



The Big Care Debate “Shaping the future of care together”

Part 4 Feedback form

Thank you for contributing to the Big Care Debate and responding to the consultation questions in the Green Paper Shaping the Future of Care Together. Please use this form to record your group’s conclusions to each of the questions. This form should be used in conjunction with stimulus material, which includes more detail about each of the questions. Please complete only one feedback form for each group debate. Make a note of answers where there was agreement in the group, and where there were differences. Do add pages if you need more space. This form should also include the names of the participants. Important: please do not attribute feedback on the form to specific individuals.

Once completed, please return this document by 13 November 2009:

- via email to careandsupport@dh.gsi.gov.uk
- or by post to Care and Support Team, Room 149, Richmond House, 79 Whitehall, London SW1A 2NS

Organiser contact details:

Name	The Kent Local Involvement Network (LINK)
Organisation	Kent & Medway Networks Ltd (Host Organisation)
Address	Unit 23, Folkestone Enterprise Centre, Shearway Business Park, Shearway Road, Folkestone, Kent. CT19 4RH
Email	info@kmn-ltd.co.uk
Telephone	01303 297050

About your debate: The Kent LINK holds quarterly Community Engagement Events in different venues around the county and the Big Care Debate was included as the major topic of such an event. Groups of attendees sat in small workshops to discuss the proposals and conclude some answers to the questions posed.

Note: The Kent Local Involvement Network (LINK) hosted the Big Care Debate and the comments documented in this report are the views of those participating in that debate.

Note also: all comments from this Debate are in italics for ease of reading.

When was the discussion held? Tuesday 10th November 2009

How many people took part? 39

What groups of people took part (e.g. care workers, disabled people, staff)

As well as the Kent LINK, a range of voluntary / community groups, key local commissioners and providers of health / social care services:

Kent LINK	Skillnet Group (Learning Disabilities)
Rethink	DGSM Your Choice
Kent County Council	Wheelchair Users Group
The Stegle Centre	Ashford Community Network
Porchlight	Shepway Pensioners Forum
Hi Kent	Ashford Borough Council
Care UK	Kent & Medway Health & Social Care Partnership Trust
Age Concern	– PALS
Royal Mencap	Health Matters Reference Group (PCT Involvement Group)
Mental Health Matters	Kent Cardiovascular Network
Crossroads Care - East Kent	National Autistic Society – South Kent
Winslow Day Treatment Centre	

Please list the names of people who took part

Dan Jacobs	Robin Kenworthy	Christopher Burke
Elvis Cudjoe	Andrew Brown	Ann Murray
Claire Jones	Stephen Mayo	Bob Cowley
Jeanette Edgar	Simon Bannister	Doug Tutton
Allen Jones	John Fletcher	Julia Burt
Birgitte Perdios	Adrienne Bean	Margret Pou
Cheryl Ives	Lesley Soper	Hazel Brown
Mike Dowden	Kimba Smith	Daniel Ulyett
John Brooks	Ewen Boyce	Sally Keverne
Nick Dent	Jackie Wynter	Kathy Coleman-Cooke
Janet Lloyd	Alan Meyes	John Cunningham
John Whayman	Dave Laws	Junetta Whorwell
Tish Gailey	Roger Kendall	Jacqueline Edwards

Confidentiality of information

Please be aware that under the Freedom of Information Act 2000, we may be asked to share the information we receive as part of this consultation. If you would like your response to remain confidential, it would be helpful if you could explain why. If we receive a request to disclose the information, we will take full account of your explanation but we cannot guarantee that confidentiality can be maintained in all circumstances. Your name, address and any other personal data as defined under the Data Protection Act is exempt from disclosure.

Topic 1: The Government's vision for the future

The Government wants build a National Care Service that is fair, simple and affordable. The Government thinks that in this new system there are six things that you should be able to expect:

- prevention services
- national assessment
- a joined-up service
- information and advice
- personalised care and support
- fair funding

a) Is there anything missing from this approach?

Generally attendees agreed with this vision for a future care system. However, there is a lack of guidance around what this might actually look like and how it might operate. It was felt that there should be more systems in place for supporting people in their own homes and financial support for carers and families to look after their loved ones without the need for care from the state.

There was also concern at how some people might be able to arrange personal budgets which could make for a two tier service ie. Those that have choice against those who couldn't manage the money.

b) How should this work?

It was agreed that joined up working is paramount and that health and social care must work together in order to deliver the six expectations.

Whilst attendees agreed in principle with National Assessments there was a contradiction in the role with local government not having the freedom to adjust circumstances to local need and showing some flexibility. The contrast between needs in an inner city versus a rural area was given as an example of how difficult it was to have a one size fits all situation.

Topic 2: Making the vision a reality

The Government thinks that, in order to make the vision of a National Care Service a reality, there are three key changes we need to make to the care and support system. We need services which are joined up, a wider range of care and support services and better quality and innovation.

a) Do you agree?

There appeared to be no disagreement with these worthy objectives.

b) What would this look like in practice?

We want better quality but for this to happen the service should not be delivered by a profit making organisation.

If joined up working is to really work there needs to be better sharing of information, improved communication and less professional jealousy. More effective, joined up services would result in saving money that could be reinvested into services that are higher quality across the whole country.

It is also important that service users are engaged in effective and meaningful consultation, and to promote advocacy to all services users, which is joined up between health and social care organisations.

It would be a local service within a limited geographical area. On assessment of the person needing care, provision would be made to support the carer.

c) What are the barriers to making this happen?

It was felt that separate budgets (health and social care) would be a barrier to being able to join up services.

Bureaucracy, finance and poor communication between service providers are all barriers.

