

CITIZENS' ASSEMBLY ON SOCIAL CARE

RECOMMENDATIONS FOR FUNDING ADULT SOCIAL CARE

June 2018



people at the heart
of decision-making



HOUSE OF COMMONS

WHO ARE THE ASSEMBLY

CITIZENS' ASSEMBLY ON SOCIAL CARE

The Citizens' Assembly on Social Care is a group of 47 representative citizens from across England who came together over two weekends to consider how adult social care should be funded in England in the future. The Citizens' Assembly on Social Care are:

- Ann H, West Midlands
- Ann W, South West
- Anthony L, East of England
- Bernard C, South East
- Bev C, West Midlands
- Brian C, North West
- Carol J, Yorkshire and the Humber
- David C, South East
- David H, Yorkshire and the Humber
- Dawn B, North West
- Don H, London
- Faye W, South East
- Fiona H, East Midlands
- Graham R, North West
- Herdeep S, London
- Herneak C, West Midlands
- Ian M, Yorkshire and the Humber
- Ian O, South East
- Janice L, North East
- Jeffrey C, South West
- Jill Q, North West
- Josh H, South East
- Katie G, West Midlands
- Kay W, London
- Laura O, East Midlands
- Lester C, West Midlands
- Liberty G, East of England
- Liz G, West Midlands
- Lorna M, South West
- Michael C, London
- Michelle M, West Midlands
- Mike H, East of England
- Patricia F, East Midlands
- Paul F, East Midlands
- Peter H, South West
- Rebecca W, London
- Rebecca M, South East
- Richard F, South East
- Rob P, East of England
- Rosanna R, London
- Rosie H, East of England
- Sandi S, East of England
- Stephen A, East of England
- Tony T, North West
- Tyrone N, North West
- Ugo E, London
- William S, East of England

WHO WAS INVOLVED

INVOLVE

The Citizens' Assembly on Social Care was designed and delivered by Involve. We are the UK's leading public participation charity, on a mission to put people at the heart of decision-making. We support people and decision-makers to work together to solve our biggest challenges.

www.involve.org.uk

HEALTH AND SOCIAL CARE COMMITTEE

The Citizens' Assembly on Social Care was co-commissioned by the Health and Social Care Committee to inform its joint inquiry with the Housing, Communities and Local Government Committee into the long-term funding of adult social care.

The Committee is appointed by the House of Commons to examine the policy, administration and expenditure of the Department of Health and Social Care and its associated bodies.

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT COMMITTEE

The Citizens' Assembly on Social Care was co-commissioned by the Housing, Communities and Local Government Committee to inform its joint inquiry with the Health and Social Care Committee into the long-term funding of adult social care.

The Committee is appointed by the House of Commons to monitor the policy, administration and spending of the Ministry of Housing, Communities and Local Government and its associated arm's-length bodies, including the Homes England.

ACKNOWLEDGEMENTS

Thank you to everyone who was involved in making the Citizens' Assembly on Social Care happen, including the Assembly Members, expert leads, expert contributors, facilitators, helpers, funders, advisory panel and committee chairs, clerks and researchers.

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FOREWORD

Social care is an often unseen, but absolutely crucial service—not only supporting people who need extra help and care as they get older but, just as importantly, helping younger people with care needs. We all agree that the social care system is under unsustainable strain and that spending on social care needs to rise to ensure we can respond to the demographic trends of the future while providing those who need it with high-quality, more universal care without facing the lottery of catastrophic costs. However, difficult questions remain—namely, where the additional funding should come from and on what it should be spent.

We strongly believe that the public needs to be involved in answering these questions and decisions about a sustainable way of funding social care. This underpinned our decision to make public engagement a key aspect of our inquiry by commissioning a Citizens' Assembly on the long-term funding of adult social care. While Select Committees regularly reach out and engage the public, this Citizens' Assembly was the first held by Parliament and probably one of the largest scale and in-depth examples of public engagement undertaken so far.

We were privileged to observe the Citizens' Assembly members at work. We saw them engaged in lively and constructive discussion, working together to grapple with often new and complex issues, challenging each



other's and their own views, and coming to informed decisions. We were delighted with their response to taking part, particularly their enthusiasm for being involved in a democratic process. One Member observed, "It is important for democracy and the political system for the public to be involved, and hopefully heard."

We have taken close account of the views expressed by the Assembly members and the way they voted on key decisions. The process has been invaluable in gauging informed public opinion on the difficult questions facing social care and has helped us as we debated the recommendations we set out in our own report. In particular, hearing Assembly members express strong support for social care free at the point of delivery and for the transparency and accountability that earmarked taxation would bring to spending on social care closely informed our proposals on these key issues of reform. We have also taken into account their calls for reform to lead to provision of high quality care and the pooling of risk among individuals and for it to be underpinned by cross-party political consensus.

We hope that the Government gives due consideration to the reports of the Citizens' Assembly and the joint inquiry of our two cross-party parliamentary Select Committees which, taken together, give a clear indication of what much-needed reforms could build public and political consensus.

Clive Betts MP, Chair of the Housing, Communities and Local Government Committee

Sarah Wollaston MP, Chair of the Health and Social Care Committee



EXECUTIVE SUMMARY

The Citizens' Assembly on Social Care brought together a representative group of 47 randomly selected English citizens over two weekends to consider the question of how adult social care in England should be funded long term.

Through 28 hours of learning, deliberation and decision-making spread over two weekends, the Assembly Members developed a clear and consistent set of recommendations for funding adult social care for both working age and older people.

They emphasised the need to create a social care system and funding arrangement that is, among other things:

1. **Sustainable and for the long term** – with a protected funding solution;
2. **Fair and equal** – guaranteeing a minimum level of care for everyone;
3. **Universal** – not creating a postcode lottery;
4. **High quality** – providing consistent and high-quality care; and that,
5. **Treats people with dignity and respect** – giving people choice and control.

The Assembly proposed to pay for such a system through **public funding**, with social care **free at the point of delivery** like the NHS. However it acknowledged that an element of private financing may be required (e.g. perhaps covering "hotel costs"). To raise the public element of these funds, the Assembly favoured an **ear-marked tax** to create clarity and assurance about how the money would be spent but recognised that a mix of general and earmarked taxation might be necessary to raise sufficient funds and provide some flexibility.

Specifically, the Assembly supported raising additional money through a new compulsory **social insurance scheme**, a **general increase to income tax**, and/or an **earmarked increase to income tax**. They also supported the extension of National Insurance to be paid by people who work beyond state pension age. The Assembly rejected raising funds through VAT, council tax or inheritance tax.

Regarding any private financing that might be necessary, the Assembly opted for the most generous set of arrangements for people requiring care. They supported a:

- **High floor** – meaning nobody with assets below £50,000 would have to pay;
- **Low cap** – meaning nobody would have to pay over £50,000 towards their care costs throughout their lifetime; and,
- **Housing exemption** – meaning the family home would not be included within the calculation of a person's assets.

In addition to these specific recommendations, the Assembly sent some firm messages to decision-makers on how they should take action. They stressed the **urgency** of the situation and the need for **political leadership** but highlighted the necessity to look beyond party politics and develop a **cross-party solution**, as well as to communicate clearly with the public.

The Assembly called for **greater levels of investment** in adult social care but stressed that this must come **alongside reform** to the system to increase clarity and deliver a better-quality service. Assembly Members also felt strongly that decisions about social care for working age and older people should be taken together, as should decisions about funding social care, health care and public health.

The recommendations of the Citizens' Assembly on Social Care have been considered by the Health and Social Care Select Committee and the Housing, Communities and Local Government Select Committee as part of their joint inquiry into the long-term funding of adult social care. Assembly Members hope that the government will also take note of their findings and recommendations in their efforts to address the social care funding gap.

01. INTRODUCTION

Social care provision and funding have been the subject of numerous reports, commissions and Government papers over many years. Despite widespread agreement on the urgent need for reform, their recommendations have not been translated into action and the social care system is faced with a dramatic funding gap.

The Citizens' Assembly on Social Care brought together 47 randomly selected English citizens over two weekends to consider the question of how adult social care in England should be funded long term. Over its course, Assembly Members took part in approximately 28 hours of deliberation, equating to a total of 1,316 'people hours' of learning, deliberation and decision-making.

The Assembly was commissioned by the Health and Social Care Committee and the Housing, Communities and Local Government Committee of the House of Commons as part of their joint inquiry into the long-term funding of adult social care.

Involve organised, designed and ran the citizens' assembly, supported by two expert leads – Professor Martin Knapp and Professor Gerald Wistow – from the London School of Economics and Political Science. Two charitable foundations – Esmée Fairbairn and Omidyar Network – provided additional funding to support the Assembly but had no involvement in its design or delivery.

The conclusions of the Assembly, outlined in this report, have been considered by the Select Committees alongside other evidence submitted to their Inquiry.



ASSEMBLY MEMBERS

The members of the Citizens' Assembly on Social Care were recruited with the help of the polling company ICM. 5,501 people were approached through a survey, 3,370 saying they were fairly or very interested in participating in a citizens' assembly on social care, and 1,385 able to take part on both weekends.

We randomly selected individuals from this pool to be representative of the English population in terms of age, gender, ethnicity, socio-economic group, place of residence, and their opinion on whether government

should cut, maintain or increase taxes. We recruited 50 Assembly Members in total, though three dropped out ahead of the first weekend.

