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Re: Shaping the Future of Care Green Paper, consultation response

In response to the release of the Department of Health, Shaping the Future of Care Together Green Paper published on the 14th July 2009, Thurrock Council undertook a consultation with local stakeholders to engage in the Big Care Debate.

During a series of consultation events, participants representing local and national voluntary organisations, community forums, carers, service users, elected members, providers and statutory organisations as well as general members of the public welcomed the opportunity to engage in the proposals to reform adult social care.

Whatever changes are made to the system, as it only applies to England, it is a system which will remain “unfair” to those who feel our Scottish neighbours enjoy what is perceived to be a free service.

The Governments opening remarks that “too often our existing system makes poor use of its limited resources.....Money could often be better invested in prevention” is breath-takingly arrogant. Given the financial situation of many local authorities, i.e. struggling to balance finances in order to meet the complex needs of an increasingly ageing population, against increasing Government directives, which often come without funding. The Local Government Association has long argued that Adult Social Care is inadequately funded by Central Government. Thurrock Council debated a motion calling on Government to increase funding in light of the additional legislative burdens being placed upon it, which won cross party support.

Throughout the consultation, whether with residents or with elected members, there was a feeling that the Green Paper raised as many issues as it attempts to deal with, and there are omissions, many of which have been picked up as part of the consultation process. For instance, it is not clear who will be responsible for funding the first third of basic care and support costs, and how this money will be raised. Will it be through general taxation, or will local authorities fund it via council tax and care charges? Therefore, the consultation response is peppered with additional questions and comments, which do not naturally fit into the consultation questions.

Key Messages

Whilst there is further detail in the following pages, of the consultation response and concerns about the proposals, we would like to express the key messages that should be taken from this paper:

- The viability of a small unitary authority's resources to be able to implement the proposals in the Green Paper as well as deliver personalisation is questionable. Without increased funding where is the flexibility to allow the major shift to prevention that many Local Authorities need to be able to offer in order to improve peoples' quality of life and reduce the use of higher cost services, but can't, as pressure grows on existing resources just to meet the needs of those in the higher FACS bands.
- The proposed changes to disability benefits has created grave concerns among recipients and their families/carers due to the perceived effect that it will have on their independence and quality of life.
- If central government intend to engage in genuine debate with stakeholders, clarity around the funding proposals is essential, as a minimum, to make the proposals transparent. The costings and methods of arriving at the costings should be produced to the public to enable a better understanding of the rationale of the proposals.
- Funding Option 5 received the most support from most participants. There was general consensus that people had already paid for social care via taxation and that the insurance would be an additional tax for those who had been prudent with their finances. Additionally, the funding options tend to focus on solving the funding crisis in the immediate future to cope with the rise in the ageing population but does not address disabled people of working age or transition.

Consultation response

General concerns:

Disability Benefits

There was substantial debate about the proposal to retract or integrate existing disability related benefits into the state contribution of the proposed funding options.

Participants who are also recipients of disability benefits currently enjoy a level of independence and choice due to their freedom to spend their benefits on services/items that address lower level needs, such as transport via taxi and social activities. The group concluded that they feel very strongly, that retracting disability benefits will be a step back, in terms of personalisation and independence. It is felt that recipients will become more reliant on the local authority to approve the services they receive or can purchase via a direct payment. The State should not be detailing how people spend this money.

Lack of clarity

There was a general feeling that participants were unable to contribute to the discussion fully especially regarding the funding options due to the lack of detail about the proposed funding options. Service users and carers especially, expressed severe concern about how an insurance scheme might work in practice and of their ability to take part in an insurance scheme due to the nature of their condition or disability.

It was felt that an insurance scheme would be inaccessible to people with complex needs and life limiting illness due to their existing conditions attracting a high insurance premium therefore being unaffordable or being categorised as uninsurable.

Safeguarding

Participants raised concerns that the move to personalisation and increased choice may put the most vulnerable service users at risk of abuse, for example by employing a carer who has not had the necessary vetting or increased pressure being put on families to become informal carers.

