

“SHAPING THE FUTURE OF CARE TOGETHER”

GREEN PAPER PUBLIC CONSULTATION
2nd September 2009 at Devizes Sports Club.

This event was extremely well attended, primarily by members of the public but also present were:-

- Service Users (disabled, older people etc)
- Carers (paid and unpaid)
- WIN members
- Representatives of Wiltshire Council (including Chair of Health & Adult Social Care Committee)
- Voluntary sector organisations (13 represented).

During the morning a presentation was given by Wiltshire Council’s Head of Social Care Policy, Department of Community Services and this included various slides to highlight particular issues around Wiltshire. There then followed a question and answer session which was very lively and enlightening.

In the afternoon a varied mix of attendees were seated on each table to discuss the Green Paper and to record responses to the questions on the paper. Additional comments/issues raised at both the morning and afternoon sessions were also recorded.

Responses to the Green Paper questions are recorded as per individual tables with additional comments gleaned from both sessions (appendix 1). Organisations represented at the event were also recorded (appendix 2).

After closing the event, many participants said how pleased they were to have had the opportunity to participate in the consultation and how they hoped the DH would take on board the comments, issues and concerns raised by the people of Wiltshire.

Table 1

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?

No. Fundamental principles.

b) How should this work?

Nationally.
User-led delivery
User-led design
Availability of choice
Control of service quality by users.

Table 1

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?

Yes.

Joined-up service is important.

The individual is at the core of services.

b) What would this look like in practice?

Services should be holistic and inclusive.

Easy to access and simple, understandable.

High quality with good controls.

'One Stop Shop' concept for access to services and advice.

Advice must be well informed and accurate.

c) What are the barriers to making this happen?

Lack of co-ordination of services.

Lack of information.

People delivering services do not talk to each other enough.

Too much bureaucracy hides the real needs and gaps.

Lack of funding.

Lack of fairness in funding.

Postcode lottery – need portable assessment, continuity service provided, regular reviews.

Table 1

QUESTION 3

The Government is suggesting three ways in which the National Care Service 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 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.
- 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 do you prefer and why?

The majority think the comprehensive scheme is best but there should be compulsion to be involved.

There was a view that the insurance route would be better.

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

**National Government should decide.
The local government route would leave us with postcode lottery possibilities for value of the care bought.**

**Good quality control nationally is fundamental.
We do not agree that the government has discounted any consideration of the Taxation route however unpopular this may be.**

Table 2

QUESTION 1

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- Personalised care and support
- Fair funding

a) Is there anything missing from this approach?

Too many layers.

Everything should be in plain language – simplified formats.

Fair – not enough emphasis on Learning disabilities/Mental Health.

Flexibility – too rigid, aimed at elderly care.

Fulfilling lives – every individual in care to have personal planning to enable access to ‘professional’ day service developments.

b) How should this work?

Consultation with all groups – green paper refers mainly to elderly care and end of life care.

Learning Disabilities = life long care.

Table 2

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?

Definitely - BUT will the service become too complicated and downfalls in the caring system will not be addressed promptly at the expense of service users wellbeing?

b) What would this look like in practice?

National Government to set the levels and local authorities to implement regional plans.

c) What are the barriers to making this happen?

**Too much legislation.
Lack of funding and communication.
Lack of flexibility.
National decisions being made not flexible enough to meet the requirements at local levels.**

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- 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 do you prefer and why?

Comprehensive preferred.

Insurance product already available but rarely advertised.

Lifetime insurance linked to National Insurance payments.

Funds paid into N.I. must be 'ring fenced' to ensure that the care plan funding is kept at the correct levels throughout the country.

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

National Government should decide in order to avoid postcode lottery.

Same countrywide levels for support and funding.

Table 3

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a) Is there anything missing from this approach?

Mental Health, all ages, learning disabilities.

Common assessment needs to be inclusive.

Carers assessment separate.

Social Care and Health.

Eligibility criteria should be the same nationally.

b) How should this work?

With a joined-up approach, all professionals working together. Also involving voluntary agencies and families.

Where appropriate, respite care should be available to aid future provision of services.

Assessments should have no connection with reducing costs.

Good management throughout the whole process.

Table 3

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?

Yes.

b) What would this look like in practice?

Consistent approach across the country.

We need far better managers, careful monitoring and reviews.

Prepared to place service users at the top of the list.

National guidelines and confirmed practices.

In parallel with NHS, SHAs and PCTs the National Care Service needs a similar structure.

Accountability for running the service with adequate funding.

Need for same quality of care across the country.

c) What are the barriers to making this happen?

Inadequate management.

Acute shortage of trained staff.

