



**The Big Care Debate**  
“Shaping the future of care together”

**Part 4 Feedback form**

Thank you for contributing to the Big Care Debate and responding to the consultation questions in the Green Paper Shaping the Future of Care Together. Please use this form to record your group's conclusions to each of the questions. This form should be used in conjunction with stimulus material, which includes more detail about each of the questions. Please complete only one feedback form for each group debate. Make a note of answers where there was agreement in the group, and where there were differences. Do add pages if you need more space. This form should also include the names of the participants. Important: Please do not attribute feedback on the form to specific individuals.

Once completed, please return this document by 13 November 2009:

- via email to [careandsupport@dh.gsi.gov.uk](mailto:careandsupport@dh.gsi.gov.uk)
- or by post to Care and Support Team, Room 149, Richmond House, 79 Whitehall, London SW1A 2NS

**Organiser contact details:**

|                     |                                                                                  |
|---------------------|----------------------------------------------------------------------------------|
| <b>Name</b>         | The Medway Local Involvement Network (LINK)                                      |
| <b>Organisation</b> | Kent & Medway Networks Ltd (Host Organisation)                                   |
| <b>Address</b>      | Unit 23, Folkestone Enterprise Centre, Shearway Road, Folkestone, Kent. CT19 4RH |
| <b>Email</b>        | <a href="mailto:info@kmn-ltd.co.uk">info@kmn-ltd.co.uk</a>                       |
| <b>Telephone</b>    | 01303 297050                                                                     |

**About your debate:** The Medway LINK holds quarterly Community Engagement Events in different venues around the area and the Big Care debate was included as one of the topics of such an event. After a short introduction to the Government's Green Paper, groups of attendees sat in small workshops to discuss the proposals and conclude some answers to the questions posed in the Green Paper.

**Note: The Medway Local Involvement Network (LINK) hosted the Big Care Debate and the comments documented in this report are the views of those participating in that debate.**

**Note also: all comments from this debate are in italics for ease of reading.**

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**Central Office**

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(Answerphone available out of office hours)*

**When was the discussion held?** Tuesday 27 October 2009  
**How many people took part?** 63  
**What groups of people took part (e.g. care workers, disabled people, staff)?**  
 As well as the Medway LINK, a range of voluntary / community groups, key local commissioners and providers of health / social care services:

|                                                   |                                          |
|---------------------------------------------------|------------------------------------------|
| Medway Local Involvement Network                  | PALS                                     |
| NHS Medway                                        | Medway Local Strategic Partnership       |
| Ahmadiyya Muslim Association                      | Crossroads Medway                        |
| MPF                                               | CVS Medway                               |
| Medway Council – Benefits Team                    | ICAS                                     |
| MS Society – Medway Branch                        | HACO                                     |
| Fybromyalgia Support Group – Medway               | Kent Autistic Trust                      |
| Medway Carers Centre                              | Fairbridge                               |
| Avante Partnership                                | Living Well in Medway                    |
| Medway NHS Foundation Trust                       | Health & Lifestyle Team – Sunlight Trust |
| Medway Inter Faith Action                         | Aksaa Management Training Consultants    |
| Parkwood Health Centre                            | Medway OSC                               |
| Medway & Swale Advocacy Partnership               |                                          |
| Kent & Medway NHS Social Care & Partnership Trust |                                          |

**Please list the names of people who took part**

|                     |                       |                   |
|---------------------|-----------------------|-------------------|
| Jennifer Gibson     | Jo Brown              | Karensa DeRoberto |
| Bobbie Walkem-Smith | Russell Prestwich     | Jennifer Berry    |
| Catherine Emery     | Martin Nagler         | John Caruana      |
| Fay Brown           | Bill Manfield         | Julie Collins     |
| Jane Etheridge      | David Boalch          | Matthew Pearce    |
| Clare Murray        | James Olay            | Rachel Cook       |
| Peter Reed          | Margaret Robson       | Kerry McMorris    |
| Edward O'Neill      | Ron Robson            | Chris Origbo      |
| Shirley Griffiths   | Geraldine Adamthwaite | Curtis Walis      |
| Sheila Kearney      | Carol Stanton         | Fiona Bambridge   |
| Andy Stamp          | Bobbie Taiano         | Suzanne Brooker   |
| Rory McDonald       | David Elks            | Sue Carter        |
| Yvonne Wilson       | Alan West             | Lisa Chittenden   |
| Naseer Ahmad        | Terry Horobin         | Jo Lambert        |
| Mike Kiernan        | David Reeves          | John Woodside     |
| Jack Kircher        | Peter Reed            | Christine Baker   |
| Rosie Gunstone      | Amarjeet Missan       | Ann Palmer        |
| Mike O'Brien        | Janeen Allwright      | Laura Boone       |
| Doreen Edwards      | Karen Flynn           | Debra Brice       |
| Muriel Divall       | Cedric Frederick      | Deborah Boulares  |
| Irmgard Thatcher    | Sean Meaney           | David Waldock     |

## Confidentiality of information

Please be aware that under the Freedom of Information Act 2000, we may be asked to share the information we receive as part of this consultation. If you would like your response to remain confidential, it would be helpful if you could explain why. If we received a request to disclose the information, we will take full account of your explanation but we cannot guarantee that confidentiality can be maintained in all circumstances. Your name, address and any other personal data as defined under the Data Protection Act is exempt from disclosure.

## Topic 1: The Government's vision for the future

The Government wants to build a National Care Service that is fair, simple and affordable. The Government thinks 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?

