

Public Policy Statement

Social care funding

July 2019

Summary

Social care has historically suffered as a consequence of under-funding and this situation has been further aggravated in recent years as a result of widespread reductions in public sector budgets. The question of funding social care can be broken down into two parts: funding provided by government for statutory social care services; and the financial contribution that individuals are required to make for the social care they receive.

There is a fundamental debate over the basic fairness of charging people for the care and support they have been assessed as needing. Future arrangements for funding social care should ensure fairness on the “who pays” and “how we pay” for social care, including between the generations, and should aspire over time towards universal access to personal care free at the point of delivery.

Age Cymru’s longstanding view is that a far more equitable system would be to ensure that care services are provided free at the point of use in the same way as NHS services. This would ensure that care is available to everyone at their time of need and spread the cost of care services across the generations, instead of the cost simply falling on those people unfortunate enough to develop care needs.

A new, fair and sustainable mechanism for funding social care in the future needs considerable thought and extensive public debate. We are keen to engage in this debate. This framework sets out principles on which Age Cymru believes any new payment mechanism should be based, and provides a starting point for Age Cymru to influence policy and develop more detailed positions on an iterative basis as the terms of the debate become clearer.

Summary of public policy proposals

- All older people should be supported to make informed choices about maintaining and improving their health and independence.
- Opportunities for healthy living should be increased and barriers removed, particularly for disadvantaged older people.
- Public health messages must target older audiences in the most appropriate way and through the most relevant channels.
- Sufficient community infrastructure, good, affordable housing design and assistive technology must be available to enable older people to live independently for as long as they wish.

- The approach of health and social care services must be to facilitate, encourage and support the adoption of better lifestyles and self care of those who might otherwise need additional care and support. This has implications for the training and education of care staff, and an expanded role for social prescribing.
- As long as the current arrangements persist, the Statutory Code of Practice on Top-up Fees for Care Homes must be strengthened so that families are not unfairly asked to pay significant sums for their relative's care.
- The Code of Practice must be followed by all Councils consistently and fairly.
- While the Deferred Payments scheme is in place, awareness of this facility and its conditions should be improved, and all Councils and other interested bodies should promote it when people are considering moving into a care home.
- Age Cymru's principles are:
 - A collective societal responsibility for social care funding, with responsibility for funding shifting from the individual to society;
 - A new and sustainable model of funding that is fair, equitable and transparent, and that supports planning for future care costs;
 - Sustainable services that achieve personal and wellbeing outcomes in line with the Social Services and Well-being (Wales) Act 2014;
 - Wellbeing as the basis of the service, maintained through prevention, reablement and early intervention whenever possible, whatever the setting, and delivered to a high quality so that independence can be promoted and maintained;
 - Where care and support are needed, they are provided without rationing, to meet assessed needs, in response to what matters to the individual;
 - An expanded, knowledgeable and valued social care workforce, with a sense of identity, worth and standing in society, with shared values, enjoying an attractive and fairly remunerated career, and capacity sufficient to meet need over time;
 - A high quality social care system which is at the disposal of service users, who know where to go to access it, how to navigate it and locate services locally and with ease, and who know the direction of travel;
 - A co-ordinated and balanced, cross-sector approach to service delivery, with multiple agencies bringing together the knowledge of the local community at easily located and accessed entry points and providing clear pathways;
 - All older people effectively safeguarded and protected;
 - A shared risk across society;
 - a long-term sustainable solution;
 - Arrangements founded on key principles of equity and fairness, regardless of condition or assessment;

- Arrangements which are transparent and simple to understand and implement;
 - A scope of services based on wellbeing, encompassing health, housing and social care.
- Age Cymru's broad outcome measures are:
 - There is enough money in the system to ensure high quality and appropriate prevention, early intervention, re-ablement and care;
 - All components of the care and support system are adequately funded to produce high quality outcomes;
 - Quality of life in care homes and through care at home is supported by sustainable levels of funding;
 - Older people and their representatives co-produce the new policy from the earliest stage;
 - People are able to plan for long-term care;
 - Services are person-centred.
- Age Cymru expects a number of features of the current system to disappear as a result of any new funding system, including:
 - cliff edges due to different eligibility criteria;
 - self-funders in care homes cross-subsidising council funded residents.