The final 47 Assembly Members were present for both weekends. As the table below shows, the 47 Assembly Members were well matched to the general population on each of the stratification criteria.

Members received a gift of £300 (£150 per weekend) in recognition of the time and commitment they gave.

STRATIFICATION CRITERIA		ENGLAND POPULATION	ASSEMBLY MEMBERS	COMPARISON
AGE	18-34	28.60%	25.53%	-3.07%
	35-54	34.10%	31.91%	-2.19%
	55+	37.20%	42.55%	+5.35%
ETHNICITY	White	86.30%	80.85%	-5.45%
	Ethnic minority	13.60%	19.15%	+5.55%
GENDER	Male	48.90%	51.06%	+2.16%
	Female	51.10%	48.94%	-2.16%
REGION	North	27.80%	21.28%	-6.52%
	Midlands	19.00%	23.40%	+4.40%
	East	11.10%	17.02%	+5.92%
	London	15.60%	14.89%	-0.71%
	South	26.50%	23.40%	-3.10%
SOCIAL GRADE	ABC1	53.20%	55.32%	+2.12%
	C2DE	46.70%	44.68%	-2.02%
BIG/SMALL STATE	Government should cut taxes	6.96%	10.64%	+3.68%
	Neutral	40.22%	40.43%	+0.20%
	Government should increase taxes	52.82%	48.94%	-3.89%

25 Assembly Members (53%) reported having had some experience of the social care system, either directly or through a relative or friend. Of these, 10 identified as being disabled or having a long-term health condition and 8 identified as being a carer.

THE WORK OF THE ASSEMBLY

The Citizens' Assembly on Social Care worked through a three-step process of learning, deliberation and decision-making. A team of professional facilitators supported this process, with two lead facilitators and seven table facilitators at each weekend. The facilitators guided the Assembly Members through the weekends, ensuring that everyone was heard and felt comfortable participating.

Anonymous feedback shows that Assembly Members felt able to engage with the information presented to them during the Assembly. All Assembly Members agreed with the statement 'I have understood almost everything that the other members of my small group said during our discussion' and all but two (who neither agreed nor disagreed) agreed with the statement 'I have understood almost everything that was presented by the speakers'.

Feedback from Assembly Members also shows that they felt able to express their views and be listened to during the Assembly. All Assembly Members agreed with the statements 'I have had ample opportunity in the small group discussions to express my views' and 'My fellow participants have respected what I had to say, even when they didn't agree with me', with the vast majority (94% in both cases) strongly agreeing.



We used a number of techniques to achieve this, including:

- Using small group and individual work to ensure that all participants were able to contribute and have time to reflect and develop their own opinions, particularly those less confident in public speaking;
- Using exercises that supported Assembly Members to engage with complex information and feel able to put forward their opinions, with no prior knowledge needed;
- Changing the seating plan at the beginning of each day in order to expose Assembly Members to a range of views and prevent dominant narratives developing; and,
- Designing the seating plan to, as far as possible, provide a balance of gender, age and attitudes to a big / small state at each table.

Two social care experts, Professor Martin Knapp and Professor Gerald Wistow from the London School of Economics and Political Science (LSE), were present for both weekends to provide impartial and balanced information to Assembly Members. An Advisory Panel supported preparations for the Citizens' Assembly on Social Care, helping to ensure that the Assembly's materials were factually accurate, comprehensive, balanced and unbiased. The Advisory Panel Members were:

- Caroline Glendinning, University of York
- James Lloyd, formerly of the Strategic Society Centre
- Kari Gerstheimer, Mencap
- Raphael Wittenberg, London School of Economics
- Warwick Lightfoot, Policy Exchange

In the anonymous feedback, the vast majority of Assembly Members either strongly agreed (77%) or agreed (17%) with the statement 'The information I have received has been fair and balanced between different view points', with only one member disagreeing.

THE LEARNING PHASE

At weekend one, Assembly Members heard from a range of expert contributors, selected to cover the breadth of opinion on how social care should be funded. Assembly Members heard presentations from each contributor and spent time questioning them.

Speaking on the options for private financing (i.e. by individuals) and the optimal balance between private and public financing, Assembly Members heard from:

- Anna Bailey-Bearfield, Care and Support Alliance;
- Dominic Carter, Alzheimer's Society;
- Emily Holzhausen, Carers UK;
- Jim Boyd, Reform; and
- Simon Bottery, Kings Fund.

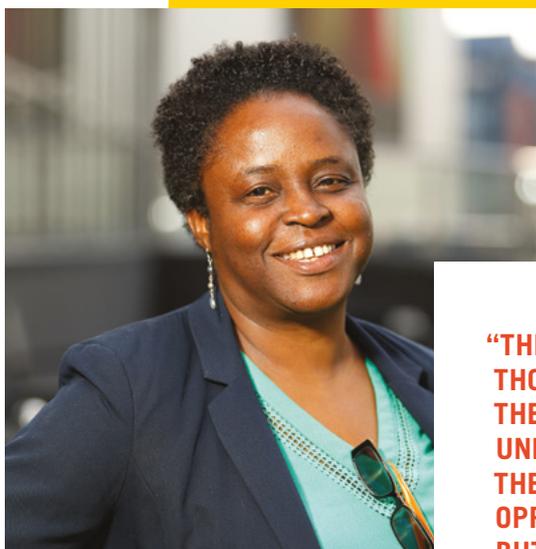
Speaking on the options for public financing and the optimal balance between private and public financing, Assembly Members heard from:

- Edward Davies, Centre for Social Justice;
- Jane Vass, Age UK;
- Jon Glasby, University of Birmingham;
- Mike Date, Mencap; and
- Sarah Pickup, Local Government Association.

At the start of the second weekend, Assembly Members heard from a final panel of speakers on the experience of using the social care system:

- Tracey Lazard, Inclusion London, spoke about disabled people's experience of social care; and,
- Two members of the public talked about their own experiences of the social care system.

Assembly Members spent time identifying the issues and arguments that they felt to be most important to them individually and collectively at key points throughout the learning phase.



“THIS HAS BEEN AN INTERESTING AND THOUGHT-PROVOKING EXPERIENCE. THERE WAS A LOT I DIDN'T KNOW OR UNDERSTAND ABOUT SOCIAL CARE AND THE ASSEMBLY HAS AFFORDED ME THE OPPORTUNITY TO NOT ONLY LEARN MORE BUT ALSO MEET INDIVIDUALS WITH VARIOUS OPINIONS AND BACKGROUNDS.”

– Ugo



THE DELIBERATION PHASE

During the second weekend, Assembly Members deliberated over the values and principles that should underpin how adult social care is funded, if/how we should differentiate between health and social care, and the pros and cons of different public and private funding models. The main conclusions of these deliberations are outlined in this report. Direct quotes from small group deliberations are used throughout the report to illustrate Assembly Members' views.

At the conclusion of the deliberation, Assembly Members had the opportunity to identify 'key messages' they wanted to emphasise to the committees regarding their aspirations for the future of social care provision and funding. These are included throughout the report as Small Group Recommendations.

The Assembly Members themselves emphasised that decision-makers should pay at least as much attention to their deliberations as to the voting results.

“CONSIDER AND UNDERSTAND THE COMMENTARY – THEY’RE MORE IMPORTANT THAN THE VOTE!”

– Small Group Recommendation

THE DECISION-MAKING PHASE

Assembly Members took part in a number of votes over the course of the Assembly. Four main paper-based ballots were used to make decisions on which public and private financing options were preferable, and on what the balance between public and private financing should be. These were supplemented by a number of digital votes to collect opinion on a range of statements put to Assembly Members. The results of these votes are outlined in this report.

One or two Assembly Members abstained from voting on some of the ballots. Some Assembly Members also chose not to use the full set of preferences they had at their disposal (e.g. ranking their top three options, rather than five).



02. RECOMMENDATIONS:

HOW TO FUND ADULT SOCIAL CARE

In this section, we report the decisions made by the Citizens' Assembly on Social Care on how adult social care in England should be funded in the future.

Through a series of group deliberations, followed by individual votes, Assembly Members developed a set of conclusions and recommendations on:

- a. how adult social care should be funded, and
- b. how any decision should be taken.

The votes and deliberations presented below were spread across the second weekend. They are not presented sequentially, and each should be considered independently.

VALUES AND PRINCIPLES

Assembly Members worked together to develop a list of values and principles that should inform any decision about how social care in England is funded. The list was developed to reflect the range of values and principles held by Assembly Members.

Following discussion, each Assembly Member voted for their top five to arrive at the following list, in order of priority. The percentage figure shows the proportion of Assembly Members who chose the value or principle in their top five.



1. Sustainable and for the long term (77%)

The funding solution should be “long-term” and “untouchable”. Assembly Members suggested the use of “ring-fenced funding”, “legal protection” and/or “constitutional protection” to safeguard the solution.

2. Fair and equal (64%)

The funding solution should create “fairness”, with “equality of access and quality of care”. Assembly Members suggested that there should be a “minimum level of care”, with “basic needs free for all”.

3. Universal (62%)

The funding solution must create “geographical equity” with “no postcode lottery”. Assembly Members suggested that funding social care should be a “national responsibility” with a “national funding solution”, although recognised that the direct delivery may still take place locally.

