



**Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) response to the consultation on the Future of the Independent Living Fund**

**Background**

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Councils in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts, community services and increasingly, Children's Social Care within their Councils.

The Local Government Association (LGA) is here to support, promote and improve local government.

We will fight local government's corner and support councils through challenging times, focusing our efforts where we can have real impact. We will be bold, ambitious, and support councils to make a difference, deliver and be trusted.

The LGA is an organisation that is run by its members. We are a political organisation because it is our elected representatives from all different political parties that direct the organisation through our boards and panels. However, we always strive to agree a common cross-party position on issues and to speak with one voice on behalf of local government.

We aim to set the political agenda and speak in the national media on the issues that matter to council members.

The LGA covers every part of England and Wales and includes county and district councils, metropolitan and unitary councils, London boroughs, Welsh unitary councils, fire, police, national park and passenger transport authorities.

We work with the individual political parties through the Political Group Offices.

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## **Key Messages**

ADASS and the LGA welcome the opportunity to contribute to this consultation on the future of the independent living fund. Since the Ministerial announcement in December 2010 about the closure of the ILF to new applicants, ADASS and the LGA have engaged extensively - with the Minister, with DWP colleagues and colleagues from the ILF – in discussions about the future of the fund and this proposal to close the fund in 2015, transferring the care and support responsibilities to Local Authorities. In that sense, we have made a significant contribution to shaping this consultation document and the key issues to be addressed. The views of ADASS and the LGA on the key issues have already been shared in these discussions, but for the purposes of this response are grouped into comments around the five consultation questions as below.

## **Consultation questions**

### **Question 1**

**Do you agree with the Government’s proposal that the care and support needs of current ILF users should be met within the mainstream care and support systems, with funding devolved to local government in England and the devolved administrations in Scotland and Wales? This would mean the closure of the ILF in 2015.**

We agree that at a time of considerable examination of the social care system and finance it is opportune to review the existence of a parallel stand-alone scheme, especially in the light of uneven distribution of the funding across the country (ADASS dealing with England). However we would also wish to note the tremendous value placed upon the scheme by the body of users, and the sense of independence experienced. Councils’ approach to personal budgets is based on engendering the same sense of choice and control.

The devolution of funding into Local Authority (LA) social care budgets clearly has the merit of bringing two funding streams together, and having all the resulting adult social care funding allocated more equitably through the same system. Given the uneven distribution of the ILF budget, it will be important in the first instance to base the transfer of funds in each LA area upon the commitments to service users in that area. This is important to protect those people during the transitional period, and to avoid an inappropriate scenario of financial winners and losers across the LA system.

As time passes, as people’s needs are reviewed and as pre-2015 ILF funding completely loses any identity within people’s personal budgets, it may be appropriate to consider a move towards a formula-based distribution of this element of the social care funding, in order to reach an equitable spread of these resources as a new generation of service users and carers are supported within social care services.

## **Question 2**

**What are the key challenges that ILF users would face in moving from joint ILF/Local Authority to sole Local Authority funding of their care and support needs? How can any impacts be mitigated?**

The biggest issue for existing users will be the transition from financial support for social care based on combined LA and ILF funding (or ILF alone for a small number of Group 1 users) into the Fair Access to Care Services (FACS) criteria-based system alone, and the different eligibility thresholds which apply.

The majority of existing ILF recipients will have had a contribution from the Local Authority at least at the current threshold of £568 per week, topped up significantly by the ILF contribution following an ILF assessment. The limits of any LA care package are determined by the FACS criteria, which in a clear majority of LAs are set at the upper need levels of Critical and Substantial. The ILF assessment is not constrained by the FACS criteria, and allocates a significantly higher level of funding in most cases.

As ILF recipients transfer into the LA system in 2015, and are subsequently reviewed against the FACS criteria, the value of the personal budget calculated through the Resource Allocation System (RAS) will generally be at a lower level than the initial ILF/LA budget.

The mitigation of such re-assessments will be determined locally, and LAs may decide whether they wish to exercise discretion in offering periods of protection, or a phased move towards the new personal budget calculated by the RAS. However, LAs will need to balance such arrangements with considerations of equity in resource allocation.

It is likely that there will be a range of mitigations, such as exploring other forms of support, other community resources or more cost-effective ways of providing services, which will be explored through the personal support planning of care arrangements with individuals.

We believe it is crucial that any decisions on the future of ILF must be clearly communicated to ILF users.

## **Question 3**

**What impact would the closure of the ILF have on Local Authorities and the provision of care and support services more widely? How could any impacts be mitigated?**

The key issue is that growth in the number of ILF recipients was capped following the Ministerial announcement in December 2010, and therefore so was the growth in ILF funding, which supported LA social care budgets in managing the demographic growth in pressures.

The obvious mitigation is compensatory growth in the government support for adult social care services, but this has to be addressed through the wider debate consequent to Dilnot and the Care and Support White Paper. Resolving what will be done both on funding for Dilnot, and funding for the current system, must be done as a matter of urgency.

A determined effort to transfer NHS resources from the acute sector into community health and social care services in the community is an essential component of this strategy, to develop further support for services such as prevention services and long-term conditions.

#### **Question 4**

**What are the specific challenges in relation to Group 1 users? How can the Government ensure this group are able to access the full range of Local Authority care and support services for which they are eligible?**

Many of the Group 1 users will have had some contact with LA assessment services, and a significant number may have had none, so these groups of recipients will face the challenges described at Q2 above plus the additional challenges of a resource allocation system alongside a very different set of eligibility criteria from those which were around in 1993.

The mitigation for this has to be as described above, but with additional information about, and preparation for, the new care management system in which they will be eventually reviewed and supported.

#### **Question 5**

**How can DWP, the ILF and Local Authorities best continue to work with ILF users between now and 2015? How can the ILF best work with individual Local Authorities if the decision to close the ILF is taken?**

DWP/ILF and LAs will principally have a role to engage with ILF users following the consultation and the government response up to the period of transition in 2015, interpreting and preparing for regulations about the transition as they are developed. We would be keen to work with colleagues in determining an engagement strategy ahead of the government's response being published.

One of the key contributions the ILF can make to this transition is to engage with local authorities about the issues which are likely to face the ILF recipients living within their areas and for whose total personal budgets they will become responsible.

At an individual level, ILF teams working with LA colleagues will be able to identify whether there will be any particular transitional issues or challenges for people, and what mitigation strategies might be engaged.

At the whole authority level, it may be possible to work on estimates of the amount of ILF resource which is committed to support which falls outside the local FACS criteria.

### **Conclusion**

As noted above, we have engaged continuously with DWP and ILF on the future of the fund and in preparing for consultation. We will continue to support this joint approach through to 2015 and the implementation of whatever mechanisms for funding transfer and individuals' transition into the new arrangements emerge.