Social Care Funding

This public policy statement covers:

- Need for social care
- Current arrangements for paying for care
- Debate about social care funding
- Recent policy developments
- Age Cymru approach

Public Policy Proposals

Need for social care

Demography

The proportion of the population aged 65 and over in Wales has been growing at a faster rate than the proportion of the population aged between 18 and 64 and this is a trend that will continue in coming decades. The number of people aged 65 and over is projected to increase by 292,000 (44 per cent) between 2014 and 2039. The proportion of people over the age of 75 years in Wales is projected to increase by more than 40% by 2030, and by more than 70% by 2040; and the number of people over 85 is projected to more than double by 2040.

Population health

In Wales, healthy life expectancies are increasing, but the number of years spent living with poor health is also increasing. Public Health Wales states that men and women are likely to spend on average 17 and 20 years respectively living in poor health.¹ Men and women in the most deprived areas of Wales spend approximately 19 and 18 years less in good health respectively, and die on average 9 and 7 years earlier respectively, than those living in the least deprived areas.

The instance of diseases people in Wales are living with is changing. Although the number of disability adjusted life years (DALYs) due to cardiovascular disease has fallen by 42% over the last 26 years, there has been a rise of 25% in DALYs associated with neurological conditions including dementia. 45% of adults aged over 75 in Wales report having two or more long term illnesses.

Prevention

There is an urgent need to address factors which reduce older people's wellbeing and independence, and fuel demand for services. These factors include unhealthy lifestyles, inadequate housing stock, and health and social care focussed on acute

¹ Public Health Wales Observatory (2018) Health and its determinants in Wales

services and crisis management. Changes in the environment where older people live, including closures of community facilities and cuts to public transport routes, also have an impact upon the demand for social care. If we do nothing, the combination of unmitigated demand and historic general under-funding of social care risks creating a major crisis.

All older people should be supported to make informed choices about maintaining and improving their health and independence. Opportunities for healthy living should be increased and barriers removed, particularly for disadvantaged older people. Public health messages must target older audiences in the most appropriate way and through the most relevant channels. Sufficient community infrastructure, good, affordable housing design and assistive technology must be available to enable older people to live independently for as long as they wish.

Prudent preventative health care means that the approach of health and social care services must be to facilitate, encourage and support the adoption of better lifestyles and self care of those who might otherwise need additional care and support. This has implications for the training and education of care staff, and an expanded role for social prescribing.

- All older people should be supported to make informed choices about maintaining and improving their health and independence.
- Opportunities for healthy living should be increased and barriers removed, particularly for disadvantaged older people.
- Public health messages must target older audiences in the most appropriate way and through the most relevant channels.
- Sufficient community infrastructure, good, affordable housing design and assistive technology must be available to enable older people to live independently for as long as they wish.
- The approach of health and social care services must be to facilitate, encourage and support the adoption of better lifestyles and self care of those who might otherwise need additional care and support. This has implications for the training and education of care staff, and an expanded role for social prescribing.

Need for social care

Many people in their sixties and seventies enjoy good health and do not need any additional support with daily living, but as we move into our ninth decade and beyond this becomes less common and more of us will need help. Increasing numbers of those providing care are themselves older people. The peak age for caring is estimated to be between 50 and 59 and the number of those aged 65 or over providing care is increasing more rapidly than the increase among the general population.