Older People & Younger Adults

The green paper focuses too much attention on finalising care and support for older people. The implications for younger adults, especially those with no assets or families, are not sufficiently clear.

Residential Local Authority Role

If some functions were delivered centrally, the possible residential function left to local authorities would make joined up “total” place delivery an impossibility.

Response to the set questions:

Question 1

We want to build a National Care Service that is fair, simple and affordable. We think 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?

1 a. Response summary

There is broad agreement that the six expectations are relevant, however, the following points must be taken into account:

- Acknowledgement of informal carers.
- National assessment must allow for fluctuating needs and low level needs such as befriending and social activities.
- Information and advice should be located in one place that includes information about the range of issues/support and services that service users and their carers will need to know about.
- Can there be a fully joined up service between health and social care as long as health care is free at the point of delivery and Adult Social Care is means tested?
- Will there be money available from Govt to invest in the necessary IT that would better enable this to happen?
- Without increased funding where is the flexibility to allow the major shift to prevention that many Local Authorities wish to offer, but are limited in what they can provide, as pressure grows on existing resources in order to meet the needs of those in the higher Fair Access to Care Services criteria.

General comments:

1. How will 'fair funding' be determined?
2. Will the service providers, council and PCT be scrutinised more to ensure high quality is achieved?
3. Citizens would like specific information about the how the proposals will affect existing benefits

b) How should this work?

1 b. Response summary

- Transparency and consistency are key principles, eradicating opportunities for people to play the system, such as hiding assets and

tax evasion.

- Local Authority commissioners need to be aware of trade value/cost of services, so that they pay market value, drive up quality as well as ensuring value for money is achieved.
- Prioritise preventative measures.
- Fair, transparent assessment process and equity in the way people are treated during the assessment process. Assessors, including GPs, should assess the whole person at first point of contact as opposed to from a service specific perspective.
- Assessments should follow a similar model as those carried out in residential care, which cover all aspects of an individual's life.
- It was felt that quality of life for service users will improve if carers spent quality time with the individual's as well as carrying out duties such as personal care as opposed to 'clock watching'.
- There must be an audit system to monitor how people spend their disability benefits.

Question 2

We think that, in order to make the National Care Service work, we will need services that are joined up, give you choice around what kind of care and support you get, and are high quality.

(a) Do you agree?

2a. Response summary

Yes.

(b) What would this look like in practice?

2b. Response summary

- Housing, health, social services and the third sector should be work far more closely together and fully integrate where possible. The third sector will assist citizens and statutory agencies by ensuring people have the right information, understand their rights and have a trained advocate where necessary.
- All agencies should use a consistent approach to assessments and be trained to the same standard in order to ensure that all citizens receive the same high quality service and advice.
- Implement a national computer system to record assessments and ongoing information such as outcomes of a review as well as other personal information about service users. Perhaps a similar system to the database used by the Inland Revenue might be feasible. Alternatively, provide identity cards, which individuals can give to practitioners, thereby allowing access to their record or a little book similar to those given to newborn babies, which the service user keeps with them and is completed upon each interaction with a named agency.

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

2c. Response summary

- Information for citizens is hard to access and understand.
- National assessments do not allow for local flexibility. People may find they do not receive an equivalent level of support from the national care service and may fall through the gaps and be hospitalised.
- Hospital links with social services and the community need to be strengthened.
- Time pressures, artificial deadlines for discharge and moving on from hospital services. It is problematic to put a timescale on people returning to better health.
- Data protection/sharing are a problem especially with contractors.
- Will the contractors have had the right training and checks to access the information?
- Poor communication between agencies.
- Central government must invest more in carers specifically, training and higher pay. Additionally, there is a lack of value, both monetary and in perceived status on the caring profession.
- It is a significant concern that the merger of staff from the PCT and Council will result in a substantial financial cost for example by co-locating teams, training which will result in a larger portion of the budget being consumed by back office costs. In addition, concern was expressed at the viability of a small unitary authority to deliver the proposals set out in the Green Paper; this will place a great deal of pressure on resources.
- The Green Paper puts too many topics together, care of the elderly and disabled people of working age are very different and should be dealt with separately.