Insufficient adequately trained staff/assessors for community care.

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- 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 do you prefer and why?

The group did not choose one of the three options – the suggestions were not convincing.

Partnership underpins insurance and the comprehensive way.

Must stress Disability Living Allowance and Attendance Allowance should not be removed and used to fund other things.

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

National Government should decide.

Table 4

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:

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- Fair funding

a) Is there anything missing from this approach?

Will this include all areas – mental health, disabilities all strands, all citizens with equality?

b) How should this work?

Address out of balance weighting factor; young, elderly. Armed Forces (transient population for military personnel) & associated family problems

**Assessments - joined-up thinking encouraged.
- support for carers.**

Table 4

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?

Yes.

b) What would this look like in practice?

Family Support network.

Should have access to professional caring.

Should support family carers. Carers also get health issues.

Short term support necessary.

Ensure people do not fall out of the system – how to identify these.

National equality.

Geographic balance.

Effective monitoring.

Ring fence monies.

c) What are the barriers to making this happen?

Political will to carry it out.

Insufficient resources.

Insufficient professional support, staff in situ.

Under 60s are ignored.

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- 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 do you prefer and why?

Comprehensive.

Must be affordable.

Private/commercial excluded.

Should be via national insurance.

State to claw back after death.

Scheme should be state run. Should be covered for life from working age (similar to health insurance).

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

National government should decide.

Table 5

QUESTION 1

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- Fair funding

a) Is there anything missing from this approach?

Yes, a “One Stop Shop” to get any information.

b) How should this work?

All councils should have computer systems that will communicate with each other.

Table 5

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?

Yes.

b) What would this look like in practice?

A structured control system. Original assessment to be handed over to whichever department will be concerned next. The whole system followed through seamlessly.

c) What are the barriers to making this happen?

**Bureaucracy!
Lack of accessible information.**

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- 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 do you prefer and why?

Comprehensive. A lot of older people who need care are in the position of not being able to afford a contribution.

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

Local Government. Councils will have more knowledge of local costs of living, facilities and also requirements for people requiring care.

Table 6

QUESTION 1

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- Fair funding

a) Is there anything missing from this approach?

- Early intervention in order to access care we need to reach a certain level of acute care. We need to support people prior to having intervention.
- Good idea but needs to be holistic and with manageable paperwork. Needs a section to include self assessment, give patients the opportunity to hold the care records.
- Password to access a record, available to professionals and customer. To include housing, transport and to be limited access.
- Very little about families in the paper and working age people, 16-18 group is not represented in this paper. The service needs to embrace all ages to give help to families looking after children and older people and possibly disabled at any age.
- Individual care tailored to them is ok. Needs to be done by statutory and voluntary.
- See Q. 3
- Cut out bureaucracy. One source of funding stream. Cultural problems – communication. Carers on the ground – basic training. Care staff need to be paid a proper wage. Family carers would benefit from training. Training needs to cover

domestic as well as care. Care Commissioning needs to involve training. To involve whole life care. Live-in care sector needs better training and basic expectations required of them.

b) How should this work?

(nothing written in this section.)

Table 6

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?

No problems. The ideal is good.

b) What would this look like in practice?

Variety of service providers, tiered services, personalised budgets. Customer needs to know what is available e.g. what is a need and what you get – wish list? Care co-ordinators need to be integrated – save money but eliminate duplication.

May be a personal “champion” or advocate known to the client.

What is the difference between want and need?

If you work to “top up” benefits we need not be penalised.

Difference between low level/medium – high level care which required careful assessing. Periodic needs – getting better or worse.

Tiered care, periodic care, assessment needs to be via a range of professionals, social care, self referral – a multitude of access points. The system needs to be able to respond to sudden crisis assessment. Some disabled people appear to know more about their problems than the doctors.

c) What are the barriers to making this happen?

Right to work as opposed to having a benefit system. Volunteering may deprive others from work.

Disabled clients are pushed into volunteering due to loss of benefits if they do work, even part time. The client is best able to say their need – physical needs may not necessarily be as “ill” as someone suffering an illness that is “not seen” – e.g. cancer or depression.

Clients need to be able to self refer without going through their G.P. in order to see a consultant etc. A complex issue that maybe the G.P. cannot resolve, also after being signed off by consultant.

Barrier for differences in ability, e.g. mental health, access to internet, ability to understand, investigate etc.

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- 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 do you prefer and why?

Partnership. Levels of a quarter or third far too low. People who currently fund their own case would benefit, whereas now they do not. This is a short term solution, option 1 needs to be with options 2 & 3.