Unmet need

Demand for spending is projected to rise by just over 85 per cent by 2035, at 2016-17 prices, comprising a 20 per cent increase in spending per head and an increase in numbers requiring care of over 55 per cent. Even if the UK economy and the

Welsh budget grows at 1 ½ per cent a year faster than care costs, spending a constant proportion of the budget on care will lead to a real increase in funding of only around 30 per cent for social care of the elderly by 2035. That would leave a gap between demand and available resources of over 50 per cent of current spending.²

Service provision

The Welsh Government's Assessments and Social Services for Adults in Wales, 2015-16³ showed that:

- the provision of adult community-based care services is falling year on year;
- the provision of home care is falling year on year;
- the provision of respite care is also falling.

Anecdotal evidence suggests that provision is at the higher end of the spectrum for people with the most complex needs. From what we hear from the older people with whom we are in contact, from calls to our advice line, from our local partners and from colleagues in Age Alliance Wales, we believe that people who would previously have received help are no longer being supported, and that this is increasing demands on informal carers. We believe that there is significant unmet need for support for carers in our community. Due to gaps in data, it is difficult to estimate the scale. However, we are worried that it is becoming increasingly unlikely that older people will benefit from the support of social services, and that the knock-on effect on carers is likely to increase.

Need for reform

There is an urgent need for a serious funding commitment to support the provision of social care for people who need care and support and to redress the negative impact of the current persistent and significant underfunding of social care. The current model of funding for social care is inequitable, unsustainable and needs reform. As well as funding reform, there is an urgent need to address factors which reduce older people's wellbeing and independence, and fuel demand for services. If we do nothing, the combination of unmitigated demand and historic general under-funding of social care risks creating a major crisis.

² Paying for Social Care, *An independent report commissioned by the Welsh Government*, Professor Gerald Holtham, June 2018, p.2.

³ Stats Wales, Referrals, assessments and numbers of users of adult services, prior to April 2016
<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Service-Provision/Prior-to-April-2016>

Current arrangements for paying for care

Social care is a devolved matter. The Welsh Government has used its powers to establish arrangements for charging for home care and care home services in Wales which are more favourable for older people than those in the rest of the UK.

| Means testing for social care in the UK as of April 2018 ⁴ | | | | |
|---|---------|------------------|----------|--|
| Means testing for social care | England | Northern Ireland | Scotland | Wales |
| Number of responsible organisations | 152 LAs | 5 HSCTs | 32 LAs | 22 LAs |
| Needs test? | Yes | Yes | Yes | Yes |
| Income test? | Yes | Yes | Yes | Yes |
| Asset test? | Yes | Yes | Yes | Yes |
| Lower asset test threshold (£) | 14,250 | 14,250 | 16,500 | – |
| Upper asset test threshold (£) | 23,250 | 23,250 | 26,500 | 40,000 (residential care) 24,000, (home care) |
| Weekly payments cap (£) | – | – | – | 80 for home care recipients |
| Services covered by the means test | | | | |
| Personal care | Yes | Yes | No | Yes |
| Nursing care | Yes | Yes | No | Yes |
| Accommodation costs | Yes | No | Yes | Yes |

The current arrangements are governed by comprehensive and detailed regulations and guidance issued by Welsh Government. The arrangements are summarised below.

Domiciliary Care Charging

Whilst Councils in Wales have the discretionary power to charge a reasonable amount for non-residential social services, Welsh Government have introduced and funded a statutory cap on the amount that can be levied. The most any individual can pay for home care commissioned by their Council is £80 a week (as at April 2019). The rules also require people on low incomes to be protected from charges;

⁴ What's the problem with social care, and why do we need to do better? The Health Foundation, Institute for Fiscal Studies, The King's Fund, Nuffield Trust, 2018.

