLICY BRIEFING

### The Department of Health Care and Support Green Paper

#### Introduction

This briefing paper published by the Housing Learning and Improvement Network outlines the key points in the Department of Health Green Paper. The main message is the need for change and a move to a more equitable national care service. Alongside this, it signals the importance of housing and low-level support services such as prevention, advice and information and new technology.

#### Shaping the Future of Care Together

The Department of Health published its Green Paper on the future of adult social care on 14 July 2009. Its publication follows a six-month period of engagement starting in May 2008 and which included:

- nine large day-long events for stakeholders
- five large day-long events for members of the public
- people commenting on the website: [www.careandsupport.direct.gov.uk](http://www.careandsupport.direct.gov.uk)
- people writing in
- research with groups unlikely to attend the engagement events

#### Summary of the proposals

- To change the current system which can seem unfair as it only provides for people who cannot afford to pay for themselves, whilst everyone else is expected to pay for their care
- Recognizing that the current system can be confusing with no clear rights and entitlements and uncertainty about future costs making it difficult for individuals and/or families to plan for future care
- Variations in standards and costs of care
- Social care resources increasingly being used for those with the highest needs, whilst money might be better spent on prevention, rehabilitation and keeping people active and healthy
- Increasing pressures from rising life expectancy – by 2026 it is estimated that an additional 1.7 million adults will need care and support
- Setting up a national care service

## **Current system**

Care and support describes the activities, services and relationships that help people to be independent, active and healthy – as well as be able to participate in and contribute to society – throughout their lives. It is a mix of financial, emotional and practical support.

The paper recognizes the contributions of the public, private and voluntary sectors plus families and friends.

Public sector support includes:

- Mainstream social care services in the community and accommodation based services
- some elements of housing-related support services for older and disabled people funded through Supporting People, as well as adaptations funded through the Disabled Facilities Grant
- support for independent living for disabled people, including the Independent Living Fund
- Attendance Allowance, Disability Living Allowance and other benefits that help people with the extra costs of disability

## **Policy context**

National policy has been moving the health and social care systems to be more flexible; to focus on individuals give them more control and offer choice. This needs to sit within a framework for the NHS, social care and housing, which is set out in the following documents:

### ***- Putting People First (HM Government, 2007)***

This is a partnership between central government, local government, the NHS and the social care sector, which aims to transform adult social care. It sets out what needs to be achieved, stressing the need for improved information and advocacy and more control, personalisation of services and a greater focus on prevention

### ***- Lifetime Homes, Lifetime Neighbourhoods (Communities and Local Government, 2008)***

This is the cross-government strategy for housing and communities, connecting housing, health and care. All public sector-funded housing will be built to Lifetime Homes standards by 2011 and all new homes by 2013. It includes a vision for Lifetime Neighbourhoods and improvements to adaptations and access to advice and information.

### ***- Independent Living Strategy (Office for Disability Issues, 2008)***

This is a five-year plan that aims to help all disabled people (including older disabled people) to live independent lives, and to make sure that they have the same choice, freedom, dignity and control over their lives as non-disabled people.

**- *High Quality Care For All: NHS Next Stage Review Final Report (Department of Health, 2008)***

This sets out how a greater focus on prevention, improved quality and innovation will support the NHS and shape the next stage of reform. It also announces the trial of new integrated care organisations, bringing together health and social care professionals from a range of services.

**- *Independence and Opportunity: Our Strategy for Supporting People (Communities and Local Government, 2007)***

This strategy sets out how the Supporting People initiative moves forward.

**- *Carers' Strategy (Department of Health, 2008)***

This sets out the Government's short-term agenda and long-term vision for the future care and support of carers, underpinned by £255 million to implement some immediate steps as well as medium- and long-term plans.

**- *Right to Control (Office for Disability Issues, 2009)***

This legislative power, currently going through Parliament as part of the Welfare Reform Bill, aims to give disabled people more choice in and control over how certain support services are provided.

