



Response to Future of Care green paper

Shaping the Future of Care Together

Submitted: 13th November 2009

This is COVER's response to the government's consultation on the future of care and the establishment of a national care service. COVER is a representative body for the Voluntary and Community Sector in the East of England. Our Vision is of a just and inclusive society for the region that recognises and supports the value, and values, of the community and voluntary sector. Our Mission is to increase voluntary and community sector regional influence, activity and recognition.

This response was shaped by input from members of a regional Health and Social Care forum, one of the branches of the Eastern Region Infrastructure Network (ERIN). ERIN exists to bring together views from across the Voluntary and Community Sector and provide a forum for discussion, debate and joint working. In total 30 member organisations were contacted individually to discuss input to this response, though not all of them contributed. In addition the draft response was circulated to all our members, associate members and wider ERIN partners for their comments. Some members may be putting in separate responses.

Any queries about this consultation response can be directed to:

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Overall Comments

COVER welcomes the messages in this paper. We agree that there is a growing issue about the delivery of care services particularly considering the demographic changes expected in coming years. We think that it is important for there to be a clear, accessible and fair system in place, and feel that the green paper has considered many of the complex issues around the provision of care and dealt well with them.

However, there remains much work to be done. We don't feel that any of the funding proposals suggested here entirely meet the need. There are some issues outlined at the beginning of the paper which are not resolved by its end. Further detail will need to be developed before we and much of the Voluntary and Community Sector will be reassured that the proposed new arrangements are satisfactory and fully consider individual and community needs and aspirations. We would like to see as much inclusion as possible of individual choice, dignity, respect, local provision of services, and support to stay at home/independence.

As the paper outlines, the future of care is likely to be increasingly challenging. We feel that there needs to be effort from now to prepare people for what that change will mean,

increasing the strength of family and community support networks, and decreasing expectations of and reliance on state provision. People should be equipped to face the decisions and responsibilities of the future, from school age children upwards.

We feel that something as important as this shouldn't be politicised, and threatened by the possibility of a new party in government in coming years. All parties should be able to work together for the common good on these issues.

Responses to consultation questions

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. Is there anything missing from this approach? How should this work?

We agree with the approach set out in the Green Paper for building a National Care Service that is fair, simple and affordable. These three aims in themselves are quite ambitious considering where we are now compared to where we need to be. We are concerned that the government may not deliver on the "simple" aspect in particular, as past experience suggests that a national system will inevitably be bureaucratic and inefficient. We therefore think that the national element of the proposed new service should be as minimal as possible, setting out regulations for Local Authorities to abide by, with all delivery carried out locally.

We think that the contribution that the Voluntary and Community Sector is already making to health and social care is immeasurably valuable, going far beyond statistical targets and strategic plans by working locally, organically and responsively to meet the needs of individuals and communities. This contribution needs to be valued more than it currently is, and appropriate support should be offered to increase the capacity and scope of the sector. There are many practical examples of policy changes which could achieve this aim, particularly around access to funding. Making these changes would have a massive effect on care provision starting from now, without the need for epic strategies!

The areas addressed in the Green Paper cover many important issues. As is perhaps inevitable in a paper of this kind there isn't enough detail or firm commitments to satisfy us that the proposals will result in real positive change. The broad concepts are clearly laudable, but it will be in the development of the detail that real discussions will be needed.

Prevention: Promoting healthy and safe lifestyles is crucial, and needs to go hand in hand with the other elements outlined in the paper around e.g. reablement and use of telecare solutions. In addition, there needs to be close joint working with partners to ensure that conditions are identified as early as possible and appropriate intervention is given from the outset.

National assessment: We strongly support ending the postcode lottery of care that currently operates, and feel that one universal assessment would be beneficial. This should be supported with one universal application process, ensuring clarity and accessibility. The same criteria should be applied universally to decide eligibility for assistance.

A joined up service: Of course we should have joined up services, there is no disputing the huge benefits that would bring! Appropriate data management processes will need to

be considered including data protection law to avoid mismanagement, corruption and loss of personal data. Joined up working needs to be encouraged nationally but worked out locally, and will only succeed if individuals in relevant organisations are committed to partnership and prepared to avoid personal and organisational agendas and disputes impeding progress.

Information and advice: We can't emphasise enough how important we think this aspect of the proposed care service is. People need to be able to access clear and consistent information about their options, and about their assessments. In general this information is not as widely available and understood about it should be. The third sector has a crucial role to play here, but cannot fulfil it without the support of the public sector. Local Authorities in particular will need to embrace their responsibilities in compiling and distributing coherent and comprehensive information about the range of services available in their area, working in partnership with the third sector.

Personalised care and support: the Voluntary and Community Sector has long been an advocate for empowering individuals to make their own decisions about services which they receive, and so we definitely support this principle. However, there are lots of problematic details which still need to be resolved. In this paper there is mention of the need to provide appropriate support for those making decisions about the services that they receive, and we feel that this needs more thought as it will represent the success or failure of the personalisation agenda. Support for carers is crucial and recent recognition of the value of carers with resulting policy initiatives has still not gone far enough. We think that real support and value for carers needs to be committed to and investigated much further. The whole system of personal budgets needs more thinking through, as while the principle is sound the practice is problematic.

There are various implications for the sector as a whole from the personalisation agenda, and we feel that the sector's contribution to health and social care could be watered down if individuals don't have adequate information about the services available from this sector – and the sector itself will struggle to find marketing budgets to rival the public and private sectors if a competition for 'customers' develops. Adequate safeguards need to be considered to ensure the quality of services delivered.