4. High quality (55%)

The funding solution should enable “consistently high quality” social care. Assembly Members stated that “people have a right to quality care” and suggested needing to “increase funding to match the quality of care we want”. To ensure quality, Assembly Members suggested the need for a “trained and professional workforce, higher pay, improved inspections, improved assessment [and] increased staffing levels”.

5. Treat people with dignity and respect (49%)

The funding solution should lead to those accessing services and funds being treated with “dignity and respect”. Assembly Members said that this should include “choice and control for all care users”, with “involvement in care decisions”.

6. Easily accessible (45%)

The funding solution should create a system that is “accessible for all”, with “a simple process, [to] get the services you need”. Assembly Members felt that people accessing services “shouldn’t have to fight for care” and that the system should provide “solutions rather than obstacles”. Assembly Members proposed a “simple, equitable and effective universal assessment process”.

7. Simple and clear (38%)

The funding solution should create “clarity in the system of social care” and make it “more simple”. Assembly Members also suggested the need for “honesty and transparency” in the system.

8. Support carers (38%)

The funding solution should ensure that there is “effective support for and acknowledgement of carers”. Assembly Members felt that “carers need to not be exploited” and that there should be increased “care for carers”.

9. Integrated with health care (30%)

The funding solution should create a “clear and integrated system” between health and social care, with “one health and care system, free at the point of need”.

10. Based on proportional contributions

from everyone (28%)

The funding solution should be based on the idea that “all (who can) should contribute something proportionate” and “all should contribute across their lifetime (into a national pot) through earnings”.

11. Preventative (15%)

The funding solution should create a system based on effective early intervention, on the basis that “prevention is better than cure”.

PUBLIC OR PRIVATE FUNDING

The public versus private balance

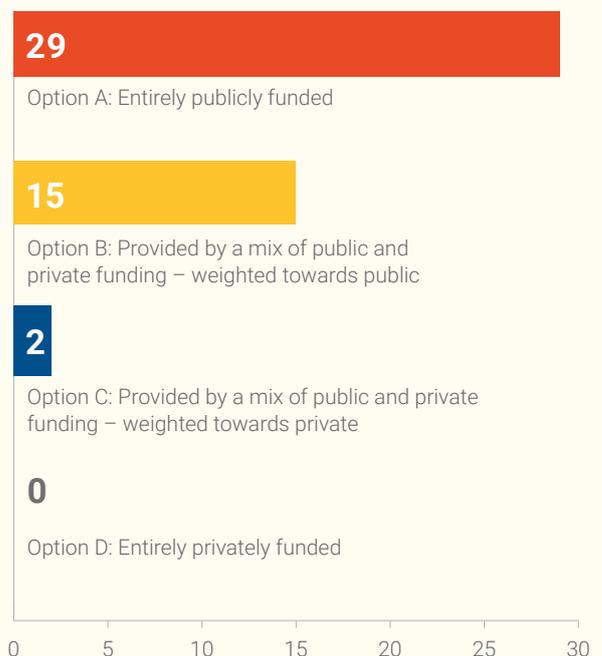
The Assembly considered the best way to fund adult social care in England in the long term in terms of the balance between public and private funding. They were presented with four options:

- entirely publicly funded (recognising that it is likely to mean paying higher taxes);
- provided by a mix of public and private funding – but with the weighting more towards public funding so that the risks are shared between the population as a whole (from taxes);
- provided by a mix of private and public funding – but with the weighting more towards private funding so that individuals who need care are the ones (mainly) paying for it; or
- entirely privately funded by individuals and their families.

Assembly Members ranked the options in their order of preference.

The first graph shows the distribution of Assembly Members’ first preference votes. Almost two-thirds of Assembly Members chose the entirely publicly funded option as their first preference, with a third choosing the mix of public and private funding weighted towards the public. Only two chose the weighting towards private, and no one chose the entirely privately funded option.

PUBLIC VS. PRIVATE FUNDING: FIRST PREFERENCES



The second graph takes into account Assembly Members' full range of preferences by assigning three points for a first preference, two for a second, one for a third, and no points for a fourth. Counted this way, Option A is still the preferred option, although by less of a margin. There is however still a very strong preference for a system that is weighted towards public funding.

PUBLIC VS. PRIVATE FUNDING: POINTS FOR PREFERENCES



“THE COSTS ACROSS THE UK VARY ACCORDING TO HOW EACH COUNCIL DECIDES HOW MUCH MONEY TO INVEST IN SOCIAL CARE SO IT IS NOT A FAIR EQUAL SYSTEM. IT IS MORE OF A POST CODE LOTTERY.”

– Ann

In the group deliberations, Assembly Members felt that a publicly funded system would be the “fairest” and “simplest”. They spoke about it providing people with “security” and a “safety net”, providing “clarity” and removing the “prospect of losing your home”. Some Assembly Members suggested that the system “needs to be compulsory”, while others spoke about principle that “all pay in and get – but if you want more, you can go private”.

While the majority of Assembly Members considered entirely publicly funded social care to be the “ideal”, there was some concern that a publicly funded system requiring higher taxes would be “not viable” and not accepted by the government or public. A mix of public and private funding, weighted towards public, was considered by some to be a more “realistic” option, or a “reluctant alternative”.

Assembly Members did not favour a privately funded system, for a range of reasons linked to fairness. Some Assembly Members were concerned that “people who need care the most have the least” and that there would be no “safety net” for “those on the breadline”. Some suggested that it would be “discriminating against people with a disability”. Others stated that you “can’t help getting older” and were concerned by the prospect of working hard only to lose your assets. They questioned, “why should you have worked and saved, especially when some haven’t?” There was also concern about it creating a “burden on the younger generation”. In general, Assembly Members felt that privately funded options were “not fair for either the wealthy or poor, and ill, frail or disabled”.

In addition to the issues of fairness, there was also concern that a privately funded model would require “complicated means testing”, which would create “confusion and admin costs”. Assembly Members also pointed out that “other countries [or regions within the UK] don’t have a health and social care divide”.

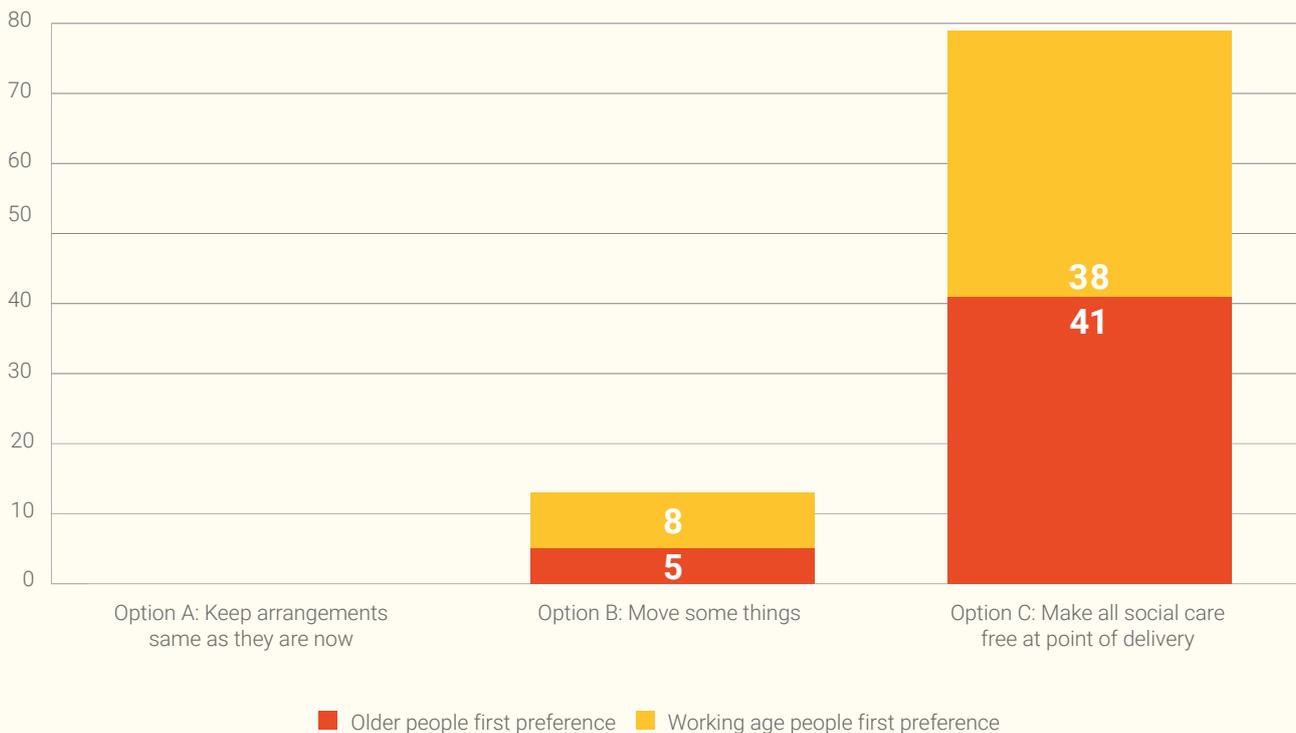
The health and social care boundary

Assembly Members also considered three possible options for how the responsibilities for health and social care should be funded:

- Keep the arrangements the same as now: do not move the boundary between health and social care
- Move some things which are currently called 'social care' out of the means-testing system so that they are delivered on the same terms as 'healthcare'
- Make all social care free at the point of delivery in exactly the way that the NHS is currently

Consistent with the public vs. private funding vote, Assembly Members overwhelmingly felt that all social care should be free at the point of delivery, with no one preferring the existing arrangement. This was also the case when the question was asked separately regarding social care provision for working age people and for older people, though a small number of Assembly Members opted for a less generous provision for working age people.

