

London Borough of Richmond's response to the Green Paper: 'Shaping the Future of Care Together'

Question 1: The Government's vision for the future

The Government wants to build a National Care Service that is fair, simple and affordable. The Government thinks that in this new system there are 6 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?
b) How should this work?

1a) Is there anything missing from this approach?

- Consultees emphasised the importance of the new system being designed to encourage people to take personal responsibility for their health and well being, as local evidence has highlighted the impact of lifestyle choices.
- More detail is required of how the funding options would work in practice and what it would mean for individuals in varying circumstances; case studies would be helpful.
- Similarly, it is not clear how the new system would be different from the service user's perspective and this made it difficult for consultees to comment on this aspect in detail.
- There needs to be more focus upon the integration of health and social care services, rather than focusing upon creating a national care service parallel to the NHS.
- There is not enough discussion about the role of the voluntary and community sector in the new system
- Proposals for carers' support (e.g. funding, respite, family assessments etc.) are not presented explicitly. The vision focuses too much on individuals and needs to give more consideration to those supporting them.
- It is important to agree a strategy for 'selling' the vision and involving the community as this will be vital to its success. The proposals need to be explained in user-friendly terms.
- The future provision of continuing care, including funding arrangements, was not discussed in the Paper.
- These proposals will not come into place until at least 2014; there was little consideration of interim steps that can be taken to build the basis for the new system and improve the existing system in the interim.
- There is limited reference to safeguarding, which consultees felt should be one of the priorities underpinning the new system.
- It is vital that the future care and support system reflects the diversity of our community; for example, how will the needs of a growing elderly, LGBT community

be catered for? It should be clear in the Paper how the reformed system will ensure equality for all services users, with provision taking account of different cultures and religions etc.

1b) How should this work?

➤ **Prevention services**

- Prevention is key to achieving the vision: people need to adopt healthier lifestyles earlier and take personal responsibility for their health.
 - It is vital that this message is promoted effectively, with staff from local authorities and partner organisations able to provide the latest details of available support and services. Similarly, websites need to be kept up-to-date
 - There may be a need for information packs, which would be readily available to the public. Libraries are also an important universal resource, which could be used more to highlight this message
- Early intervention and re-ablement services are also vital for helping people to maintain their independence
- Engagement with hard-to-reach older people needs to be improved in order to ensure that they are not overlooked. There may be a place for health checks to promote healthy lifestyles and ensure early diagnosis amongst those who are more isolated.

➤ **National Assessment**

- It was felt that the National Assessment should be a consistent measurement of need, ensuring that entitlement is portable and providing people with more flexibility to move house with less impact upon their care and support arrangements. It should not however affect local service delivery; it would not be feasible or desirable from the service user's perspective to remove local and regional variations in service provision.
- How would it be possible to ensure that services are the same across different Councils? Would it be workable to standardise care costs and how would a standardised service would fit with the personalisation agenda?
- It would be important to ensure that the new arrangements did not result in any delays in the assessment process
- Under a system of National Assessment, where would accountability lie?
- There was concern that the introduction of national consistency would mean that services were 'averaged out', so areas like the London Borough of Richmond where residents expect very high quality services may see lower standards introduced.

➤ **A joined-up service**

- The paper focuses mainly upon social care and health, but the joined-up approach also needs to encompass other services such as supported housing
- Within joint working, it is important to share information and records, where appropriate

➤ **Information and advice**

- Consultees emphasised the importance of ensuring access to relevant and up-to-date information and advice, with clear signposting and details of how to access services, including social care.

- Current local arrangements for the provision of information and advice work well, but it would help if there was a one stop shop, with an associated phone line and email, for all queries. This could perhaps also provide some functions of an outreach clinic. How might such a service be funded?
- Consultees suggested there may be potential to use empty shops on a temporary basis as contact points to provide information to older people. This would be an opportunity for raising the profile of voluntary sector services.
- There needs to be more training for staff in banks and building societies who deal with older people and carers in understanding the meaning of Power of Attorney etc.

➤ **Personalised care and support**

- Older people want to be seen as individuals living independently, not part of a system. Emerging proposals need to emphasise this aspect.
- It is important to draw together new proposals with current initiatives such as self directed support. There is no mention of how this fits with the proposals
- In promoting personalisation, user-friendly language is vital in order to present clear messages and ensure that people understand the potential benefits. It is important to seek feedback from users of SDS etc.
- The figures for people managing their own budgets in the borough are encouraging. However, work needs to be undertaken to establish how many of these people do in reality, manage their own budgets and identify the barriers to achieving this.
- It is important that those who cannot manage their own budgets also have choice in the services they receive.
- It was felt that the paper contained little that was new in relation to personalisation and prevention, but reinforced the current direction of travel

➤ **Fair funding**

- It would be helpful to compare the new proposals with FACS as this was designed with similar aims and was recently reviewed.
- What does 'fair' mean in this context? Why does 'fairness' translate into paying for care and support services?
- The Green Paper states that 'your money will be spent wisely'. Who decides the "wisely" and does this contradict the principles of personalisation?

