

**Response to the Social Care Green Paper from:
Worcester Big Care Debate (26th October 2009)
At Worcester Guildhall, hosted by Worcestershire County Council**

The debate was attended by over 80 people from a range of backgrounds including older people, services users with a physical disability, older people forum representatives, voluntary sector and health and social care staff, local providers and local and county councillors. Each question proposed by the Department of Health was discussed in groups and facilitators collected all the views to make up the response below.

Question 1 - The vision for the future

The Department of Health has suggested six key things that everyone should expect from a National Care Service: prevention services, national assessment, a joined-up service, information and advice, personalised care and support, fair funding.

1a) Is there anything missing from this list?

People welcomed the opportunity to debate this important subject.

Many commented that the contribution and support needed for informal carers is not fully acknowledged in the Green Paper. It was felt that Self Care education is needed (alongside the Expert Patient programme). Night time support is essential. There needs to be more planning for the future - houses should be built for life and children need to be educated and informed about social care at school.

There were comments that there is not enough detail in the Green Paper about how funding actually will be awarded and who will qualify in any of the models - what will be the eligibility thresholds?

There was general concern that the Green Paper focuses too much on older people, whilst younger disabled people require a large share of the funding and services. A number of younger disabled people felt the options for them were not clearly spelt out.

b) How should this work?

There needs to be more explanation of how services will be accessed and who will be eligible, particularly for prevention services. Many people asked how will people's needs be prioritised. It was felt that social care funding needs to be ring fenced when it arrives in local authorities and not spent on other services.

GPs need to be more informed and more information needs to be available in pharmacies.

Information needs to be in accessible formats. There needs to be more training for housing and mental health staff on diversity issues.

Single Assessment needs to be improved, but there is concern about increased bureaucracy, especially if services are delivered nationally.

There is concern about data protection although many people said they would be happy to share their information if it meant they were not asked more than once about their needs.

There is a need for national standards for information and advice, as you rely on the person you talk to first.

Question 2 - Making the Vision a Reality

The Green Paper proposes more joined-up working, a wider range of care and support services, and better quality and innovation.

2a) Do you agree?

Yes – although more detail is needed of how service would work at the local level.

2b) What would this look like in practice?

Service must join up.

People felt that local support workers are needed, local and central information and a local helpline. Better communication between agencies is needed - not being asked the same question twice - users should take responsibility for their own notes

Carers and families must be involved from the start in assessments and designing a national assessment is top priority.

It was felt that more extra care villages are needed.

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

Professional carers need to be paid more, there needs to be standardised training to reduce duplication and improve the quality of care. We need to recruit the right people - those who have intrinsic care values.

People are worried about the lack of a care workforce going into the future. Profit motive within the private care sector can mean there are short cuts on quality Warden systems have gone, they need to be replaced.

There is a culture whereby the NHS is seen as superior to care services, they need to be on equal footing and work together.

IT systems must be joined up!

Question 3 - Funding options

3a) Which of the three funding options do you prefer? Partnership, Insurance or Comprehensive?

In this debate 80 people participated in the voting session. Nearly half did not agree with any of the options, but of the 51 that voted for the three options, the

most votes by a very small margin (19), were for the comprehensive model. The other two models were close behind. Insurance (15). Partnership (17).

In the discussion people felt that the comprehensive model would guarantee access to free care and support and put social care on the same footing as the NHS. However there was doubt raised whether people would have sufficient resources to pay a large sum on retirement, especially for future generations who will have student debts and high pension contributions. One suggestion was that there should be a comprehensive insurance scheme which one paid into regularly from taking up employment to the end of one's life.

Some people were worried about the insurance model, as this is not what people in Britain have been brought up with and people may not pay into if voluntary. Also there was concern about pension funds not having enough cash - would the same apply here? There was concern that older people will feel a burden and will also not trust insurance. How would those with existing health issues be approached by the insurance companies? How would claims be assessed, by the insurance companies or local authority assessors?

Some people felt that by excluding the income tax option which would give direct access to 'free care', the government was downgrading the value of social care compared to healthcare.

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

People felt that funding should be distributed nationally to prevent the postcode lottery, however many people wanted the decisions about the type of care available to be made locally.

There was also concern about the administration costs of a national system. Some people felt they knew what to expect from their local council and would prefer them to administer the money. There was concern that providing care in rural areas is more expensive and there should be allowances for this.