HEALTH AND SOCIAL CARE: COMBINED FIRST PREFERENCE VOTES



Assembly Members strongly felt that the current system "clearly doesn't work", is "a failed system" and that it "will continue to deteriorate and ultimately costs will escalate in the future".

The option of only moving some things from social care to health care was felt to be an improvement, but only marginally because it would continue to have many of the same problems and "might leave us in

the same position". There was concern that it "leaves things as complex, dysfunctional and underfunded as now" and would not be a long-term solution. Assembly Members were particularly concerned about having "one set of rules for all", and avoiding "artificial distinctions" which result in people with some conditions (e.g. dementia) facing much higher costs than others (e.g. cancer). While Assembly Members felt strongly that care costs should be

publicly funded and free at the point of delivery, some felt that individuals might reasonably be expected to cover their 'hotel costs' (i.e. accommodation and subsistence costs).

Assembly Members did have some reservations about the cost of making social care free at the point of delivery. However, ultimately it was favoured because it would "be more fair", "help with prevention" and require "less assessments" (which Assembly Members generally saw as a costly and time consuming process).

PUBLIC FUNDING

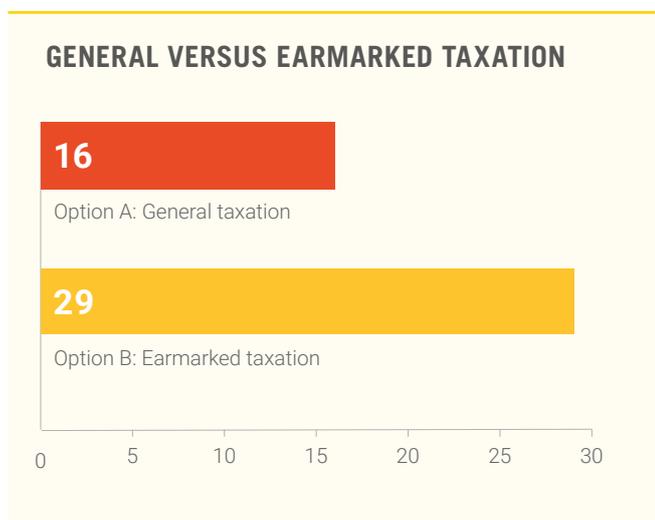
As outlined above, Assembly Members strongly favoured a majority publicly funded social care system. The Assembly considered, if there was to be additional public funding for adult social care, how it should be raised.

General versus earmarked taxation

To begin with, Assembly Members considered two broad approaches to taxation that could be used to generate additional public funding to pay for adult social care:

- General taxation
- Earmarked taxation

As the graph shows, almost two-thirds (64%) favoured earmarked taxation, compared to one third (36%) who favoured general taxation.



Earmarked taxation was favoured by Assembly Members because the public would "know where the money is going" and, therefore, that it would be more "appealing", "sellable" and "palatable" to voters. The lack of public awareness of how social care is currently funded came up throughout the discussions. Assembly Members considered that having, themselves, become much better informed about funding issues, they would now be prepared to pay more.

Assembly Members' concerns with earmarked taxation related to it being "too prescriptive", "less flexible" and that it "doesn't accommodate changing needs over time". Assembly Members also recognised that it "may not raise enough funds and need topping up". There were also concerns raised about how some forms of earmarked taxation had not necessarily been ring-fenced and reserved for their nominated purpose in the past. National Insurance was highlighted by some participants as an example of this, on the basis that people had paid in during their working lives on the assumption that this would cover their future care needs.

Some Assembly Members were also concerned that it "goes against the principle that we don't choose what we pay for" through taxation, while others were concerned about public awareness and whether government could be trusted to use the money as intended – "There will be a scandal of misuse!".

The pros and cons of general taxation, on the other hand, were broadly the reverse. Assembly Members felt that it would provide flexibility and be able to raise an appropriate and guaranteed amount of money. However, they were concerned that you "don't know where it's going" and that the "money might end up being used elsewhere". There was a general feeling that it would be "unpopular" and "harder to sell".

In addition, Assembly Members felt that the general taxation option, as an existing mechanism, was both a potential advantage – because the "systems already exist", making it "easier to collect" and "easily understood" – and also a potential disadvantage – because "people will just see it as a tax increase" and "not understand why".

Options for public funding

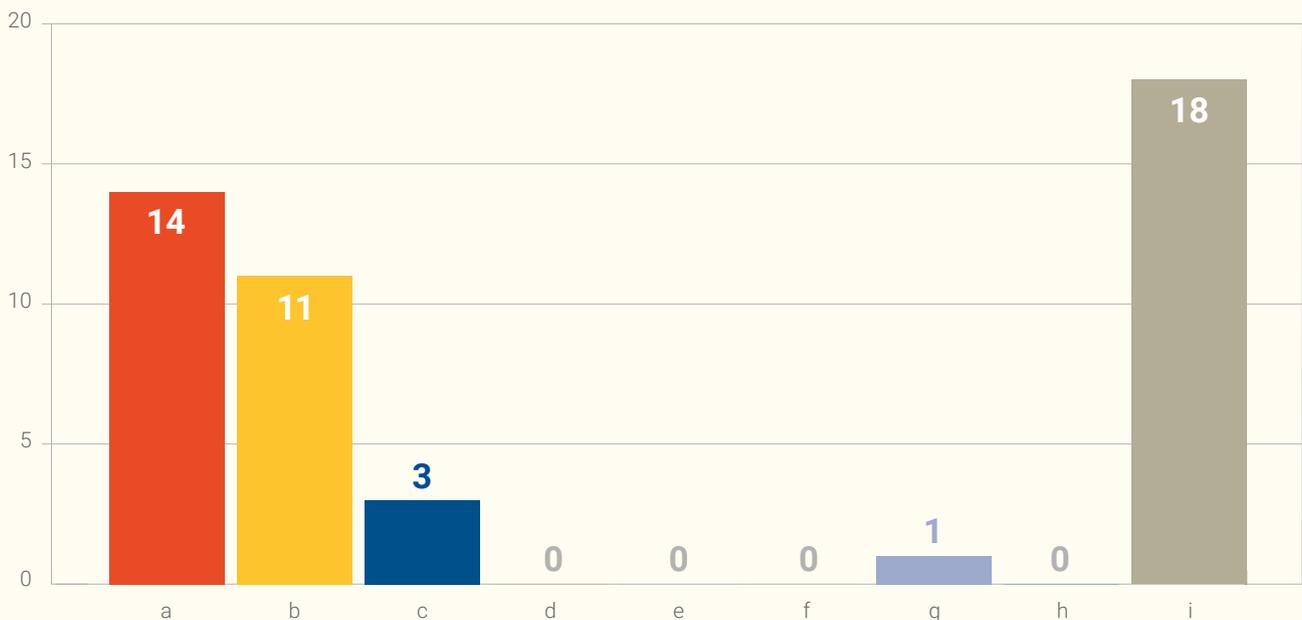
Assembly Members then considered a range of specific options for raising additional money for adult social care through public funding:

- Income tax and National Insurance as organised now, but increasing the tax rate
- Income tax as now plus an earmarked additional sum exclusively for adult social care
- National Insurance to be paid by people who work beyond state pension age
- VAT organised as now, but increasing the tax rate
- Council Tax organised as now, but increasing the tax rate
- Council Tax plus an earmarked additional sum exclusively for adult social care
- Inheritance Tax organised as now, but increasing the tax rate
- Inheritance Tax plus an additional sum exclusively for adult social care
- Social insurance – a separate, publicly organised, compulsory payment (calculated as a percentage of income) paid by everyone from age 40 onwards

As the first graph shows, the top option on first preferences was the social insurance model. However, the combination of options A and B suggests that a model based on income tax might be even more popular. The combination of the two earmarked options receiving first preference votes (B and I) is consistent with result from the previous vote.

Some Assembly Members favoured the social insurance option as it would “give longer for younger people until they have to pay”, but there was concern that people “can still be struggling at 40” and that it would create “additional costs on people still with high costs (e.g. families and mortgages)”. The options involving income tax, on the other hand, were favoured because they were progressive and “based on ability to pay”.