Insurance. Private contribution scheme backed by the Government over and above your N.I. This would be like a private health scheme – is there a no claims benefit? But what about those who do not or have not worked, these would be “credited” with health care payments. It will work for the majority but there will be exceptions. Private companies would not be interested and would need to be backed by Government.

Comprehensive. How do we pay? Not through general tax as quite a few and smaller workforce. £20k would need to be means tested. Possibility but needs further discussion.

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

National would cut down on bureaucracy.

Personalisation in funding enables a “specific” cost to each client – a cost on your head.

Different areas need different funding, rural for Wiltshire.

Standardisation – would this be more cost effective.

Good if a client moves from one area to another – funding will remain the same, this is a benefit – less paperwork, less re-assessment.

Tells the client what they can buy with their money in other areas.

National Standard could be a good idea but needs to be discussed more.

Needs to be a fair standard overall.

Table 7

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- Fair funding

a) Is there anything missing from this approach?

Counselling – face to face contact to discuss ways though the maze.

Improve current standards of care for all staff in care field.

A system which values and appreciates the cultural diversity of our county.

Important to have sufficient support services for people with personalised budgets.

Does the Green Paper apply only to England? Vision is for Britain!

b) How should this work?

Early detection from individuals and other agencies - statutory and voluntary - for prevention.

Health & Social Services working closely together.

Raising public awareness of what care, support and prevention is available. Seek and find and make services known.

TV campaigns, soaps and documentary features.

National Scheme like N.I. paid into designated fund for social care.

Funding voluntary sector sufficiently for their services.

Table 7

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?

Yes.

b) What would this look like in practice?

**New body required to run health and social care elements (don't work together in practice).
Consistent and uniform approach to training, buying approved trainers.**

c) What are the barriers to making this happen?

**Inadequate funding.
Present Bureaucracy may stand in the way of change.
Health & Social Services do not work well together in practice.
Low esteem of social care workers.
Bad publicity surrounding social work profession.**

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- 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 do you prefer and why?

**Comprehensive.
Everyone pays into it when starting work so they
understand the importance of social care.**

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

Nationally agreed amounts to be paid.

BUT what about regional differences in costs of carers' wages, residential homes etc.

end



health and social care

Appendix 1

“SHAPING THE FUTURE OF CARE TOGETHER”

Green Paper Consultation
Devizes Sports Club, 2 September 2009.

Comments made outside the workshop session.

- The Green Paper appears to address only care for those over 65 (retired). What is there for those with disabilities or long term illness who are under 65? The Green Paper appears to ignore them.
- Every individual in care to have personal planning to enable access to “professional” day service developments fulfilling lives.
- Abolishing Disability Allowance and Attendance Allowance will cause much concern.
- Working age people are not included in the Green Paper.
- Much concern about carers – how will they be adequately funded.
- How to identify unpaid carers.
- Not enough carers’ assessments being made.
- More information and support needed for carers.
- Information inconsistent – needs to be the same nationwide.

- Older people with learning disabilities not addressed in the Green Paper.
- Early discharge from hospital of great concern – adequate care packages not in place.
- Social Workers need to change practice i.e. help people to reflect what they want.
- Prevention Service should include people of working age with depression.
- Unpaid carers need to be identified, not many are registered.
- Provision of care not enough – it has to be quality care.
- Need to raise confidence in/of social workers – they have had a bad press.
- Concern that scrapping of Attendance Allowance and Carers Allowance will have a bad impact on self funding
- Need more integration across Wiltshire Council departments for the benefit of others, e.g. housing, good access to universal services vital.
- Information needed before services are needed. Most enter the system when the need for care is critical. Support needed before social care and at an early stage.
- Need more focused care to enable independent living.
- Provision needed for those unable to comprehend 'choice' and therefore unable to make their own choices for personalisation.
- Green Paper says very little about younger disabled adults.
- Benefits etc. are far too complicated, especially for those with learning difficulties. Need to produce simpler information, treat them with respect

- Need to be able to access local pharmacies (many are closed or have short opening hours). Elderly or disabled cannot travel to nearby towns.



Appendix 2

“SHAPING THE FUTURE OF CARE TOGETHER”

GREEN PAPER PUBLIC CONSULTATION

Devizes Sports Club 2nd September 2009

Organisations Represented:

Alzheimers Support
Wiltshire PHAB
WSUN
ASK
Arthritis Care
Ridgeway Supported Housing
Art's together
Voluntary Action Kennet – H&SCF
Abbeyfield Society
Bluebell Lodge
Calne Community Day Centre
Age Concern
MENCAP

Also Present:

Members of the Public
NHS Nursing
Wiltshire Council
WIN Members
HAP Staff
P.A.s/Enablers