



Personal Care at Home Consultation Response of the Association of Directors of Adult Social Services (ADASS)

Background

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities 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 and community services within their Councils.

ADASS members are jointly responsible through the activities of their departments for the well-being, protection and care of their local communities and for the promotion of that well-being and protection through the use of direct services as well as the co-ordination of and liaison with the NHS, voluntary agencies, private companies and other public authorities. ADASS members have leadership responsibilities in Local Authorities to promote local access to services and to drive partnership working to deliver better outcomes for local populations. They participate in the planning of the full range of council services and influence Health Service planning through formal and informal Local Strategic Partnership arrangements.

ADASS welcomes the opportunity to contribute the Personal Care at Home Consultation.

Introduction

ADASS fully supports the need for the wide ranging reform of adult social services and welcomed the debate both prior to and arising from the Green Paper *Shaping the Future of Care Together*. ADASS submitted a comprehensive response to the Green Paper consultation.

Councils around the country, led by Directors of Adult Social Services (DASSs) are engaged in a huge programme of transformation of adult social care in accordance with the Putting People First (PPF) concordat. The Association is now anxious to understand how plans to reform the funding of

adult social care are to be taken forward so that transformation can be continued and eagerly await the publication of the White Paper.

We provide below our response to the Personal Care at Home Consultation but our comments are necessarily limited to the impact of implementing this policy within the current arrangements for funding and delivering adult social care rather than in the context of longer term, hopefully more sustainable conditions.

Overall

ADASS supports the principle of helping people to live at home and of the widespread offer of reablement. We welcome the focus that the proposals for free personal care have given to the care needs of very frail and vulnerable people living in their own homes and the financial burden they may face. We support the Government's objectives as set out in the Green Paper of developing a social care system which is fair and sustainable. However, in the Green Paper one of the two future funding options ruled out by the Government was full funding of care from general taxation and yet this proposal takes us towards a high level of funding from general taxation for individuals with the highest personal care needs. Thus it is hard to see how the proposals will fit into a vision emerging in the White Paper. Having said that, ADASS does not object to the proposals in principle and is ready and willing to implement a system that offers free personal care to those with the highest needs. It would though need to be aligned with the way in which support is now offered through personal budgets, be as simple as possible to administer, be properly funded and there should be sufficient time to implement the changes effectively.

It is unclear how the proposals will work with self-directed support and personal budgets and there is a risk that the implementation of these proposals in such a short timescale will divert capacity and attention away from the wider PPF transformation agenda.

ADASS has some concerns about the complexity associated with selecting a very narrow group and dealing with a part of their care and support needs differently. This Bill only benefits some people who receive or need a high level of personal care. Those who do not benefit may fail to understand why they should pay and others should not. Even those who qualify may not see a reduction in the contribution they pay towards their care needs, as part of their personal budget will still be subject to a means test. This issue is expanded in the "Eligibility" section below.

We welcome more money being made available to meet the social care needs of adults but are concerned that the new funding earmarked to meet the cost of the new burden on local government imposed by the new policy, will be insufficient to cover the costs, even if the costs were to be contained at the level estimated by the Government. If all personal care is free (for those with the highest need) then local authorities face very significant financial

pressures if the Government provides funding of no more than £420m. This issue is expanded in the “Funding” section below.

ADASS believes that the timescales proposed by the Government are unreasonable and will lead to significant problems with the implementation of the Bill. This will disappoint service users and frustrate those working in adult social care. ADASS agrees with the LGA that the implementation of the bill should be put back to 1 April 2011. This issue is expanded in the “Administration” section below.

ADASS welcomes the Government’s proposal to review implementation after a year. We would like to see the review include reviewing the costs of implementing free personal care, the numbers, levels of need and prior circumstances of people who become eligible for free personal care, the impact on the role of carers, on joint working with health and on the effectiveness of reablement.

Specific comments

Funding

- ADASS does not believe that the estimates used by the Government to calculate the total cost of £670m are robust. Whilst we accept that it is difficult to project how many younger adults are likely to come forward our main concern is that Government assumptions about the level of support that individuals will need are not credible in the light of the experience across local authorities. In addition, whilst they rely on some work carried out by the PSSRU, they ignore other evidence from PSSRU about the target hours that should be provided for individuals with high needs.¹
- We have provided a detailed statement of our view on the financial implications in a separate paper which is attached to this response.
- ADASS believes that the national costs are of the order of £1 billion (and possibly more).
- Local authorities are particularly concerned about the financial implications because they will have to meet all the extra costs if they are greater than the Government assumes.
- Whilst the Government has pledged to review the costs, that review will not take place until September 2011. It is unlikely that local government would receive any extra resources (if they are available) until 2012/13. This means that local authorities will have to find additional resources for at least 18 months before the Government could increase the resources available to local authorities. Local authorities will inevitably be sceptical about the ability of any Government to increase resources at a time when there will be significant pressures on public spending.
- The expectation that local government would have to find additional resources of £250m (which we believe to be an underestimate) is a breach