Question 3

The Government is suggesting three ways in which the National Care Service could be funded in the future:

1. 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.
2. Insurance – As well as providing a quarter to a third of the cost of people's care and support, the Government would also make it easier for people to take out insurance to cover their remaining costs.
3. Comprehensive – Everyone gets care 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?

3a. Response summary

Participants were frustrated that funding option 1 and 5 were removed from

the available funding proposals prior to the consultation being published and that in doing so the government has not been open and honest about their intentions. This feeling was echoed by the lack of figures and detail attached to the funding proposals. It was felt that this significantly reduced the options for consultation and led participants to believe that the consultation was not a genuine opportunity to influence decisions.

There has been strong preference for option 5 – tax funded, as this is seen to be the most equitable way for people to contribute to the system. This has, however been ruled out by government as an option, despite public opinion being strongly in favour of it. Option 5 would also allow for better integration of health and social care as both would be free at the point of delivery, and the current issues around who funds which service, would be an issue.

The funding options are not costed and lack detail. In order to make the proposals more meaningful, participants concluded that they need figures, which state how much people might be paying weekly/monthly under each proposal. What is the average spend for an older person or disabled adult of working age likely to be and what might the government contribution be? This would be far more useful expressed as a monetary figure instead of percentages. Case studies relating to different circumstances would have been extremely useful in making the proposals easier to understand and more meaningful.

In addition, participants suggested additional funding proposals as follows:

1. National care stamps instead of national insurance system that pays for the National Health Service.
2. The National Care Service should be tax funded where everyone who pays tax, contributes a small amount throughout their life, the same as the National Health Service.

General comments:

There is also a concern that spending up to £25k on a scheme that an individual may never need to draw against, under both the Insurance and Comprehensive systems would only be acceptable if that money (or a percentage of it) was then returned to the family after the individual had died. However, there is also concern that the partnership option does not protect those who have saved – in fact they are more heavily penalised under this option than any of the others, and more at risk of losing both their savings and their homes.

Again, options 2,3 and 4 were seen to be unfair as those who have worked and paid taxes all their life are contributing not just for their own care, but paying for those who have never contributed to the system.

What happens if individual circumstances change and the insurance is no longer affordable? Will means testing be applied to identify those who cannot afford to contribute to an insurance scheme?

If the insurance scheme is implemented – against the wishes of Thurrock

residents - participants expressed the need for assurance from the government that the insurance schemes will be secure and monitored by government to safeguard the policy holders.

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

3b. Response summary

There was a combination of preferences in response to this question and a consensus was not reached. Some participants welcomed the proposal of national government making the decision, as they felt this would eradicate existing inconsistency across the country. However, some participants favoured a part-national, part-local approach which would mean that a basic national minimum is decided by national government but this should include a budget for local variations. It must be recognised that business costs vary across the country, which will affect the cost of services to the citizen.

Whilst there was little consensus regarding the part-local, part-national / fully nationalised debate, there has to be recognition that local government is locally accountable, more accessible and can be more flexible in its approach than national government.

If national approach is taken, how will national government ensure that local authorities retain some flexibility, which will enable them to respond to local issues and needs?

Any move by central government to set eligibility criteria for local authorities must come with the financial implications of any change fully costed and fully funded. Most local authorities only meet the top two criteria due to financial constraints and there must be recognition by government of the impact that a reduction in the Fair Access to Care Services criteria will have. Potentially, the cost will be astronomical, and given the increase in cost around both the children's social care and waste agendas, may force local authorities to increase both council tax and charging for adult social care, which will negate the financial benefit of the 3 proposed systems to those in receipt of adult social care services.