Councils must allow service users to keep at least the amount of their Income Support, Employment and Support Allowance or Pension Credit Guarantee Credit plus 35% of that amount. They must also allow service users to keep a further 10% as a contribution towards their daily living costs which may be higher as a result of a disability or medical condition. Councils cannot charge for providing information about their services or the charges they set for these nor for undertaking assessments of care needs or means assessments. Prior to introduction of this policy in 2011, Councils charges for home care varied significantly depending on where you lived – the upper limits for weekly charges for homecare in Wales varied from under £50 to over £300 a week and some local authorities in Wales had no upper limit at all. This policy has helped the most vulnerable to continue to live independently in the community. This policy does not apply to those who choose to self-fund their home care directly from service providers.

Residential Care Charging

Councils in Wales are required by law to charge for residential care and undertake a means assessment of the ability of those entering care to pay for it. Anyone with capital (including the value of their property) over £50,000 (as at April 2019) must pay the full cost of the care themselves. Those under that capital limit will have their care costs (typically £500-550 a week) paid by the Council but they must contribute through giving up their state and occupational pension and other benefits and allowances received. Self-funders typically pay more than Council funded clients i.e. £750-800 a week plus. Age Cymru believes that, as long as the current arrangements persist, the Statutory Code of Practice on Top-up Fees for Care Homes must be strengthened so that families are not unfairly asked to pay significant sums for their relative's care, and that the Code of Practice must be followed by all Councils consistently and fairly.

- As long as the current arrangements persist, the Statutory Code of Practice on Top-up Fees for Care Homes must be strengthened so that families are not unfairly asked to pay significant sums for their relative's care.
- The Code of Practice must be followed by all Councils consistently and fairly.

Deferred Payments

Welsh Government Guidance requires Councils to have a scheme to defer care payments so that an individual's house does not need to be sold when they move into care. The property is not taken into account if a spouse or close relative is living there. Costs are deferred until death and then recovered from the property sale. Whilst schemes are in place, information available suggests that there is a low level of take up despite new powers included in the Social Services and Well-being (Wales) Act to strengthen the requirements on and offer and provide more incentive for Councils to use Deferred Payments. While the scheme is in place, awareness of this facility and its conditions should be improved, and all Councils and other interested bodies should promote it when people are considering moving into a care home.

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interested bodies should promote it when people are considering moving into a care home.

NHS Funded Nursing Care

The NHS is required to contribute towards the costs of all people in Nursing Homes in Wales to ensure there is a level playing field in respect of receipt of NHS services. The NHS funded Nursing Care fee is currently £148.01 a week in Wales (as at April 2019) and is paid to the care home provider to mitigate the overall fee level. There has been pressure from the care sector in recent years to increase the level of the Nursing Care contribution to a rate that they say more accurately reflects the costs incurred. The NHS in Wales has undertaken a review of the funding levels and follow up discussions are on-going.

NHS Continuing Health Care

NHS Continuing Health Care is a package of health and social care that is funded entirely by the NHS (including care home placements) where an individual is assessed i.e. the nature, complexity and quantity of care required in combination as having a “primary health need”. The National Framework for Continuing NHS Healthcare sets out a mandatory process for the NHS, working together with local authority partners, to assess health needs, decide on eligibility for CHC and provide appropriate care for adults. The Framework’s most recent revision was introduced on 30 June 2014. Decisions on CHC Eligibility are often seen as contentious because you would either get all your care costs including “hotel” costs paid by the NHS or just get the NHS Funded Nursing Care fee of £148.01 a week and have to pay the rest yourself. This is called a “cliff-edge decision and can lead to appeals being made by the patient or their family. There is a retrospective period for appeal claims to be made because of the complexities often surrounding decisions.

Debate about social care funding

There has been a debate over the last 20 years and more about how we should fund social care. It has been dubbed ‘one of society’s big unanswered questions’. The arrangements currently in place are seen as confusing, unfair and unsustainable with poor information and advice available for those entering care who are making a life changing decision. Currently many are selling their houses to fund care, whilst catastrophically high costs are faced by a smaller number who have to self-fund over a period for up to 6 years or more e.g. when they have dementia. There have been Royal Commissions, numerous Government White and Green Papers and consultations and various campaigns by third sector representatives to secure change. In England and Wales there has been rejection of Free Personal Care (introduced in Scotland) and Inheritance Tax (“the Death Tax”) as possible solutions on grounds of affordability and the rising number of older people in the next 20 years.