¹ Forder, J and Fernandez, JL, Analysing the costs and benefits of social care funding arrangements in England: technical report, Personal Social Services Research Unit, July 2009

of the New Burdens protocol agreed between the Government and local authorities. In practice it will mean local authorities having to find more savings on top of the significant level of efficiency savings that they are achieving already. The Secretary of State has suggested that local authorities should re-direct already planned efficiency savings but many of these will be used to meet the costs of demographic pressures in adult social care which often represent the greatest pressure on a council's budget. In addition, it is not practical for authorities to completely change budget plans for the coming year at the point when budgets are being agreed and council tax levels set. This means that the cost of the policy change, if implemented in October 2010, whether at the level projected by the Government or more, will fall as a significant in year budget pressure in many authorities.

- Directors are concerned that the need to find additional savings to pay for the costs of free personal care may lead to pressures to increase eligibility criteria, reduce support for sheltered housing or to reduce the work on prevention and early intervention. These developments would reduce the number of people who benefit and would be contrary to the principles set out in Putting People First.
- It is likely that the costs falling on individual authorities will vary enormously depending on the number of self-funders in their area. It is doubtful that any of the grant distribution proposals will reflect that. Indeed, it is unclear that the data is available that could accurately model this. Thus even if total national resources reflect total national costs there is a very high chance that some authorities will face significant financial pressures whilst others might gain. This is not consistent with the Government's stated intention of achieving a National Care Service.

Eligibility

- The definitions of free personal care in the Health and Social Care Act are different from those used in the consultation document on personal care at home.
- The proposals will only benefit those who have critical needs and require support with 4 Activities of Daily Living (ADLs) and live at home (including supported housing)
- Thus those who have substantial needs and require support with 4 (or more ADLs) will not benefit. Those who have critical needs and require support for 3 ADLs will not benefit either.
- Those who are in residential or nursing care (and stay there) will not benefit.
- Only **personal** care is free; non-personal care is not. Many people with high personal care needs will also receive some funding or services for non-personal care and support, thus financial assessments will still need to be undertaken and people may still have to contribute towards the costs of their care. If people are currently making a small contribution to the cost of their care and receive support for both personal and non-personal care needs it is quite possible that their charge will remain the same after the introduction of free personal care and this is likely to be hard to explain.

- It is not clear how mental health problems and cognitive impairment will be interpreted in the context of need for assistance with activities of daily living and thus affect the entitlement of those service users to free personal care.
- These arrangements are not simple or transparent (as the Green Paper promised). They may lead to huge pressures on adult social care departments as people seek reviews to try and move people from one classification to another. This may lead to a backlog of assessments (people not known to social services coming forward) and reviews. This could be very similar to the problems that have arisen with Continuing Health Care.
- The experience of Gloucestershire in dealing with a judgement that led to the need to reassess people, was that it took 12 months to re-assess all service users.
- As the proposals deal only with care in people's own home they create contradictory financial incentives for people needing support and their families, for whom staying at home may now be financially more advantageous and local authorities who will face higher costs if people stay at home. Whilst authorities are committed to supporting more people in their own homes, the financial burden faced by councils in connection with this policy could lead to pressure to make greater use of residential care in order to comply with the duty to achieve value for money.

Reablement

ADASS supports the emphasis on reablement and directors are likely to want to make extensive use of the option to require people to have reablement first if they want to benefit from free personal care. Age Concern/Help the Aged and Counsel and Care have both expressed their concerns that some people will be forced into reablement where it is not appropriate. It is not in anyone's interests to do this and ADASS recognises their concerns and wants to work with them to come up with practical arrangements which make sense.

Administration

- The Government acknowledges that these proposals will increase administration as more people require assessments and current service users will ask for reviews to see if they can get free personal care. There will also be challenges about the outcome if people do not get free personal care. It should be noted that Age Concern/Help the Aged have already said that they believe that all those assessed as "substantial" should be reassessed by October 2010. Financial re-assessments will also be required for anyone meeting the criteria for free personal care.
- The proposals add another set of criteria to existing assessments and will mean each assessment will take longer. Many authorities have recently or are in the process of transforming assessment processes and training staff to deliver personal budgets, further changes to processes and further training will now be needed.
- Local authorities would like to understand whether they will need to consult individually on their local proposals for implementing free personal care

and resultant changes to charging policies. If they have to, then this will impact on the time required to implement the new arrangements; government guidelines suggest that best practice is to consult for 3 months.