PUBLIC FUNDING OPTIONS: FIRST PREFERENCES



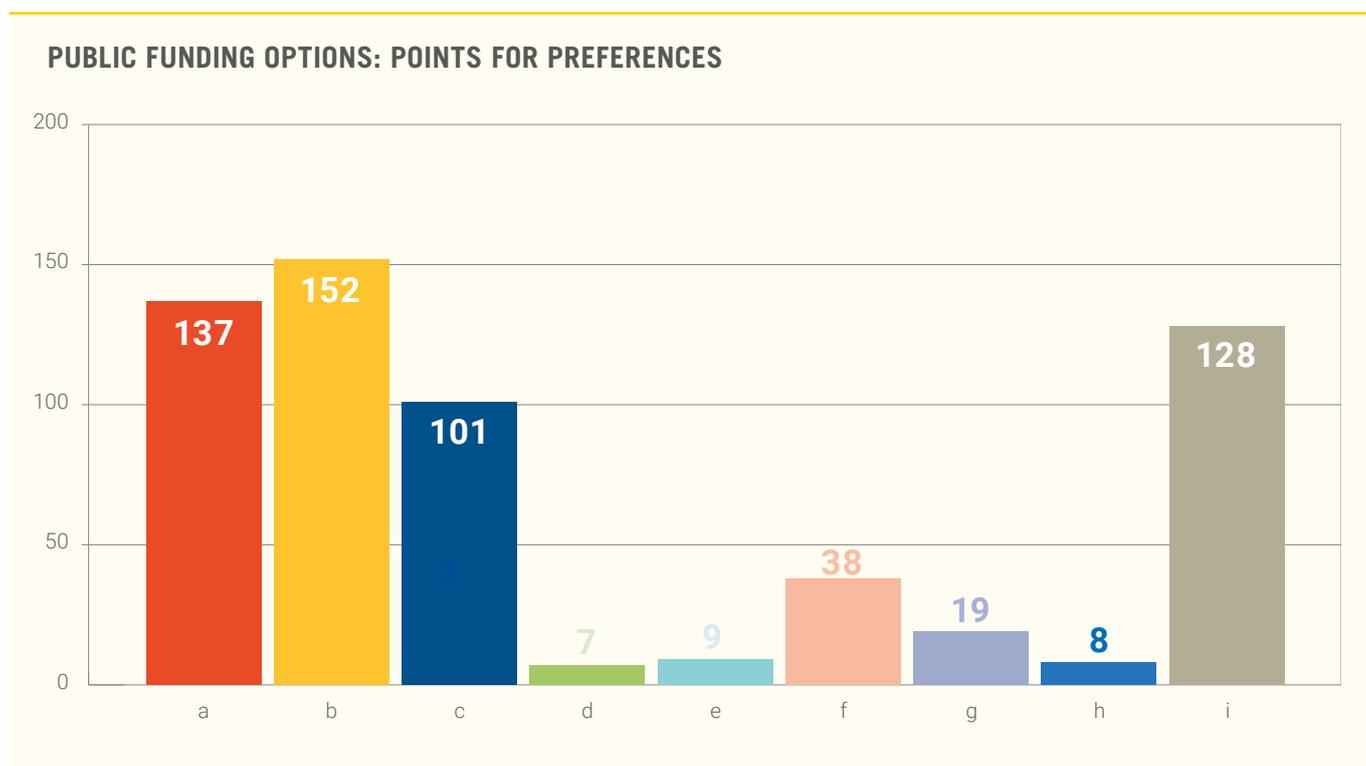
The second graph shows that when lower preferences are counted – with 5 points assigned to a first preference, 4 to a second, and so on – there are four options that command good levels of support:

- An earmarked increase to income tax (B);
- An increase to income tax (A);
- A social insurance scheme (I); and,
- Extension of National Insurance to those who work beyond state pension age (C).

While members recognised that the extension of National Insurance would not generate a significant amount of funds towards adult social care (and

therefore was not a solution on its own), they tended to feel that, alongside other changes, it sent an important message that older people were not exempt from paying for their generation’s social care if they were still earning.

Options related to VAT, council tax and inheritance tax, on the other hand, received very low levels of support. Both VAT and council tax were rejected due to unfairness as they would “hurt people on low income” or “leave us with a postcode lottery”. The inheritance tax options were disliked because there would be “not enough gain to make it worthwhile”, the “very wealthy will get around it” and because it is “already so high”.



During the course of the discussion, Assembly Members suggested a number of other public funding options that could contribute to funding social care, including a “wealth tax”, “sugar / junk food tax”, “clamping down on tax avoidance”, and revisiting

“overall priorities on where general taxation is spent”. Assembly Members were also interested in ways that companies could contribute through tax, including through higher National Insurance contributions or a compulsory social responsibility tax.

PRIVATE FUNDING

As outlined above, private financing commanded very little support from the Assembly. However, if an individual were to be expected to pay for some or all of their social care, Assembly Members considered whether there should be a floor (in terms of individual assets before payment is required) and/or cap (on how much should be paid over an individual's lifetime), and whether the value of a person's 'family home' should be taken into account in determining the level of assets, and therefore requirement to pay.

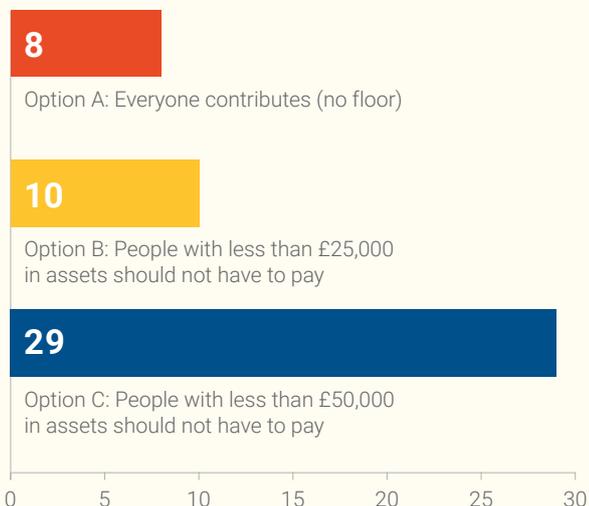
Assets 'floor'

In the decision-making phase, Assembly Members were presented with three options for what the minimum level of assets should be below which an individual is no longer asked to contribute to the costs of their personal care (i.e. excluding 'hotel' costs such as food and accommodation if in residential care):

- Everyone should be expected to contribute whatever their assets
- People with less than £25,000 in assets should not have to pay
- People with less than £50,000 in assets should not have to pay

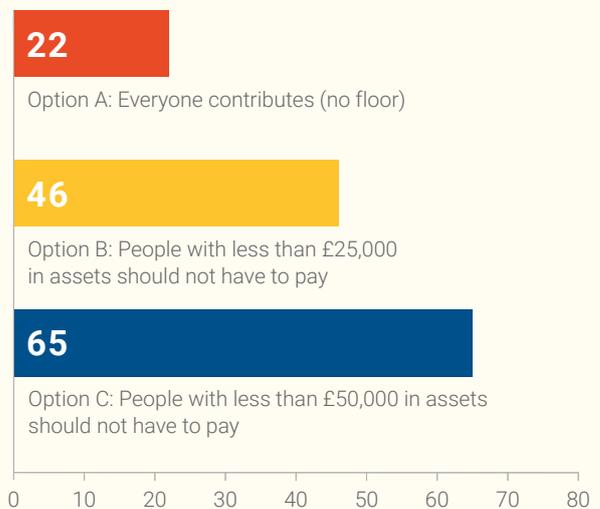
The first graph shows that the majority of Assembly Members felt that people with less than £50,000 in assets should not have to pay for their personal care costs, representing a significant rise in the current 'assets floor' level.

ASSETS 'FLOOR': 1ST PREFERENCE VOTES



The second graph shows that the addition of second preferences boosts the middle option of a £25,000 assets 'floor' but does not significantly change the overall picture. Only 14 Assembly Members opted for the 'no floor' option for either their first or second preferences, compared with 36 who opted for both the £25,000 and £50,000 assets 'floor' as a first or second preference.

ASSETS 'FLOOR': POINTS FOR PREFERENCES



In discussion, Assembly Members felt that the current band – £14,250 to £23,250 assets – was too low. Some Assembly Members felt that a high 'floor' was important to incentivise people to save and that the 'floor' should increase over time to take account of rising costs.

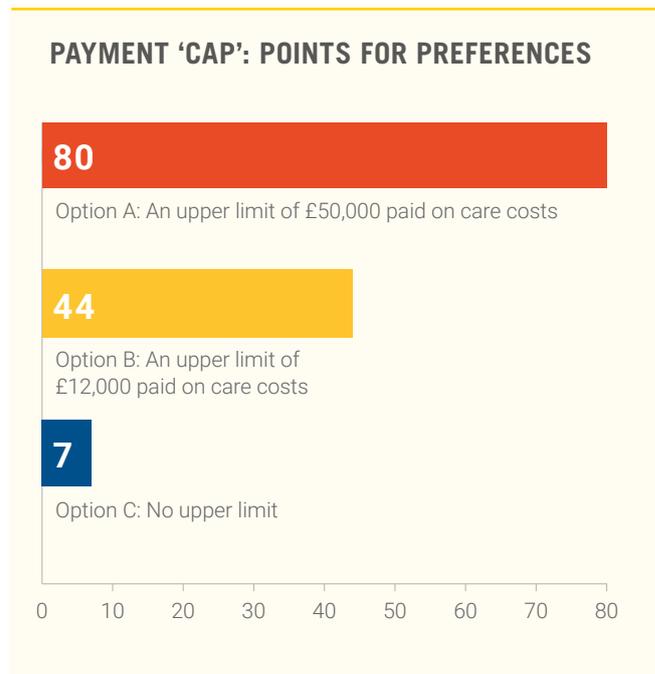
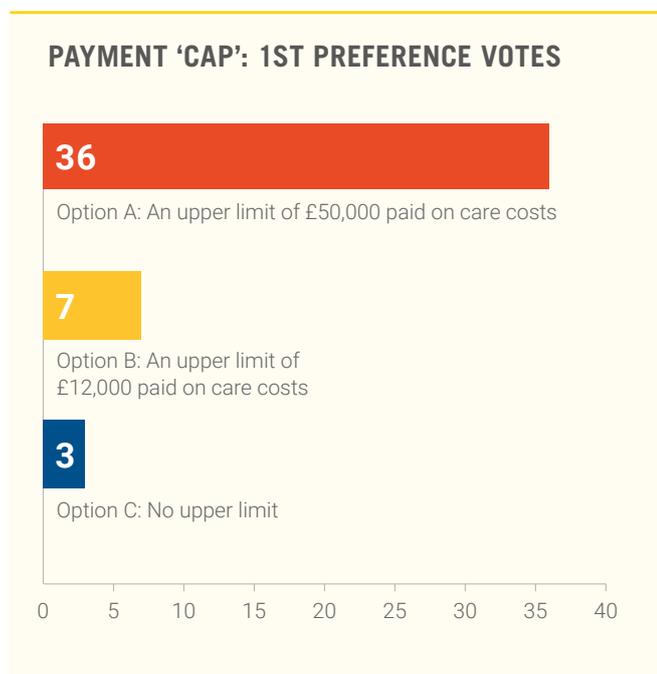
Payment 'cap'