In Wales we took a major step forward with the weekly Domiciliary Cap introduced in 2011 but in respect of residential/nursing care, without separate powers until 2014, Wales has followed England broadly but with higher capital limits. The Partnership model of sharing costs between the state and the individual has found increasing

favour as a way forward but the latest Wales Advisory Group (2014) recommended a preference for social care support for older people to be paid for out of general taxation and free at the point of need. In 2013 the Dilnot Commission recommended a new system for England involving a £35,000 life time cap on care costs and protection for those with least money. These recommendations resulted in the UK Government's implementation plans involving a £72,000 cap and complex "metering arrangements" to monitor individuals' spend on care up to the cap before they became eligible for free support for care. This model has always been potentially difficult for Wales to consider because it covers both domiciliary care and residential care, whereas in Wales we have already changed the law to introduce capping arrangements on the cost of domiciliary care. These plans for England have never been implemented and have been effectively "kicked into the long grass". It is important to note that all of these reports were about the cost of the long-term care – no-one has ever proposed that the cost of accommodation and food i.e. the hotel costs should not be paid for by the individual.

The availability of additional financial resources from Westminster is a key issue for Wales to be able to make any worthwhile changes for the future - which for Wales alone would cost at least £100 million. This funding has been dependant on the long-awaited Green Paper on Social Care in England which is anticipated as a "game changer" in this debate and at last should propose a sustainable and fair system for the future. It has been delayed for political reasons (including Brexit) and there is no clear plan for its publication. In the intervening period, the Welsh Government have adopted a policy of making minor improvements to the charging arrangements – gradually increasing the Capital Limit for Residential Care to £50,000 and increasing the Personal Allowance – the weekly amount Council supported residents can retain for their personal needs - to £29.50 from April 2019. In other parts of the UK the capital limits have only increased marginally e.g. England – £23,250 (upper limit), Scotland - £27,500.

Recent Policy Developments

Holtham Report

The current context for this work has been the debate about a report from Professor Gerald Holtham (June 2018) who has proposed a Wales Social Care Insurance Fund. A Welsh Government Inter - Ministerial Group on the Funding of Social Care has as a result been established to consider the future models of funding social care. Professor Holtham's Report (June 2018) provides a comprehensive analysis of the economic case for his suggested approach and related options. The Report's summary says:

- It is certain that the population aged over 65, and especially people over 70 will increase in absolute terms and as a proportion of the population over the next two decades. The ratio of over 70s to those aged 20-69 will rise from some 23 per cent to 37 per cent by the early 2040s on central official projections.
- Demand for spending is projected to rise by just over 85 per cent by 2035, at 2016-17 prices, comprising a 20 per cent increase in spending per head and an increase in numbers requiring care of over 55 per cent.

- Even if the UK economy and the Welsh budget grows at 1 ½ per cent a year faster than care costs, spending a constant proportion of the budget on care will lead to a real increase in funding of only around 30 per cent for social care of the elderly by 2035. That would leave a gap between demand and available resources of over 50 per cent of current spending.
- Either care standards will fall, conditions for access to assisted care will be tightened considerably or a new revenue source must be found. The study examines options for new revenue that will allow the gap to be filled.
- A tax increase or levy to raise the necessary funds must be acceptable to the public. It should also be fair and effective in raising the money. The only tax base that the Welsh Government will have that could generate the necessary revenue is income from employment and self-employment. Other bases are either too small, undeveloped or un-developed.
- If a scheme is to enjoy public support the additional levy or tax increases must be kept moderate. Research indicates the public thinks the cost of old-age care should be shared between the individual and the state and there is little support for entirely free care wholly tax-financed.
- The report concludes that “A reasonably moderate tax on incomes or increase in basic income tax could provide the funding required to alleviate social care concerns for the elderly. A system of hypothecation could improve public acceptability, which would be further improved if the scheme were contributory. Whether a contributory scheme is advisable depends on the practicality and the cost of administration. In the interests of inter-generational fairness, there is also a strong argument for making tax contributions depend on age cohort as well as income.”

