

**ADULT SOCIAL SERVICES POLICY OVERVIEW AND SCRUTINY
COMMITTEE, 13 JANUARY 2010**

**Members' views and concerns expressed during debate of the Personal
Care at Home Bill (Minute 40)**

Points are recorded as they were expressed, and listed in the order in which they arose.

1. Wouldn't it help to aim for one streamlined assessment process? Currently, clients could undergo three separate assessments – for acute care, primary care and social care.
2. There has already been much change in social care (e.g., personal budgets) which is still bedding in, and this Bill brings more difficulties and requires more efficiencies. If this goes through, and I think it probably will, we could have a crisis in handling the admin for all these changes. It seems that greater use of Kent Card would be needed, as well as further modernisation of service delivery, and these changes would need to be made urgently.
3. I see many problems in this. I hope the quality of care will be the same when it starts to be given free to a client, having previously been paid for, or will corners start to be cut?
4. As in the NHS, where someone could choose to pay to receive faster treatment, would some people be able to get a better service by opting to pay for it?
5. I find it difficult to follow all the arguments around free and charged care. Some people who pay now might still want to do so! Some people who already have free care might worry that they will receive the same quality of care under the new arrangements. I hope we will have some control over the quality of service delivered.
6. I am concerned about the level of input Members are able to have on Government consultations, and the POSC's chance to see the draft response to which it has contributed. When consulting on major Bills, we need a system to allow the POSC further input at the draft response stage.
7. I question that we can afford the proposals in this Bill.
8. Funding is based on a client receiving 6½ hours of care a week. Is it possible to have/does Kent have the scope to have a flexible system of care in which a client can have 6½ hours of free care per week and then pay for anything above that?
9. There are many things that we simply can't forecast, e.g., people currently funding their own residential care might opt to move out and receive care at home instead as this care would be free.
10. We could sum this up as having three major aspects; the concept, which seems sound; the cost and the financial implications – the government seems to be proposing to underfund it and make others fill the gap; and the staffing resources to deliver it.

11. I agree that there are many areas of cost which we cannot predict. Many families would like to support their elderly relatives themselves, but we don't know how many people might have asked previously for a contribution towards the cost of doing this and not been given it.
12. We have to take account of, and respond to, the demographic patterns of which we are aware; more people are living beyond 85 and will seek more care as they grow older, and by the end of 2011, 50% of the population will be over 60. These demographic pressures will be very difficult to fund, and we can't control them.
13. In choosing what services they access, there is nothing to stop clients taking advantage of free care provision first and then choosing what other care they wish to pay for.
14. It is vital to get the initial care assessment right but, once that is done, there is still much to cope with. The Kent Card should be used more.