Assembly Members were presented with three options for what the maximum amount an individual should be expected to pay for their own social care over their lifetime should be:

- a. A limit of £50,000 in personal care costs (i.e. not including 'hotel' costs)
- b. A limit of £120,000 in personal care costs (not 'hotel' costs)
- c. No upper limit on what people might pay

The first graph shows that a significant majority (more than three-quarters) preferred the most generous option of a £50,000 'cap' for care costs, with very little support for the current arrangement of there being no upper limit.

When all preferences are counted, as seen in the second graph, support for the mid-option of a £120,000 'cap' increases, but the 'no upper limit' option continues to see very little support, with only one Assembly Member choosing it as their second preference.



Assembly Members felt that a 'cap' on care costs was important to "avoid catastrophic costs" and enable people to "know where you stand". It was felt that this would "reduce anxiety", and "encourage people to save" and "plan ahead".

In discussion, a number of Assembly Members suggested that the 'cap' should be set as a "percentage of assets, rather than a fixed amount".

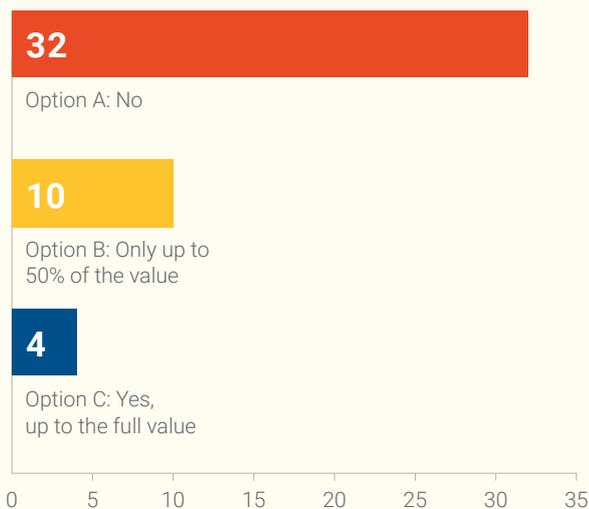
Housing assets

Assembly Members also considered three options for whether an individual should be expected to draw on all or some of the value of their house to pay for their social care within a means tested system:

- No, the value of the house should not be taken into account
- Yes, but only up to 50% of the value of the house
- Yes, up to the full value of the house

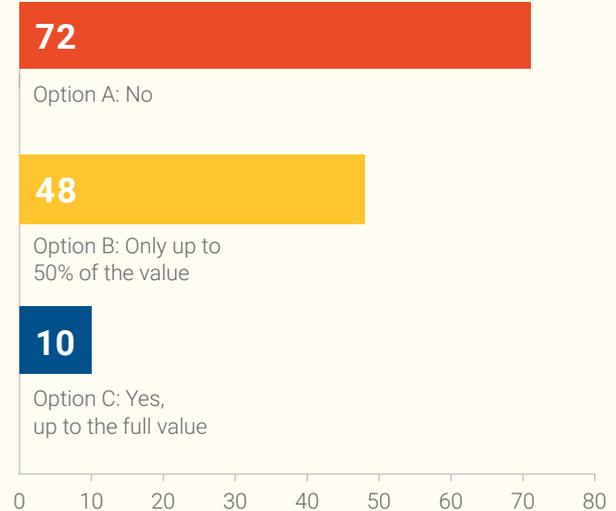
The first graph shows that there was very little support for including the value of a person's house in the calculation of assets, with over two-thirds of Assembly Members opting to exempt the 'family home' altogether.

SHOULD THE VALUE OF THE HOUSE BE INCLUDED? 1ST PREFERENCE VOTES



When all preferences are counted, support for the mid-way option rises, but the least generous option of including the full value of the house only picked up two second preference votes. Assembly Members therefore gave a clear preference to not include the value of the house, or if pushed to only include a part of it.

SHOULD THE VALUE OF THE HOUSE BE INCLUDED? PREFERENTIAL VOTES



In discussion, Assembly Members felt that including the 'family home' in asset calculations was "not fair" and penalised home owners, with suggestions that it is a "tax on a lifestyle choice" and concern that "you are encouraged to buy, but then it is taken away – why bother?". For the minority of Assembly Members who considered including housing to be the fairer option, their rationales were that "property is an asset like any other savings" and "people with more pay more". Assembly Members suggested that while the main 'family home' should be excluded, additional homes should be included.

Assembly Members also had some pragmatic reasons for favouring excluding housing. There was a concern that the inclusion of housing assets created "perverse incentives" with "people denying themselves help" and "stopping wanting care because the house will go". Assembly Members also suggested including housing encouraged "fiddles" where house ownership is transferred. There was also concern about the sustainability of the system, with fewer people being able to afford to buy homes today as compared to previously, and the use of equity release schemes meaning that older people may no longer own their whole home.

03. RECOMMENDATIONS: TAKING ACTION

As well as the specific recommendations in the previous section, Assembly Members developed a number of recommendations covering how decisions about adult social care should be taken.

KEY MESSAGES

In small groups, Assembly Members discussed and prioritised their key messages to address to the parliamentary inquiry and government. In this section, we summarise the key messages on how decision-makers should take action on funding adult social care. The full list of key messages is presented in annex B.

1. Take action

Throughout the Assembly, there was an overwhelming sense among Assembly Members that the current social care system and funding arrangements are not fit-for-purpose and need to be overhauled.

“SOMETHING NEEDS TO BE DONE!”

– Small Group Recommendation

Assembly Members were asked to score the statement “The way we currently fund adult social care needs to change” according to how much they agreed with it on a scale from 1 (strongly disagreed) to 100 (strongly agreed). The average score across Assembly Members was 93.9 (i.e. strongly agree), with no one scoring it less than 74 and the vast majority over 90.

2. Show leadership

Assembly Members felt there was a real urgency to address the issue and called for government to “be brave and show leadership” and take “action sooner rather than later”.

“THIS ISSUE SHOULD BE AT THE TOP OF THE GOVERNMENT’S AGENDA AND DEALT WITH AS SOON AS POSSIBLE.”

– Small Group Recommendation

3. Look beyond party politics

There was a real sense though that this is an “issue of national importance beyond party politics” and that it needed to be dealt with “cross-party”. Assembly Members called on politicians to “bear in mind the needs of users at all times, rather than political point scoring”.

“MAKE SURE THERE IS CROSS-PARTY CONSENSUS AND SOCIAL CARE STOPS BEING PUSHED ABOUT BY PARTY POLITICS.”

– Small Group Recommendation

4. Communicate with the public

Alongside the need for political consensus, Assembly Members highlighted the importance of communicating with the public, stating that “explaining the situation to the general public in a way that is understood will be a tough sell, but vital”. There was a strong sense that the public “would support raising tax if they understand how bad things are”.

“IT’S NOT A VOTE LOSER IF PEOPLE ARE INFORMED. DON’T UNDERESTIMATE THE PUBLIC – ONCE THEY KNOW THEY WILL BE WILLING TO PAY. THE LESSON FROM THESE 2 WEEKENDS IS THAT WHEN EVERYONE IS INFORMED CONSENSUS DEVELOPS.”

– Small Group Recommendation

5. Invest more

Assembly Members felt strongly that more money is needed for investment in the social care system. When asked to score the statement "As a society we need to invest more in providing social care" on the same 1 to 100 scale, the average score was 92.3. This time, no one scored the statement less than 73, again with the majority over 90.

6. Reform the system

As well as addressing the funding question, Assembly Members were keen to stress that "change in funding must come with reform of the system". There was an overwhelming feeling that the system was far too complex, confusing and misunderstood.

"HOW IT IS GOING TO BE SPENT IS AS IMPORTANT AS HOW IT IS GOING TO BE FUNDED."

– Small Group Recommendation

Alongside more investment in the system was an expectation of "a better service", with suggestions of investing more in the workforce, carers (meaning unpaid family or other carers of people with social care needs) and prevention.



"I REALLY HOPE ALL OF OUR DISCUSSION AND FINDINGS ARE TAKEN SERIOUSLY AND ACTED UPON POSITIVELY AND PRO-ACTIVELY. SOCIAL CARE CANNOT BE SET ASIDE ANY LONGER, ITS A VERY IMPORTANT ASPECT OF SO MANY PEOPLE'S LIVES."