ADSS Cymru report

As part of the Welsh Government’s Delivering Transformation Grant 2018-19, the Association of Directors of Social Services Cymru completed a project on “Innovative Funding Models to Meet Social Care Needs”.⁵

The objectives of this project were:

- to develop a clear local government perspective on the challenges, demands and pressure points over the next 15 years that will impact on social care services;
- examine the practical content of a “social care promise” for the future and what new models of service will best enable effective, high quality services to be provided to people;
- provide advice on how any additional resources for delivery from new funding models such a social care levy or social care insurance fund could best be prioritised.

Key findings include i. that a strategic approach should be taken to this issue so that the added value for the public paying any levy is clear and undeniable ii. there is an

⁵ <https://www.adss.cymru/en/blog/post/innovative-funding-models-to-meet-social-care-needs>

urgent need to develop a reliable model to align predictions of demand and supply with the investment of resources required to implement the vision for social care set out in Healthier Wales. Iii. Detailed modelling is required to assess what mixture of general taxation, council tax, charging and social care levy is required.

National Assembly of Wales Finance Committee

The National Assembly Finance Committee published its report on the Cost of an Ageing Population on 12th October 2018. The Committee's report reviews data and various other reports which relate to the cost of an ageing population as well as written and oral evidence from a range of organisations including joint evidence submitted by Age Cymru. The Committee examined in particular:

- patterns in demand for social care
- financial pressures on the social care system
- the financial impact of current UK and WG policies and legislation
- future care needs and related costs
- the financial levers available to WG to reform the funding of social care

The recommendations were that the Welsh government:

- Continues scoping more targeted research building on the health and cognitive study carried out by Bangor and Swansea universities. This would ensure the most accurate data is available for projecting the total demand for social care services for older people.
- Conducts a review of carers' assessments to evaluate whether an intended effect of the Act to strengthen support to carers is being achieved. The outcomes of the review should be reported to the Assembly.
- Continues to monitor the funding provided to local authorities to ensure that they are able to continue to fulfil their obligations in light of increasing the capital threshold.
- Prioritises the completion of its work in developing a toolkit for fee setting with partners and undertakes more work to ensure that the public understand fees and charging for care.
- Prioritises the development of a strategy for the social care workforce and takes appropriate action to raise the status of, and provide support to, social care workers so that the role is an attractive career which is appropriately remunerated.
- Should, as a matter of urgency, continue to explore further options in order to ensure that any potential funding reforms implemented in future are sufficient to maintain a sustainable social care system fit to meet the needs who require its support.
- Continues to engage with the public about the future funding of social care services but more significantly, it first needs to discuss what they would expect to receive in return for making additional contributions.
- Before deciding to introduce a levy to raise additional funding for social care from the population of Wales, the Welsh Government will need to be able to justify how any funds raised will be used and be able to demonstrate that it will make a difference. This should include explaining what level of care the public could expect in return for their contributions since it is unlikely that

they would support proposals to pay more if the level of care is the same as it is at present.

- Explores how the proposal of a seamless health and care system advocated in the Parliamentary review could combine a fund for social care with the NHS which is free at the point of contact.

Welsh Government's response⁶ accepted the first eight recommendations and accepted the ninth in principle.

