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Dear Sir/Madam

The Kent County Councils response to 'The case for change – why England needs a new care and support system'

We welcome the opportunity to consult on 'The case for change – why England needs a new care and support system' prior to the publication of a Green Paper. We have consulted with County Councillors, our key stakeholders, KCC staff and the general public in order to make an informed response to the consultation document. The key themes emerging from these discussions are set out in the attached paper.

Kent County Council is transforming its services to provide a modernised and responsive care and support system with flexibility to ensure all packages are directed at meeting each individual's unique requirements. However, in order to realise this vision there will need to be adequate funding, and for this reason we consider this debate to be critical. We look forward to the publication of the Green Paper in 2009, and are keen to be involved in developing future solutions.

Yours faithfully

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Managing Director
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Graham Gibbens
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Adult Social Services

Kent County Council's response to the Department of Health consultation document 'The case for change – why England needs a new care and support system'

Introduction

Kent County Council has consulted a variety of audiences across the county from September to October 2008 to publicise the government consultation on a proposed new care and support system. The summarised results of these discussions have been despatched to the Department of Health, under separate cover. This paper reflects the most critical themes to have emerged.

1. How do we ensure the new care and support system gives people the real independence, choice and control they need?

Kent is already working on a radical transformation of its adult social services, designed to allow real independence and choice. We are remodelling the Directorate to provide easier access, proportionate assessment, comprehensive enablement services and self-directed support for all service users. These services are informed by a commitment to innovation, and enhanced by the development of good quality assistive technology.

These developments would be assisted by wider consideration of the relationships between the benefits system and social care, particularly if there were some significant simplification of the benefits system, and streamlining of the processes for accessing these.

The role of the third sector in providing wider opportunities, and meeting people's needs at a lower level of dependency will continue to be important as a part of the preventative strategy. However, this involvement cannot be depended on without good commissioning strategies from the local authority to ensure that there is widespread and coherent coverage of services.

Service users also advise that the availability and accessibility of transport, particularly in the more rural areas, is a real challenge for independent living. In particular, the process of accessing health and other services from a rural location can be both time consuming and costly.

2. a) How should the responsibility for care and support be shared out between people who need care and support, their families and the government?

Historically families have provided the vast majority of informal care to their parents and relatives in older age, during periods of sickness and in cases of disability. However, current social trends in England mean that the availability of informal care can no longer be assumed. This has partly been driven by the work environment, and the need to move to where employment is (and away from parents and families). It is also partly the result of the growing numbers of women in the paid workforce.

The changing role and nature of carers should also be recognised, for example they may have multiple caring responsibilities, such as disabled adult children, and aging parents, living in different locations. Similarly, with many younger people living with disabilities, as their parents become older, siblings may be expected to look after their disabled brother or

sister, with no formal (legal) recognition as a carer. This needs to be adjusted so that all carers, regardless of relationship, may be entitled to ask for flexible working, financial support, and other benefits. More widely, consideration also needs to be given to how step families and friends may also be supported in providing care.

b) Should people pay for care and support if they can?

Yes, provided the means testing is transparent, and clearly understood. However, as more people are supported to live independently in their own home rather than moving to residential or nursing care provision, this has an impact on the levels of income collected to contribute to the costs of services, as charges can no longer be made against people's homes. This has already created at pressure on current budgets, which will grow as this service policy continues to be developed.

In the current economic climate many people are already concerned about the costs of living (and particularly the sharp increases in utility bills), and would find any added costs to finance their care unaffordable. The treatment of property and other assets is brought into sharp focus in a time of recession, and indeed the value of these assets is itself reduced, leading to further pressure on income budgets.

There is considerable reluctance on behalf of individuals to find additional money to pay for the costs of their care. Many people feel that existing National Insurance and Income Tax contributions have already provided for their future care. One alternative that was suggested was to convert the National Insurance scheme to a true funded scheme; it was recognised that there would be the costs of double running as it the funding element built up, but it would have a long term benefit for the future.

c) What should families provide?

Families cannot be compelled to provide anything, particularly when living at a distance. There is, however, an opportunity to develop wider community support, either by formally commissioning third sector engagement or informally by developing "good neighbour" campaigns, to encourage local people to take an interest in any of their neighbours with needs. This could help distant families to support their family member, and would also help provide social contacts for the person in need of support.

Self-care and personal responsibility are also important aspects of the wider support. This starts firstly with the "Our Healthier Nation" messages of how diet and exercise contribute to a family's health and well-being, hopefully thereby limiting the impact of long-term conditions for which care might otherwise be needed. Similarly the encouragement for family members to support each other as necessary should be part of any future development for long-term support.

d) How can costs be shared between people who need care and support, families, everyone else?

The system is currently funded by contributions from the individual, their family, and the state. Any change in this balance will need to be publicly debated and accepted. If this does not happen it will be difficult to apply any new system successfully. In particular, there is already a sense of grievance from some service users and their families, partly because they believe that they had already paid (through their National Insurance contributions) and partly because they see Scotland offering free personal care to their

residents. If they are not persuaded by the arguments to contribute more towards their care, this will serve to exacerbate an already difficult position in collecting the income.