Question 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?
- b) What would this look like in practice?
- c) What are the barriers to making this happen?

2a) Do you agree?

- There was agreement that the current system needs to be improved, as it is seen as fragmented and unfair
- Some felt that the vision should be for a single integrated service covering health and care, rather than creating a separate National Care Service alongside the NHS.
- The implementation of the proposals would require major changes to current systems and processes. How would this be achieved without disruption to service users?
- Effective safeguarding must be integral to the new system and this was not emphasised enough.

2b) What would this look like in practice?

- The only way to achieve the vision will be to work WITH people; it is vital to get the general population informed and involved.
- There needs to be a balance in roles and responsibilities between the state and the individual and their family. In the Richmond context, the community also has a vital role given the high proportion of peoples aged 65+ who live alone
- Professionals need to take a holistic approach in assessing an individual's needs

Joined-up services

- Bringing together health and social care services should be pushed forward. There needs to be a clear national policy, and changes to funding arrangements made to facilitate joint working (i.e. pooled budgets etc.)
- It is vital for professionals to work closely together to share relevant information and minimise bureaucracy.
- Consideration needs to be given as to how best to join up services from the statutory, voluntary and private sectors, especially as SDS is likely to further increase the number of providers.
- Significant retraining will be needed to ensure that staff from health and social care, and also wider services including housing work effectively together. This has been successfully achieved in multi-disciplinary teams in the borough.

Quality and innovation

- There needs to be more workforce development, raising the profile of social care as a profession and creating the capacity and skill base to deliver high quality services etc. Appropriate funding, skills and commitment at delivery level are vital
- There will be a growing need for more specialised brokers and Personal Assistants, with expertise around specific conditions. To achieve this will require specialised training among health, social care and agency staff.

A range of services

- People need the various services available to be clearly explained in order that they fully understand all the options; the services provided by statutory agencies, the voluntary sector and the private sector are very different, and individuals need to be sufficiently informed to make the judgment as to what is the most appropriate package.
- There was concern that some smaller services may become non-viable under the new system

2c) What are the barriers to making this happen?

- Resourcing will be vital to determining the success of the vision, both in terms of the level of budget available and the funding arrangements (e.g. pooled budgets etc. to facilitate joint working)
- There needs to be more local control of health services, and potentially a review of whether some of the health funding should be moved to support community-based services.
- The market needs to be developed further to offer more choice in providers of care and support.
- Some of the existing service structures are barriers to joining up services etc.
- There are currently some issues with agency staff in providing high quality care and support services; this needs to be addressed through improved agency training.

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

3a) Which of these options do you prefer, and why?

General points

- Service users emphasised the need to protect non-means tested benefits such as Attendance Allowance (AA) and Disability Living Allowance (DLA). These allow individuals more control to purchase services they want and give people the ability to be more proactive in the support they need to live their lives. Would people continue to receive the benefits that AA and DLA currently provide?
- Many asked why those who have worked hard and paid taxes all their lives should be expected to fund their care and support, whether through insurance or another model.
- Whichever funding model is introduced in the future, there needs to be recognition for those who have taken personal responsibility in planning for later life through financial planning and healthy lifestyles etc.
- The benefits of financially preparing for old age need to be explained in practical terms (e.g. leading to more choice and better quality of care) in order to encourage people to take steps rather than relying upon the state to provide funding.

- There was a strong view that people should not be expected to sell their assets to cover care costs. In addition, would the use of assets be sustainable in the future as future generations may have more debt and less resource available to them?
- It was suggested that more use should be made of equity release schemes as a means of covering care costs.
- It needs to be clearly explained that accommodation costs will not be covered; otherwise people will assume that they would receive the whole package.
- To what extent has the debate and in particular the funding options been influenced by the recession; has this shaped the options for funding models?
- How will new funding arrangements fit with the provision of services by the voluntary sector?
- It would be helpful to have an overview of the systems in place in other countries. Several EU states favour an insurance model; it would be interesting to hear how this works in practice. The Australian model for funding social care was also highlighted in the discussions; this consists of basic state provision, funded by the state (general taxation), topped up by insurance (there is a tax rebate for those paying into an insurance scheme). This enables people to make a choice as to how much they can afford, or are willing, to save for later life.
- It appears all political parties are committed to addressing the funding issues but all of the proposals seem to be changing as soon as they are announced.