## **The need for change**

There are a number of drivers for changing the current system:

- Demographic changes including the ageing of the population as well as increasing numbers of younger adults with care needs
- Increasing aspirations
- The costs of care and support are increasing
- Meeting future pressures – not providing the right care and support services will put increasing pressure on NHS services

The current system means that some people get no help towards their care or support, it is often only available to people who have developed high levels of need and there are differences in services from one area to another.

The system is currently a fragmented mix of social care, housing, benefits and the NHS alongside private and voluntary sector services. People find it confusing and not tailored to meet individual needs.

## **A national care service**

The paper states that there are six things, which everyone should be able to expect as part of a national care service:

**1. Prevention** – the right to stay independent and well for as long as possible to prevent care and support needs increasing and free support to stay well and independent. Ways of achieving this include:

- Access to re-ablement services – short term programmes to re-learn skills that have been lost as the result of illness or a stay in hospital, including up to 6 weeks re-enablement for people in need of care and support for the first time
- Telecare so that people feel confident to remain in their own homes for longer
- Access to information about prevention and early intervention
- Increasing the range of housing support options such as extra care
- Consideration is being given to setting up an independent body to advise on what is best value for those needing care and support and looking at predictive modeling to identify who is likely to need care and support in the future

**2. National assessment** – wherever people live they will have the right to have their care and support needs assessed in the same way plus the right to the same proportion of their costs being met irrespective of where they live. This will include people having the right to contact the authority in who's area they are planning to move to discuss what care and support will be available to them. People would only need to be reassessed if their needs change. DH is planning to revise and update guidance for local authorities on how to decide where a person is ordinarily resident to reduce potential disputes.

**3. Joined up services** – all the services someone requires will work together and one assessment will enable access to them all.

**4. Information and advice** – easy access to information about who can help and what care can be expected, including

- Financial guidance and information to help them prepare for the future.
- Information on how to stay independent and well.
- Support for carers.
- Information on how to access care and support and about quality of services.
- Guidance on what people are entitled to.
- Support to fill in application forms.
- Information and support for people approaching the transition between children and adults' services, and their carers.
- Information and advice on the services that are available (both traditional care services and non-traditional services such as telecare and handyperson services) and how to choose between them.
- Signposting to, and help with, applying for benefits and other forms of support.

**5. Personalised care and support** – services will be designed around individuals needs. Local authorities will be responsible for developing a wider range of services and help making decisions and arranging care. The role of carers is recognized and in particular, that family and friends should not be expected to provide care and support to the detriment of their own health and well-being. The Carers' Strategy vision is that by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen. By 2018:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- carers will be able to have a life of their own alongside their caring role
- carers will be supported so that they are not forced into financial hardship by their caring role
- carers will be supported to stay mentally and physically well and treated with dignity
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

Everyone assessed will be eligible for a personal budget rather than being told what services they might receive.

**6. Fair funding** – everyone qualifying for state funded care and support will get some help towards meeting the costs. In putting together the Green Paper a number of funding options were considered including people paying for all their care through to complete state funding. Both of these extreme options were discounted.

## **Building the new system**

There are three major changes to the current system:

- More joined up services that keep people independent and well for longer – better working between health, social care and housing and between the care and support and benefits systems. In some places, someone over 75 is three times more likely to be repeatedly admitted to hospital during one year than in another and/or a person aged over 65 is five times more likely to be admitted to a care home rather than being supported to continue living at home. This impacts on costs and cost-effectiveness, because care and support in a person's home can be much less expensive than residential care – as well as being what people often want. Where information is shared services can spot earlier problems that might lead to someone losing their independence. Or they can adapt a person's house so that they are safer at home or can return home after an accident. There are critical times when services need to be joined up such as when a person is leaving hospital and for individuals with long-term conditions or older people when their needs change. There are examples of good practice and nationally

there are sixteen pilot sites. At local level there are examples of joined up services such as local authorities and PCT's with a shared Chief Executive and senior team