It is also noticeable that for the last few years, significantly greater investment has been made into the health service compared with adult social care. However, the preventative and enablement services already provided by social care, and being further developed as a part of transformation, have enabled real savings to be made within the health service. Part of the overall balance of funding therefore needs to look at this relationship.

3. a) Should the care and support system be the same for everyone?

Care should be provided that meets an individual's needs, within whatever means-testing arrangements are determined. The individual themselves must be central to each decision as to what best will meet their needs, and this will vary considerably. The resource allocation process should be standard across all client groups, but with the discretion to flex the result, if it is not possible to achieve the necessary outcome for the sum allowed.

b) Should we have different systems depending on the type of care each person needs?

There needs to be a sense of equity across all service users, informed by a clear understanding of the means-testing process. However it is not possible to be truly responsive to an individual's needs without a clear understanding of the cause, whether this is an autistic spectrum disorder, the physical frailties of old age, or any other difficulty. This understanding means they can be signposted towards the most useful ways of being supported.

The existing welfare benefit system needs to be re-evaluated in tandem to this debate. It was deemed unfair that carers allowance ceases as soon as you receive your state pension, and yet the carer still performs the same tasks but with just a pension to live on. Carers allowance is not means tested, this should not change, but should be kept at the rate of inflation. There were also discussions about other universal benefits such as cold weather payments and family allowance. Is it acceptable to give all people of a certain age a cold weather payment regardless of where they live or what income they may receive, or should the funds be focused on those in greatest need?

c) Should local people decide how much help people get in their area or would they like to see this done on a national basis?

Kent County Council considers that, in order to respond appropriately to the needs of the local population, decisions around charging and eligibility criteria should be set at a local level within a national minimum standards framework. This would be informed by the Joint Strategic Needs Assessment process, and close partnership working with all other statutory and voluntary partners.

If the whole care and support system were to be nationally centralised there is a real danger of lack of accountability at a local level, insufficient understanding of the local context and opportunities and the services would therefore not be responsive to the various needs of local populations

d) How can we help people who do not have enough money, but also help people who plan ahead and save?

The issue of pensions is a critical element to this debate. The availability of a private pension as an income stream against which care provision may be charged appears to be diminishing in the current climate where many firms have moved away from automatic entitlement to a final salary scheme. Private pensions based on investment values are also currently suffering the impacts of low stock market valuations which will have a considerable impact on some individuals' long term incomes.

In the current economic climate it is unrealistic to expect young people to save an additional pot of money for their old age, at a time when many are leaving higher education with considerable debts. Some people will not be earning enough money to start to repay these debts until they are in their thirties, forties or in some cases older. Coupled with this young people are generally trying to set up their first home and thinking about starting a family, which also reduces their capacity to take on extra cost. Effectively people in their 20's and 30's are generally at their lowest earning potential, but with their highest costs of living, and this is a real barrier to long term saving.

In the past, Kent County Council has explored the possibilities of developing an insurance based solution to pay for future costs of care. This has not proved feasible, partly because the costs of premiums (if paid from the age of 30 or 40) are considered to be unaffordable, and partly because, in an environment when younger people are reluctant to contribute to a personal pension, they will be even less likely to set money aside to pay for future care needs (we all hope to live to old age, few of us believe that we will need care – until we do). An alternative model would be the investment of a lump sum in an annuity, at the time that care was required. However, as more and more care and support will be in people's own homes, it would be difficult to secure such a lump sum, unless there were some reliable form of equity release, that people felt confident in accessing.

The rules around inheritance tax could be revised to assist in paying for care by developing concessions to reduce the amount paid by those that have assisted their family members by paying for care and support or by providing this on an informal basis. This could provide an incentive to families to assist in providing care. It might also be used as a mechanism to encourage families to plan ahead to help in funding the costs of care. At present, when families plan ahead around their inheritance, it often leads to consideration of how to avoid any charge on the parents' assets, and thus how to avoid paying for the costs of care.

The concept of equity is a difficult one to achieve. It is clear that the vexed question of who merits financial support (those who have worked and saved all their lives, and then find they are excluded because of the value of their assets, against those who have no assets) is a value judgement, which to some extent depends on the perspective from which it is viewed. It brings into focus the concept of the "undeserving" poor. This would be hard to make a proper judgement on, without tracking people through their entire lives to see what use they had made of their opportunities, and of any income received. Equally, there is considerable resentment among people who believe they have worked hard all their lives, and been prudent, only to find that they cannot access financial support for their care as they are over the financial limit.

This could potentially be resolved by providing a universal level of support, to a minimum standard, and not means testing this. Effectively this would bring the service more towards

the free personal care system, as provided in Scotland. It would, however, be an expensive solution, and would only be achievable with considerable extra investment overall.

Alternatively, if the funds are not available to provide a universal level of service without charge, then there needs to be a wider recognition of the implication of stigmatising the apparently “undeserving” poor. Quite apart from the value judgement implied, is it really acceptable, in a wealthy country, to exclude people from care and support services, based on an assumption as to how they may have managed their money in the past?

Conclusion

Kent County Council is fully committed to transforming its adult social care services, over the next few years. In doing this, we are working closely with statutory partners, the private and voluntary sector, and, most critically, our service users.

We are keen to work with the Department of Health to develop a new balance of funding for social care, and to ensure that this is sustainable for the long term future.