There is also a lack of trust in the Government is a barrier to making it happen.

A barrier to joining up services is the lack of communication between key departments and organisations for example with regard to administration and organisations trying to achieve the same outcomes in different ways.

At present there is a lack of joined up services each providing authority sets it's own standards of provision and care need for National structure for social services and care-workers establishing Fit to Practice, Training and discipline standards.

Payments need to be flexible to take account of local costs based on an assessment made in a similar way to the District Valuer using a basket of costs and providing a national standard.

Topic 3: Funding options

The Government is suggesting three ways in which care and support could be funded in the future:

- Partnership: People will be supported by the Government for around a quarter to a third of the cost of their care and support, or more if they have a low income.
- Insurance: As well as providing a quarter to a third of the costs of people's care and support, the Government would also make it easier for people to take out insurance to cover their remaining costs.
- Comprehensive: Everyone gets care and support free when they need it in return for paying a contribution into a state insurance scheme, if they can afford it, whether or not they need care and support.

a) Which of these options do you prefer, and why?

It is fair to say that this was generally the most difficult topic for attendees in the Debate to understand and consider.

• Partnership:

This would offer continuity as it reflects current system. However, it would be too expensive for people.

This option appears to be fair for middle and upper classes but not for the working classes who would struggle to find the rest of the funding required for their care.

The flexibility of the percentage paid by the Government towards quality care to be determined by income and not capital holdings at the time.

• Insurance:

A no claims bonus could be introduced to help reduce payments, encourage better health choices, so people can start to pay now rather than later. It would need to be phased in nationally. This may be a preferred option if as soon as you've reached your target of £20,000 which is amount needed then that would be it, payments would stop.

Not to be enforced on people under the age of 25 – 30. Insurance payments based on a VAT basis added to goods. If VAT was increased by 2.5% it would pay for the system. The principle conveys those that have the most disposable incomes pay the most at a rate not to exceed 2.5%, graded contribution according to income.

If an Insurance type contribution is used to create a "Fund" it should be a % of earnings deducted before tax those with university debts under 30 years of age be exempt consider a credit as in the NI scheme.

• **Comprehensive:**

This could work although it seems very similar to the insurance option. However, a tiered system of payments could be introduced for low, middle and high incomes for contributions into care scheme.

Flexibility to pay before retirement age with provision put in place to support home carers and their families. Mandatory provision put in place to provide respite services to unpaid carers who have contributed to any of the flexible schemes. A system to give carers NI credits.

National government guidelines should provide a framework for the provision of quality care. Local Government distribute the funds according to the needs of clients. Money to be ring-fenced and not be subject to local top up.

Other comments made by attendees to the Debate:

- *A combination of all three to suit the individual's financial circumstances with variations to the Green Papers recommendations.*
- *Alternatively generate the fund by an increase in VAT perhaps 2.5% (after accepted exemptions) on the principle that those who have the most disposable income spend the most so pay the most contributing at today's values.*
- *Some attendees did not have a preference because they were profoundly in disagreement as the three systems put a serious penalty on those of retirement age which would not be sustainable. It was felt that all taxpayers should, throughout their life time, contribute to the care of their elder population. The three options would be expensive to administer and create more quangos. The taxation system is in place and should be used for this purpose, eg tax credits for those on low income.*
- *The insurance and comprehensive options are fairly similar.*
- *It is a concern that individuals would be expected to provide a lump sum. Where would that come from? Their pensions? Selling their homes? And if so, to what detriment?*
- *Further information and detail about these options is needed in order to be able to fully understand their implications.*
- *If paying into a tax / insurance pot it has to be guaranteed / ring-fenced for only that purpose.*
- *The new system needs to be nationally equal to avoid post code lottery system.*

Attendees raised many questions rather than answers. These included:

- *The French and German systems work could a model be developed on those systems?*
- *Why wait until 65 to pay in? People could pay a percentage of their income (whether salary or benefits) into insurance. Payments should be made from start of earnings or receipt benefits*
- *What about people born with a disability as defined by medical profession – will they be excluded?*
- *What happens to disabled children who become adults, how do they fund their care? Would they lose their homes?*
- *At present each local authority makes a charge for residential care, accommodation costs are a concern, how would we finance the residential care if costs are to be separated out?*
- *Will the review take into account any assets and incomes and then take a proportion of that amount?*

b) Should local government say how much money people get depending on the situation in their area, or should national government decide?

This is in contradiction with the national approach adopted in topic 1 – and would introduce a postcode lottery system. It should be national but with regard to the economic variations in different parts of the country eg. cost of providing care in London versus the North of the country.

In addition to the considering the questions posed in the Green Paper, each workshop in the Debate was asked to indicate its one key message to the Government:

- *Individual choice, continuity and control for everyone.*
- *Green paper should encompass all groups of people in more detail not just older people*
- *Health and social care services should be commissioned to ensure that funds are distributed without unnecessary wastage.*
- *Preventative services need robust protection as they deliver the best outcomes for the available resources.*
- *High quality care must be available at any age, throughout the country. It should be jointly funded by individual and state (we don't mean via partnership, rather through comprehensive system).*
- *Keep trying to find alternative funding options, undertake comprehensive research of other options.*

- *Improve employment opportunities for the next generation to help contribute to the national fund.*
- *Young people are not saving for the future and have no incentive to do so which would be detrimental to the options put forward.*
- *There needs to be stricter control on auditing of private providers and their charges / standards of care.*
- *Have systems in other countries been looked at to see what could be learned for example the health insurance system in the US or in France where it captures most of the population?*
- *Can care already being paid for by individuals be taken into account when assessing individual's needs and subsequent costs?*

*****End*****