– Liby

WHOLE SYSTEM APPROACH

Members heard during the Assembly about the different approaches the Government is taking to consider the issues of how we fund social care for older people, social care for working age people, health services and public health. They were asked to give their opinion on whether these issues should continue to be considered separately or whether they should be considered alongside each other.

When asked to score the statement "Funding methods for working age adults and older people should be considered alongside each other before final decisions are made" on a 1 (strongly disagree) to 100 (strongly agree) scale, the average score was 89.5 (i.e. strongly agree). Only one Assembly Member strongly disagreed with the statement, with everyone else agreeing and the vast majority strongly agreeing.

When asked to score the statement "Funding needs and funding methods for all social care, health services and public health should be considered together before final decisions are made" on the 1 to 100 scale, the average score was 83.8 (i.e. strongly agree). Four Assembly Members strongly disagreed with the statement and five chose scores within the neither agree nor disagree range, but the vast majority again strongly agreed.

While there was significant support for integrating health and social care and considering the funding issues together, there was concern to "not allow social care to become the underfunded orphan service".

04. CONCLUSION

The Citizens' Assembly on Social Care brought together 47 randomly selected English citizens over two weekends to consider the question of how adult social care in England should be funded long term. The findings and recommendations, outlined in this report, provide a clear and consistent set of proposals to decision-makers from an informed group of the public.

Assembly Members hope that their recommendations will help decision-makers to find a long-term solution to the question of how we fund social care. They have been considered by the Health and Social Care Select Committee and the Housing, Communities and Local Government Select Committee as part of their joint inquiry. They deserve to be read and considered carefully by ministers, parliamentarians and anyone interested in finding a sustainable solution that can command support from the general public.

The Citizens' Assembly on Social Care has demonstrated the role that the public can play in helping to resolve important but politically challenging issues. Assembly Members felt strongly that government and parliament should use citizens' assemblies more often to inform their work (see Annex A). Citizens' Assemblies should be a regular part of how our nation's parliaments and governments work and decision-makers should consider their potential for addressing other important national issues – such as climate change, pensions, and housing.



"CITIZENS' ASSEMBLIES CAN GIVE GOVERNMENT A CHANCE TO GET AN IN DEPTH VIEW OF WHAT PEOPLE FEEL AND WHAT THEY HAVE TO SAY ABOUT SPECIFIC ISSUES."

– Don



ANNEX A: WHAT THE ASSEMBLY MEMBERS SAID ABOUT THE ASSEMBLY

On their experience

Members rated their experience of the Assembly an average of 9.5 out of 10. These are some of their comments:

“GREAT EXPERIENCE, AND I WOULD LOVE TO DO IT AGAIN ON ALMOST ANY SUBJECT.”

“EXCELLENT IDEA. THIS WAS A FANTASTIC EXPERIENCE AND I MET SOME LOVELY PEOPLE WITH INTERESTING VIEWS.”

“I’VE HAD THE BEST TIME! AND FEEL PRIVILEGED TO HAVE BEEN A PART OF IT. THANK YOU SO MUCH FOR THIS OPPORTUNITY!”

“VERY INTERESTING. THERE SHOULD BE MORE.”

“REALLY ENJOYABLE EXPERIENCE THAT I’M PROUD TO HAVE BEEN A PART OF.”

“THANK YOU IT’S BEEN GREAT, CAN WE SOLVE WORLD PEACE NEXT.”

On why citizens’ assemblies should be used more often...

All 47 Assembly Members agreed with the statement “Assemblies like this should be used more often to inform government and parliament decision-making”, with 46 strongly agreeing. These are some of the reasons they gave:

“OFTEN GOVERNMENT AND PARLIAMENT DO NOT REALLY HAVE AN UNDERSTANDING OF PUBLIC OPINION.”

“HOW ELSE WOULD YOU RECEIVE INFORMED DECISIONS / VIEWS FROM THE GENERAL PUBLIC? NOT MANY AVENUES WOULD ALLOW PEOPLE TO RECEIVE 4 DAYS OF INFORMATION ON WHICH TO BASE THEIR OPINIONS.”

“IT IS IMPORTANT FOR DEMOCRACY AND THE POLITICAL SYSTEM FOR THE PUBLIC TO BE INVOLVED, AND HOPEFULLY HEARD.”

“AS THE PUBLIC ARE AFFECTED BY GOVERNMENT DECISIONS/ POLICIES, IT IS IMPORTANT THAT ASSEMBLIES LIKE THIS TAKE PLACE, TO ALLOW THE PUBLIC TO HAVE A SAY IN ISSUES.”

“IT GIVES GOVERNMENT A GOOD VIEW OF WHAT THE GENERAL POPULATION THINK AND ARE WILLING TO SACRIFICE TO COME UP WITH A SOLUTION.”

ANNEX B: RESULTS IN FULL

This annex presents the full set of votes and key messages from the citizens' assembly in the order that they were conducted. The detail column shows the statements from groups that were themed under each heading.

1. VALUES AND PRINCIPLES

PRINCIPLE / VALUE	DETAIL	VOTES
Sustainable and for the long term	<ul style="list-style-type: none"> • Solution must be long-term • The solution should be untouchable (constitutional protection) • Sustainability and transparency – take out the party politics, ring-fence funding, legal protection • Raise public awareness to support positive change • More funding • Prioritise social care – national level 	36
Fair and equal	<ul style="list-style-type: none"> • Same for everyone (equality) • Fairness • Fairness and equality of provision, free at the point of use • Equality of access and quality of care • Equality of access/standard of care • Minimum level of care/basic needs free for all 	30
Universal	<ul style="list-style-type: none"> • No postcode lottery • No postcode lottery • Funding (social care) is a national responsibility (a separate pot) • National funding solution • Geographical equity 	29
High quality	<ul style="list-style-type: none"> • Social care should be consistently high quality • Quality – trained and professional workforce, higher pay, improved inspections, consistent across England, improved assessment, increased staffing levels • Better quality • Increase funding to match the quality of care we want • People have a right to quality care 	26
Treat people with dignity and respect	<ul style="list-style-type: none"> • Dignity, choice and control for all care users • Dignity and respect (ie for people using service) • Treat people with dignity and respect – eg accessing services and funds • Person-centred care • Choice/involvement in care decisions 	23

PRINCIPLE / VALUE	DETAIL	VOTES
Easily accessible	<ul style="list-style-type: none"> • Accessible – simple process, you get the services you need, free at the point of use • Accessible for all • Shouldn't have to fight for care (solutions rather than obstacles) • Social contract (paid NI on expectations of care provision) 	21
Simple and clear	<ul style="list-style-type: none"> • Clarity on the system of social care • System should be more simple • Simple, equitable and effective universal assessment process • Honesty and transparency 	18
Support carers	<ul style="list-style-type: none"> • Carers need to not be exploited • Effective support for and acknowledgement of carers • Value social care and caring profession (care for carers) 	18
Integrated with health care	<ul style="list-style-type: none"> • Clear and integrated system – health and social care • One health and care system, free at the point of the need 	14
Based on proportional contributions from everyone	<ul style="list-style-type: none"> • All should contribute across lifetime through earnings (into a national pot – not individual) • All (who can) should contribute something proportionate 	13
Preventative	<ul style="list-style-type: none"> • Prevention is better than cure 	7

2. HOW SHOULD THE RESPONSIBILITIES FOR HEALTH AND SOCIAL CARE FOR OLDER PEOPLE BE FUNDED?

The Assembly considered three possible options for how the responsibilities for health and social care for older people should be funded:

- Keep the arrangements the same as now: do not move the boundary between health and social care
- Move some things which are currently called 'social care' out of the means-testing system so that they are delivered on the same terms as 'healthcare'
- Make all social care free at the point of delivery in exactly the way that the NHS is currently

	OPTION A: KEEP THE ARRANGEMENTS THE SAME AS NOW	OPTION B: MOVE SOME THINGS	OPTION C: MAKE ALL SOCIAL CARE FREE AT THE POINT OF DELIVERY
1st preferences	0	5	41
2nd preferences	3	39	4
3rd preferences	42	2	1

3. HOW SHOULD THE RESPONSIBILITIES FOR HEALTH AND SOCIAL CARE FOR WORKING AGE ADULTS BE FUNDED?

The Assembly considered three possible options for how the responsibilities for health and social care for working age adults should be funded:

- Keep the arrangements the same as now: do not move the boundary between health and social care
- Move some things which are currently called 'social care' out of the means-testing system so that they are delivered on the same terms as 'healthcare'
- Make all social care free at the point of delivery in exactly the way that the NHS is currently

	OPTION A: KEEP THE ARRANGEMENTS THE SAME AS NOW	OPTION B: MOVE SOME THINGS	OPTION C: MAKE ALL SOCIAL CARE FREE AT THE POINT OF DELIVERY
1st preferences	0	8	38
2nd preferences	4	36	6
3rd preferences	41	2	2

4. HOW SHOULD THE RESPONSIBILITIES FOR HEALTH AND SOCIAL CARE BE FUNDED? – COMBINED RESULTS

Combining the first preference votes from the two previous votes gives the following results:

	OPTION A: KEEP THE ARRANGEMENTS THE SAME AS NOW	OPTION B: MOVE SOME THINGS	OPTION C: MAKE ALL SOCIAL CARE FREE AT THE POINT OF DELIVERY
Older people 1st preference	0	8	41
Working age people 1st preference	0	8	38
Total 1st preference	0	16	79

5. IF THERE WAS TO BE ADDITIONAL PUBLIC FUNDING FOR ADULT SOCIAL CARE, IT SHOULD BE COLLECTED THROUGH...

The Assembly considered two types of taxation that could be used to pay for adult social care:

- General taxation
- Earmarked taxation

	OPTION A: GENERAL TAXATION	OPTION B: MOVE SOME THINGS
No. 1st preferences	16	29

6. IF EXTRA MONEY WERE TO BE RAISED FOR SOCIAL CARE THROUGH PUBLIC (OR COLLECTIVE) FUNDING, WHAT WOULD BE YOUR PREFERRED 5 WAYS OF PROVIDING THE FUNDS?