- A wider range of services giving people greater choice – local authorities encouraging and supporting innovation and high quality and ensuring services meet local needs and priorities. Traditional services will continue but the introduction of personal budgets has already led to changes. Similarly, new technologies will change the options available to people. The role of local authorities will change moving away from commissioning large volumes of care to managing their local markets to ensure that the types of services people want are available. This will include building relationships with new providers and supporting the third sector by making market intelligence more readily available and helping providers understand likely patterns of need.
- Better quality and innovation – understanding what works best. This is in line with the DH workforce Strategy published in April 2009. Another important element is a better understanding of what works. There are some examples including the Social Care Institute for Excellence, Joint Improvement Partnerships, Regional Improvement and Efficiency Partnerships, the SP Quality Assessment Framework and Outcomes Framework and the Whole System Demonstrator sites including the effectiveness of telecare and telehealth. Consideration is being given to setting up an independent body to provide advice on services which are cost effective, similar to the National Institute for Health and Clinical Excellence which identifies which drugs and treatments are effective and can be used by the NHS. From autumn 2009, DH will publish annual information on users' experience of social care in different local areas. This will form part of the new Comprehensive Area Assessment and also part of the separate assessment of adult social care carried out by the CQC.

All of this will mean widespread major system change, designed to take place over a number of years.

## **Funding options**

The paper includes consideration of funding options including some which were considered and ruled out including people paying for all their own care and a totally state funded system. A priority from the consultation process is for any new system to be fair, but individuals have differing views on what this means.

Funding could work in many different ways:

- Responsibility for providing and paying for care and support could be balanced in different ways between people who need care and support, their families and everyone in society via the state. Assuming that the state will always be responsible for paying for some care and support, there are more choices to make:
  - State funding could vary according to where people live – national consistency or local flexibility?

- State funding could vary according to when someone develops a need – should there be one system for everyone or different systems depending on the need for care and support?
- State funding could vary according to whether people are able to pay for their care and support - What should the balance be between targeting government resources at those who are least able to pay and having a system that supports those who plan and save?

The questions outlined above demonstrate the complexity of the issues and together with the engagement process have informed the funding options under consideration

Older people who need care and support can face very high costs. Two in every three women, and one in every two men, can expect to have a high care need at some point during their retirement. This means that 20 per cent of people will need care costing less than £1,000 during their retirement – but 20 per cent will need care costing more than £50,000. The average 65-year-old in England will need care that costs over £30,000 during their retirement years. As a society we are going to have to spend more on care and support.

The two largest sources of government funding for care and support are the social care system and disability benefits. The state spent £14.7 billion on social care in England in 2007/08. Expenditure on the disability benefits specifically targeted at older people was about £6.1 billion. The 2006 report by the King's Fund, *Securing Good Care for Older People*, made the case for integrating the support provided through some disability benefits and the social care system to improve the effectiveness of state funding. In developing the new system, consideration will be given to drawing some funding streams together including integrating some elements of disability benefits, for example Attendance Allowance, to create a new offer for individuals with care needs.

A key feature is that the options under consideration do not include accommodation costs and the expectation is that people with the exception of those on low income without assets will pay for their own food and lodgings whether or not they are in a care home. It is proposed to put in place a universal deferred payment system to allow the costs of residential care and/or accommodation costs to be charged against a person's estate when they die rather than them having to sell their home.

Options include:

- Partnership – everyone qualifying for state help gets a set proportion paid for e.g. a quarter or a third. This option would mean that the majority of working age adults would get their care free. An older person in residential care would have to meet their accommodation costs and some of their care costs. This system has advantages for people with low-level care needs and individuals with higher incomes or capital who do not currently receive any help. There are disadvantages for individuals with high care needs such as those who need to live in a care home for several years and who own a house and/or have savings who would have high contributions. **Partnership will be the foundation of the new system.** The options below consider how individuals can protect themselves against high care costs.