Age Cymru Approach

These three reports provide an evidence base for Age Cymru's position in public debate on funding and paying for care, taken together with Age Cymru and its partners' knowledge and experience of the perspective of older people, and input from older people themselves. The debate is not only about the reform of the arrangements for the public to pay for long term care but also about how social services more broadly can be fairly and sustainably funded to provide good quality services in the future and current funding gaps filled as well as new services delivered.

2019 onwards will be an important period of policy development on social care funding and paying for care in Wales where the pathway forward will be complex, uncertain and the potential solutions emerge over a prolonged period. Age Cymru wish to ensure that we are well placed to contribute to this debate and that our policy evolves on an iterative basis in response to firm plans and proposals identified by Welsh Government. This has the benefit of flexibility, decisions being taken against real proposals and best use of resources. It will enable Age Cymru to influence the debate on the key issues that impact on older people through an understanding of the complexities that will be discussed.

Framework for Engagement

If the forthcoming policy development covers both paying for care and funding of social care it will be an ambitious and wide-ranging exercise. There are a lot of detailed issues to consider and no doubt a variety of views about what should happen to secure improvement. Age Cymru has therefore developed a Framework for Engagement that is firstly based on clearly agreed principles and preferred outcomes for older people but also has an analysis of the pros and cons of a range of models for funding social care and paying for care.

Principles

Age Cymru's principles are:

Social Care

- A collective societal responsibility for funding social care, with responsibility for funding shifting from the individual to society;

⁶ Written Response by the Welsh Government to the Report of the Finance Committee Entitled "The Cost of Caring for an Ageing Population", 2 January 2019, <http://www.assembly.wales/laid%20documents/gen-ld12017/gen-ld12017-e.pdf>

- A new and sustainable model of funding that is fair, equitable and transparent, and that supports planning for future care costs;
- Sustainable services that achieve personal and wellbeing outcomes in line with the Social Services and Well-being (Wales) Act 2014;
- Wellbeing as the basis of the service, maintained through prevention, reablement and early intervention whenever possible, whatever the setting, and delivered to a high quality so that independence can be promoted and maintained;
- Where care and support are needed, they are provided without rationing, to meet assessed needs, in response to what matters to the individual;
- An expanded, knowledgeable and valued social care workforce, with a sense of identity, worth and standing in society, with shared values, enjoying an attractive and fairly remunerated career, and capacity sufficient to meet need over time;
- A high quality social care system which is at the disposal of service users, who know where to go to access it, how to navigate it and locate services locally and with ease, and who know the direction of travel;
- A co-ordinated and balanced, cross-sector approach to service delivery, with multiple agencies bringing together the knowledge of the local community at easily located and accessed entry points and providing clear pathways;
- All older people effectively safeguarded and protected.

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- A shared risk across society;
- a long-term sustainable solution;
- Arrangements founded on key principles of equity and fairness, regardless of condition or assessment;
- Arrangements which are transparent and simple to understand and implement;
- A scope of services based on wellbeing, encompassing health, housing and social care;

Outcomes

Age Cymru's broad outcome measures are:

- There is enough money in the system to ensure high quality and appropriate prevention, early intervention, re-ablement and care;
- All components of the care and support system are adequately funded to produce high quality outcomes;
- Quality of life in care homes and through care at home is supported by sustainable levels of funding;

- Older people and their representatives co-produce the new policy from the earliest stage;
- People are able to plan for long-term care;
- Services are person-centred;

Age Cymru expects a number of features of the current system to disappear as a result of any new funding system, including:

- cliff edges due to different eligibility criteria;
- self-funders in care homes cross-subsidising council funded residents.

Models of Social Care Funding

A short description and pros and cons analysis for each of the potential models of funding social care to support Age Cymru's engagement in the policy development process are to be undertaken by the University of South Wales:

- current arrangements
- Integration with NHS including Continuing Health Care
- Free Personal Care (Scotland)
- Dilnot "Care Cap" model
- National Insurance model (Holtham)
- France
- Germany
- Japan
- Australia

This policy position will be expanded to include that analysis in due course.