Overall preference

Consultees at the borough's stakeholder event were invited to vote on their preferred funding model. Of the 3 options put forward for consideration in the Green Paper, the comprehensive model was preferred. However, overall, consultees considered that increased taxation would be the fairest and most effective solution.

Increased taxation

- It was felt that increasing basic taxation was the most equitable way to proceed. More explanation is needed as to why this was ruled out as an option; what would be the scale of the increases in taxation/National Insurance contributions, taking into account the falling ratio of the working population to those requiring support?
- Why is social care considered different to health (the NHS) and education? Why are we not willing to fund a national social care service through taxation?
- Younger consultees agreed that they would be happy to pay contributions over the course of their working lives, in a similar way, or as an addition to National Insurance. There was a view that if everyone contributed, this would be far more equitable than expecting those over 65 to pay a lump sum.
- It was felt that this option would be more popular if contributions were made through National Insurance rather than general taxation, as it would be clear that this money was being used to support health and social care.
- Linked with the above, consultees suggested that people would be more willing to contribute to a single 'pot' covering both health and the care and support system.
- This option could also attract more public confidence; it would be seen as more transparent and lower risk than insurance schemes. It could be introduced (seemingly) relatively easily by increasing NI payments rather than establishing a new scheme.
- People were keen to understand the potential level of contributions to assess the potential impact upon individuals.

- It was suggested that funding for health and care services should come from increased indirect taxation on alcohol and cigarettes, and new taxes on unhealthy food, such as chocolate. The justification for this would be the evidence of the impact of lifestyle choices upon health and wellbeing.
- Consultees highlighted the fact that many pensioners also pay tax, a fact which is often overlooked in these debates

Insurance

- There was concern that this model would prove unworkable as few would buy insurance on a voluntary basis
- It was argued that the insurance and comprehensive models were another form of general taxation.
- There were a number of questions raised around how the insurance scheme would work. Would premiums differ to reflect lifestyle, risk factors, family history etc.? Who will run the insurance schemes – would it be the Government or the private sector? What would happen to money that was not claimed?
- Consultees were concerned about the risks of relying on insurance schemes in view of issues with financial institutions. In addition, they asked whether the ‘goalposts’ could potentially be moved with changes of Government. Would Governments over the next 30 years remain committed to the scheme?

Comprehensive

- Only 1 in 5 of people currently needs long-term care; under the comprehensive model, does this mean that everybody will be expected to pay for the insurance, but most will not fully use it? As an alternative, it was suggested that a similar lump sum could be invested as savings etc., and if people did not need it to pay for care costs, they would have the option to use it as they wished.
- Some considered that the comprehensive model was effectively a new method of taxation, and indeed felt that it might come to be known as a ‘retirement poll tax’.
- It was felt that this option would work best if people were given options of how to pay. i.e. contributions over a lifetime, payment in a lump sum on retirement or from the individual’s estate etc.
- Does the suggested figure for a lump sum reflect the projected increase in the levels of care and support required due to people living longer, including those with disabilities and long-term conditions?
- Some felt that this proposal was discriminating against people over 65, as the Paper indicates that there would be free care and support for people of working age.
- Payment of a lump sum could generate considerable anxiety amongst those approaching retirement.
- Consultees asked whether those seeking more expensive, high quality care provision would be able to opt to pay a larger sum or premium.
- It was felt that that the system would be fairer if the size of contributions varied according to an individual’s savings and assets.

Partnership

- There was concern that if a guaranteed proportion of care costs was paid by the Government, an increasing number of people would cease to save towards their own contributions and instead rely on the state to cover the shortfall.
- One benefit of this option is giving people a choice; they are not automatically expected to contribute to a scheme and would only pay for care costs if they developed a need above the minimum entitlement.

- What exactly would be covered by the minimum entitlement?

3b) Should local government say how much money people get depending upon the situation in their area, or should national government decide?

- Overall, it was felt that the part-national, part-local system would be more effective as it would provide the flexibility to reflect local circumstances.
- There was concern that under a national system, people living in higher cost areas would receive comparatively less care for the same funding allocation.
- The personalisation agenda relies upon developing effective individual packages of local services, including those delivered by the voluntary sector. It would be difficult to sustain the same level of flexibility under a national system.