The Assembly considered 9 options for raising additional money for adult social care through public funding:

- Income tax and National Insurance as organised now, but increasing the tax rate
- Income tax as now plus an ear-marked additional sum exclusively for adult social care
- National Insurance to be paid by people who work beyond state pension age
- VAT organised as now, but increasing the tax rate
- Council tax as now, but increasing the tax rate
- Council tax plus an ear-marked additional sum exclusively for adult social care
- Inheritance tax as now, but increasing the tax rate
- Inheritance tax plus an additional sum exclusively for adult social care
- Social insurance – a separate, publicly organised, compulsory payment (calculated as a percentage of income) paid by everyone from age 40 onwards

	A	B	C	D	E	F	G	H	I
No. 1st preferences	14	11	3	0	0	0	1	0	18
No. 2nd preferences	9	20	13	1	0	2	1	0	1
No. 3rd preferences	8	5	7	0	1	6	0	1	8
No. 4th preferences	2	1	6	1	2	6	4	1	4
No. 5th preferences	3	0	1	1	2	0	2	3	2

7. IF AN INDIVIDUAL IS EXPECTED TO PAY FOR SOME OR ALL OF THEIR SOCIAL CARE, SHOULD THEY BE EXPECTED TO CONTRIBUTE ALL OR SOME OF THE VALUE OF THEIR HOUSE?

The Assembly considered three options for whether the value of an individual's house should be taken into account:

No, the value of the house should not be taken into account

- Yes, but only up to 50% of the value of the house
- Yes, up to the full value of the house

SHOULD THE VALUE OF THE HOUSE BE INCLUDED?	OPTION A: NO	OPTION B: ONLY UP TO 50% OF THE VALUE	OPTION C: YES, UP TO THE FULL VALUE
1st Preference Votes	32	10	4
No. 2nd preferences	7	28	2
No. 3rd preferences	5	0	32

8. IF PEOPLE ARE EXPECTED TO PAY FOR SOME OR ALL OF THEIR OWN CARE COSTS (NOT INCLUDING THE 'HOTEL' COSTS), SHOULD PEOPLE BE EXEMPTED FROM MAKING A CONTRIBUTION IF THEIR ASSETS ARE LOW? WHAT SHOULD BE THE MINIMUM LEVEL OF ASSETS BEFORE SOMEONE IS ASKED TO CONTRIBUTE (THE 'FLOOR')?

The Assembly considered three options for whether there should be an assets "floor":

- Everyone should be expected to contribute whatever their assets
- People with less than £25,000 in assets should not have to pay
- People with less than £50,000 in assets should not have to pay

ASSETS FLOOR	OPTION A: EVERYONE CONTRIBUTE (NO FLOOR)	OPTION B: PEOPLE WITH LESS THAN £25,000 DON'T PAY	OPTION C: PEOPLE WITH LESS THAN £50,000 DON'T PAY
1st Preference Votes	8	10	29
No. 2nd preferences	6	26	7
No. 3rd preferences	27	4	7

9. IF PEOPLE ARE EXPECTED TO PAY FOR THEIR OWN SOCIAL CARE, SHOULD THERE BE AN UPPER LIMIT ON WHAT PEOPLE ARE EXPECTED TO PAY FROM THEIR OWN ASSETS (THE 'CAP')?

The Assembly considered three options for whether there should be an assets "cap":

- A limit of £50,000 in care costs (not 'hotel' costs)
- A limit of £120,000 in care costs (not 'hotel' costs)
- No upper limit on what people might pay

CAP ON PAYMENTS	OPTION A: AN UPPER LIMIT OF £50,000 PAID ON CARE COSTS	OPTION B: AN UPPER LIMIT OF £120,000 PAID ON CARE COSTS	OPTION C: NO UPPER LIMIT
1st Preference Votes	36	7	3
No. 2nd preferences	8	30	1
No. 3rd preferences	1	3	34

10. WHAT IS THE BEST WAY TO FUND ADULT SOCIAL CARE IN ENGLAND IN THE LONG TERM?

- entirely publicly funded (recognising that it is likely to mean paying higher taxes)
- provided by a mix of public and private funding – but the weighting should be more towards public funding so that the risks are shared between the population as a whole (from taxes)
- provided by a mix of private and public funding – but the weighting should be more towards private funding so that individuals who need care are the ones paying for it
- entirely privately funded by individuals and their families

	OPTION A: ENTIRELY PUBLICLY FUNDED	OPTION B: PROVIDED BY A MIX OF PUBLIC AND PRIVATE FUNDING -WEIGHTED TOWARDS PUBLIC	OPTION C: PROVIDED BY A MIX OF PUBLIC AND PRIVATE FUNDING -WEIGHTED TOWARDS PRIVATE	OPTION D: ENTIRELY PRIVATELY FUNDED
1st Preference Votes	29	15	2	0
No. 2nd preferences	10	27	5	0
No. 3rd preferences	4	0	29	3
No of 4th preferences	3	0	0	30

11. WHOLE SYSTEM

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENT?	1 TO 20	21 TO 40	41 TO 60	61 TO 80	81 TO 100	AVERAGE
Funding methods for working age adults and older people should be considered alongside each other before final decisions are made	1	0	1	7	38	89.5
Funding needs and funding methods for all social care, health services and public health should be considered together before final decisions are made	4	0	2	7	34	83.8

12. KEY MESSAGES

To conclude the process, Assembly Members had the opportunity to identify, either individually or collectively, key messages they wanted to send to decision-makers. These are reproduced below, in no particular order:

1. Need overhaul – explore new approaches / mechanisms. E.g. business funding / corporation tax, social insurance model, proportionate wealth tax
2. Learn from the German model, especially in relation to intergenerational fairness
3. Call for action sooner rather than later
4. Government needs to make a decision now – sort out crisis, issue is of national importance beyond politics
5. Need to deal with this cross-party – this is not a political issue
6. Make sure there is cross-party consensus and social care stops being pushed about by party politics
7. This issue should be at the top of the government's agenda and dealt with asap
8. Government should be brave and show leadership. We need to pay attention to a quality social care service / quality of staff and equality of access to social care and of delivery of service
9. Green Paper – scope too narrow and not all party
10. Bear in mind the needs of the user at all times, rather than political point-scoring
11. Change in funding must come with reform of system
12. Address pressure on the role of local authority in social care – no postcode lottery
13. Social care should be standard across the country – service and quality should not be dependent on where you live
14. Social care assessments need improving – medical conditions that are permanent / terminal don't continuously reassess, give assessors all information on assets (close loopholes), move responsibility / role for medical profession in assessments to get right care
15. There needs to be joined up working and communication across organisations and listening to those who need support
16. Consider how to professionalise care staff – give NHS equivalence
17. Needs to be better support for carers and value for what they do – training, finance, time
18. More support should be given to carers

19. Carers need more support
20. Something needs to be done! – more funding
21. Overall we expect a better service – quality and continuity of service, staff should have better training
22. How it is going to be spent is as important as how it is going to be funded – quality, workforce, carers, prevention (including wellbeing), policies across country / equal access
23. Don't want a fragmented system. Fragmentation encourages prejudice – them and us. A unified approach would encourage greater public involvement
24. Explaining the situation to the general public in a way that is understood will be a tough sell, but vital
25. Awareness needs to be raised. As a younger person I had little or no awareness of this issue before the Assembly. Educate the public – they would support raising tax if they understand how bad things are
26. There is a need for better public awareness / education on social care so awareness increased. This includes pushing for a coherent message not spun by the media
27. It's not a vote loser if people are informed. Don't underestimate the public – once they know they are willing to pay. Lessons from 2 weekends – when everyone is informed consensus develops
28. Cancer is a disease, dementia is an illness? No hiding behind artificial distinctions. One set of rules for all
29. The line between medical and care needs to be reviewed – e.g. dementia should be medical
30. If public health, NHS and social care are integrated, don't allow social care to become the underfunded orphan service
31. Recognise that the demand on social care is influenced by the quality of public health and community services
32. Need to review the privatisation of services and level of care / profits being made in wrong places
33. Tax aspects – other taxes to raise money for social care through sugar / junk food tax, clamping down on tax avoidance, thinking overall priorities on where general taxation spent
34. Obtaining tax from large companies that don't pay what they should
35. Decriminalisation of the medical use and selling of cannabis – revenue raising
36. Saving money on CEO salaries. Greater efficiency using joint admin
37. Those who abuse the NHS / social care system (using ambulances etc when not needed) should be charged
38. Consider the views of the Citizens' Assembly seriously and give them equal weight as other evidence
39. Next steps: proper follow up from committees with members, members invited to comment on committees' reports / government's Green Paper
40. Consider and understand the commentary – more important

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