- Insurance – similar to partnership with insurance being used to cover the additional costs. Consideration is being given to the role of the state within this option such as working with the private sector or setting up a state run insurance scheme. Currently few people take out private insurance and the premiums are high. Whichever systems is adopted it would be fair and people would understand their entitlements.
- Comprehensive – everyone over retirement age with resources would be required to pay into a state insurance scheme with contributions varying according to savings and assets. The state would contribute funding from taxes used for social care and disability benefits. This system has the advantage of peace of mind, once people have paid their contribution their savings and other assets are protected (they would still have to pay accommodation costs). This system would also be cheaper because everyone would make a contribution. The disadvantage would be for people who pay in and never need and care and support services.

What every system is agreed there will be a menu of options for people to make their contribution, such as a lump sum, affordable installments or defer the payment from their estate.

### **National or locally determined funding**

Moving to a national system will mean a standardized assessment process with central government setting the level at which someone qualifies for state funding and what proportion of someone's care package would be funded. Beyond this, they are considering two different approaches:

Part national, part local - people would know that they were entitled to have their needs met, and a proportion of their care and support package would be paid for by the state, wherever they lived. But local authorities would be responsible for deciding how much an individual should receive to spend overall on care and support, giving them the flexibility to take into account local circumstances. The advantage of the part-national, part-local system is that local authorities would be able to set the actual amount of funding that someone would receive. This could provide more space and flexibility for local authorities to encourage new kinds of care and support in their area. It would also help them respond to local conditions to deliver real choice and control for individuals. But it would mean that people could still get different amounts of funding in different places, which might be seen as unfair.

A fully national system. Under this system, national government would decide how much funding people should get, instead of local authorities. The amount of funding allocated could be consistent across the country, or could vary depending on location to take account of the different costs of care across England.

The advantage of this system is that it would be easy for people to understand and plan for. This will enable people to move around more freely and live the lives they want, wherever they are. People told us that the system seems fairer if everyone gets the same amount of money. The disadvantage is that the system would decide at national level how much funding someone was going to receive. It could be more difficult for local authorities to tailor the care package that people receive to their wishes and to respond



to local circumstances, and it would make the system more rigid. This system would also mean major changes to the way in which money for care and support is raised and spent.

### **The role of local authorities**

Under either system, local authorities would play the key role in delivering care and support. They would continue to:

- be the channel for state funding and support
- undertake assessments
- provide information, advocacy and care management for individuals
- provide and commission services, and manage the market of care and support providers
- foster innovation in care and support, using their freedom to decide exactly how services are delivered at a local level.

### **What is in it for housing?**

The paper includes housing as part of the current fragmented system of care, alongside, social care, the benefits system and the NHS.

On a more positive note the focus around universal entitlement to prevention, rehabilitation, advice and information and health and well-being includes a number of references to housing and support services including:

- housing adaptations
- telecare – as a preventative service to support people to remain in their own homes and the Whole System Demonstrator sites as an example of quality and innovation
- increasing the range of housing support options such as extra care

Housing is already well placed to provide advice and information. First Stop (Counsel and Care, Elderly Accommodation Counsel, Age concern and Help the Aged and NHFA) provide a national service for older people their families and carers. They recently received funding from CLG to support their work with local agencies that commission or provide housing care and advice services.

The paper also proposes one assessment process to enable access to them all, which would include consideration of an individuals housing needs.

One of the biggest changes will be that everyone, with the exception of those with low income and no assets, will be expected to pay for their food and lodgings, whether or not they are in a care home. There is no detail about how this will work and/or how it will link to the housing benefit system.

## **Have your say**

Consultation on the paper lasts until 13 November 2009.

Further details can be found at: [www.careandsupport.direct.gov.uk](http://www.careandsupport.direct.gov.uk)

Alternatively, individuals can email: [careandsupport@dh.gsi.gov.uk](mailto:careandsupport@dh.gsi.gov.uk)  
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## **About the Housing Learning and Improvement Network**

The Housing Learning and Improvement Network (LIN) is the national network for promoting new ideas, sharing learning and supporting change in the delivery of housing, care and support services for older and vulnerable adults. It is part of the Putting People First delivery team at the Department of Health and oversees the extra care housing capital programme.

More information is available at [www.dhcarenetworks.org.uk/housing](http://www.dhcarenetworks.org.uk/housing)