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. Do you agree? What would this look like in practice? What are the barriers to making this happen?

Yes – though we're unsure why joined up working and choice are two of the six elements of the proposed new service as well as cross cutting themes highlighted separately in section 2!

For services to be joined up they need to not only consider health, housing and social care but also the widest variety of other elements that impact on individual's lives: skills and employment, economic health of areas and regeneration needs, integration and community cohesion, health of communities and community development, spatial planning and the physical and environmental shape of communities etc. The Total Place pilots are one positive example of this approach. This kind of holistic working has been discussed

and verbally supported for years, and yet the practicalities still seem to miss it! For example the proposed new Integrated Regional Strategies are about economic and spatial priorities, and seem to sideline health and social agendas.

In addition, we feel that there hasn't been enough work done to encourage joined up working between the public, private and third sectors, with the third sector still marginalised at the edges.

Quality of services is an area which really should be one of the strands of the proposed National Care Service as it is fundamental. To ensure quality more funding is likely to be needed, and decisions about funding levels need to be made quickly to deal with growing problems. In addition to the services themselves we feel that more emphasis needs to be placed on the need to appropriately resource staff and volunteers working in care, and ensure that they are not too overstretched to deliver the quality of services needed. Anecdotally this is one of the biggest problems faced by the sector, with too few staff and ever increasing funding cuts meaning that case loads are increasing far beyond what is acceptable.

3. The Government is suggesting three ways in which the National Care Service could be funded in the future. Which of these options do you prefer, and why? Should local government say how much money people get depending on the situation in their area, or should national government decide?

We feel that all of these options are problematic, and the costs to individuals are so high that there is a real problem of affordability not just for the poorest but for a large chunk of society. This is one of the biggest concerns expressed by the sector.

We agree with the principle of the baseline approach: the state should pay a proportion of costs and individuals should pay a proportion of costs. We agree that individuals should pay into a scheme in order to be able to benefit from an insurance payout should their needs demand it. Overall, we prefer the Comprehensive option – but do feel that more detail needs to be worked out before we could definitely support this route. In particular, if people only paid into the scheme after retirement the monthly costs would be much higher – there should be an option for people to start paying into this scheme much earlier, for example in a similar way to pension savings.

The insurance model makes a lot of sense, but there is some hesitancy about the reliability of insurance schemes, particularly considering recent events. Costs to individuals could be high, without complete assurance that their needs would be provided for. Private insurers acting in their own interests (profit) may not make the most socially acceptable decisions, for example imposing conditions on insurance payouts which mean some people's needs aren't covered (especially with the personalisation agenda likely to increase the wide variety of services that money can be spent on). A government insurance scheme would be likely to descend into a bureaucratic tangle.

We think that the tax based option (option 5) should be explored further, rather than dismissed out of hand. The NHS is a tax based system, and with all its faults it is at least universal in its coverage. To create a universal national care service similar principles may be needed. Of course in both systems people may pay tax without reaping the benefits, but this is really parallel to the insurance scheme proposals. If and when individuals do

need the benefits they would be able to claim them – and as the paper clearly says there is no predicting this.

Regarding national / local figure setting, the amounts that people currently receive for broadly similar needs vary widely across local authority boundaries, which isn't fair and is difficult for organisations working across multiple boundaries to work with. There needs to be much more consistency, but we agree that different areas will need different levels. It would be helpful for national government to set a formula to be used for calculating amounts, or a minimum level at least.

Other comments under funding

- 1. Accommodation costs:** we agree with the government's rationale for not including accommodation costs into the proposals for the National Care Service. However, when people are making decisions about their care options the cost of accommodation is a very crucial factor in assessing affordability. Accommodation in residential care homes for example can be very costly, even without considering the care element. For some people there may be pressure not to choose this option because of the chunk of savings (inheritance) which it may use up. Some consideration of this extra care-associated accommodation cost should be included.
- 2. One of the original issues raised by the paper hasn't been resolved:** the first chapter said that it isn't fair that people who have worked hard and saved all their lives should have to pay for their care while others who haven't don't. Under the new proposals this will still stay the case – although everyone will get a certain level of care, those with limited resources will get all their care paid for. We feel that this is a much broader issue affecting all aspects of the welfare state, and possibly not one which can be resolved, but perhaps more ideas around solutions could be suggested.
- 3. Postponing payment till after death:** For many people this could be a preferred option in theory. However there are some practicalities which would have to be worked out – for example many people will die leaving very little money (whether by choice or necessity), so the payment would not be able to be afforded. This could seem to be a very inequitable arrangement.
- 4. Separation of Attendance Allowance and Disability Living Allowance:** At the moment two people of the same age with the same conditions / disabilities can be on different allowances, according to when they started applying for it. Under the new system, it seems as though the Attendance Allowance would be replaced with the national care service arrangements, but the Disability Living Allowance would continue. This will exacerbate what is already really an unfair arrangement, treating people differently depending when their conditions develop. Whether an individual develops a condition or has an accident at 50 or 70 they should have access to the same assistance during their retirement years (though we understand the rationale for having a separate system for younger people). In addition the green paper isn't clear about the levels of support that would be covered by the National Care Service – the current problems around only high levels of support being provided need to be addressed. This is particularly important if Attendance Allowance is no longer paid.