Other risks

It is possible that the introduction of free personal care will impact on the type of support carers wish to give to people they care for. A shift from provision of personal care by the carer with practical support for the carer to make this possible, to a focus on the state funding personal care and carers meeting more practical needs would be understandable and could have a significant impact on costs.

An alternative way forward

- The consultation document gives three options for allocating the amount needed to meet the personal care needs of those in the highest need (page 16). One of these is for an indicative amount per week.
- If the £670m resources were used to provide a fixed contribution per week to all those with the highest level of need, then this would provide a high degree of financial certainty on the costs at the same time as ensuring that everyone with a high level of need receives some contribution towards that care. This is consistent with the partnership principle in the Green Paper which has been widely supported (including by ADASS).
- This way forward does offer a sustainable way forward for the future funding of adult social care at home. It is in line with the principle of “progressive universalism” – everyone gets something, but more goes to those that need it most. It could be combined with a voluntary insurance scheme or a compulsory insurance scheme. It is also capable of being developed – if resources can be found – to allow increased contributions from public resources to reduce the contribution that individuals have to meet themselves. In short this approach is consistent with all the options proposed for further consideration in the Green Paper.
- It is hard to see how a fixed indicative amount would work in any way other than as a contribution to costs even if the average cost were in line with Government estimates, (something that current experience suggests is unlikely), as there is a wide variation in the costs of meeting personal care needs and for some individuals this cost can be very high, exceeding even the full cost of a care home placement.
- The impact assessment identifies that 110,634 people either contribute to their care, self-fund or survive without personal care. We need resources for reablement (£130m) and administration (£27m). This leaves £513m.
- If the estimated numbers are correct then £513m would pay for a weekly contribution of £89 a week towards the cost of personal care. It is likely that the weekly rate could be higher than £89 because most people currently paying for their care through local authorities will be paying less than £89 (so won't need the full amount). In addition, some self-funders might not come forward for this level of funding. Thus it might be possible

to have a fixed sum of say £100 without exposing local authorities to a significant financial risk.

Timescales

- The Government wishes to introduce the new arrangements from 1 October this year.
- The intention is to provide a national assessment tool this summer. At a meeting on 3 February the Department of Health said that this tool would be available in June. However, this leaves very limited time for social care staff to familiarise themselves with the tool and for necessary training to be provided. Furthermore, these changes will have a major impact on the work of social care employees at the same time as they come to terms with the implications of Transforming Adult Social Care and particularly the changes in practice needed to implement personal budgets. They will need time to understand how this new policy fits into the assessment process if they are to meet the needs and expectations of service users.
- The business processes for adult care assessments, reviews, charging and support planning will all have to be changed to accommodate the new policy.
- Many adult social services departments now work with electronic assessment tools and case files based around a core care management and commissioning system. These care management systems, largely provided by 3 or 4 major suppliers, will need to be changed. Northgate (owner of the most commonly used adult social care system) have already made clear that they will not start to change SWIFT until the tool is published.
- At the same time there is likely to be a significant increase in the number of assessments and reviews as individuals and their families seek to find out if they will benefit. The experience from changes to Continuing Health Care is that significant backlogs are inevitable which will lead to frustration and anxieties for service users, carers and employees.
- To illustrate our concerns about the lack of time to implement these changes we have included draft implementation plans for different types of councils. These cover estimates of the time required to undertake assessments and reassessments based on information about existing clients and staff numbers and extrapolation of national estimates for new assessments. The figures currently relate only to older people and so underestimate the overall position. As yet we have been unable to factor into these plans the development, testing and training of amendments to electronic care management systems.
- These plans, which use real data, show the elapsed time that would be needed simply to undertake training and assessments. With an assessment tool and guidance not available until June, there will be insufficient time to complete all this work before 1 October 2010 even if we can source the additional staff to do the work and run some of the activity and training concurrently. As it stands all this work would have to be done outside electronic systems as these will not even begin to be changed until after June. Implementing without the proper tools and full integration into business process will create additional tasks to ensure electronic records

are complete and correct once new processes and records are integrated into electronic systems. More time is needed if this policy is to be implemented in the most efficient and effective way.

- ADASS would also be concerned with the impact of the introduction of free personal care in October 2010 on the implementation of Transforming Adult Social Care. This is the agreed national priority at the current time. 2010/11 is a crucial year for the completion of this transformation.
- To cope with all these changes, ADASS believes that the implementation date should be delayed until 1 April 2011.

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