- *Preventative services should also embrace the need to support users and carers in living in their own homes – an important component of which must be to provide adequate financial and respite support for carers and families.*
- *Long term changes do not happen quickly – all political parties should come together to ensure that there is a long term strategy which does not change after each general election.*
- *National Care Service – should avoid any possibility of a postcode lottery situation developing with different services and levels of services available depending on where you live.*
- *A planning and housing strategy that enables families to care and support their loved ones in their own homes.*
- *Where does immigration come in? Who pays and when? The point here being that people over retirement age, under this scheme, will have to bear the cost of whatever scheme is introduced and this could impose a heavy untenable financial burden on individuals or the State.*

### b) How should this work?

- *The schemes proposed are going to be costly to administer and are likely to be bureaucratic – is this just adding to the complexity of the taxation and benefit system rather than making it easier to administer through an integrated taxation and benefit system?*
- *There was concern for Pensioners in the middle financial band who may be most affected by the proposal.*
- *Through personalised care.*
- *Government will need to communicate policy well.*
- *Medway – could people lose out in relation to the L?A band on Council Tax?*

## **Topic 2: Making the vision reality**

The Government thinks that, in order to make the vision of a National Care Service a reality, there are three key changes we need to make to the care and support system. We need services which are joined up, a wider range of care and support services and better quality and innovation.

### **a) Do you agree?**

- *Yes agree – but another consultation – one after the other.*
- *Joined up working can only be a good thing if put into practice and carried through.*
- *Yes, all agreed as more joined up services – vitally important.*
- *More joined up working, major emphasis on this.*
- *Housing, health and social services – whole spectrum.*
- *Strict controls – people are in general need. Need for regular assessments – all areas.*
- *Evaluation has to be right.*
- *Everyone should operate to national care standards – private and public sector.*
- *Joined up working beneficial.*

### **b) What would this look like in practice?**

- *Adequately funded.*
- *A seamless service with efficient / understandable pathways with all staff that are trained to a national high standard.*
- *Very bureaucratic.*
- *Unmanageable – all sides agreeing, hopefully it will work.*
- *Choice around care and high quality might not always be achievable.*
- *It would look like the Primary Care Trust with a broader scope, crossing both health and social care boards covering the whole unitary authority (one large powerbase).*

### **c) What are the barriers to making this happen?**

- *Passed out to local Government, but not given support / finance / resources from central Government.*
- *Funding – don't want to see money come from this form poll tax or other tax.*
- *Is the local authority the best to administer?*
- *Adequate protocols that partners stick to.*
- *More red tape (red tape pressures) administration as resources are falling.*
- *Adequate national training and skills for all staff.*
- *Issues cross over both health and social care.*
- *Not sharing information – only after complaints have been made.*
- *Independent Complaints Advocacy Service complaints sharing (health and social care) pilot reasonably successful, but pilot not taken up.*
- *Cross partnership boards – does it get to the grass roots?*
- *Can health and social care services budget?*
- *Bureaucracy, laws (statute).*
- *Lack of information.*
- *Hierarchy – hard to break through the layers.*
- *Communication is key.*
- *Services need monitoring.*

- *Assessments only providing service for those in greatest need and leaving the rest to cope without support or those able to manage a Personal Care Budget.*
- *Amount of resources and quality is not going to increase.*
- *Prepare for care – not unlike the American system, which has massive inequalities.*
- *Management – to much.*
- *Massive organisation to run.*
- *Too many demands on the system.*
- *Got to be realistic, can see that might run away with the resources.*

### **Topic 3: Funding options**

The Government is suggesting three ways in which care and support 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 costs 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 and support 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 options do you prefer, and why?**

***It is fair to say that this was generally the most difficult topic for attendees in the Debate to understand and consider.***

- **Partnership:**
  - *The financial contribution may be too much for people with major care needs.*
  - *None of the options given by the Government*
  - *All options are not financially tenable and are unimaginative – going back to old thinking that dates back to Lloyd George and Beveridge (National Insurance never did cover the cost of the NHS and neither will these models cover the cost of a national care services) – there needs to be a cultural shift back to families, neighbourhoods and communities supporting one another, building capacity and a state of mutual dependency. Change planning and housing legislation to allow the development of houses with granny annexes, mixed developments; more policy making that puts the emphasis on family values.*
  - *Need to research how other countries, not necessarily so-called, developed countries, are managing the problems of an aging population.*
- **Insurance:**
  - *The financial contribution may be too much for people with major care needs.*
  - *None of the options given by the Government*
  - *All options are not financially tenable and are unimaginative – going back to old thinking that dates back to Lloyd George and Beveridge (National Insurance never did cover the cost of the NHS and neither will these models cover the cost of a national care services) – there needs to be a cultural shift back to families, neighbourhoods and communities supporting one another, building capacity and a state of mutual dependency. Change planning and housing legislation to allow the*

*development of houses with granny annexes, mixed developments; more policy making that puts the emphasis on family values.*

- *Need to research how other countries, not necessarily so-called, developed countries, are managing the problems of an aging population.*

- **Comprehensive:**

- *The financial contribution may be too much for people with major care needs.*
- *None of the options given by the Government*
- *All options are not financially tenable and are unimaginative – going back to old thinking that dates back to Lloyd George and Beveridge (National Insurance never did cover the cost of the NHS and neither will these models cover the cost of a national care services) – there needs to be a cultural shift back to families, neighbourhoods and communities supporting one another, building capacity and a state of mutual dependency. Change planning and housing legislation to allow the development of houses with granny annexes, mixed developments; more policy making that puts the emphasis on family values.*
- *Need to research how other countries, not necessarily so-called, developed countries, are managing the problems of an aging population.*

**Other comments:**

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

- *General comments favouring a universal approach so that there is no possibility of post code lottery variations in services depending on where you live.*

***In addition to considering the questions posed in the Green Paper, each workshop in the debate was asked to indicate its one key message to the Government:***

- *The finances don't stack up – many things have not been thought through thoroughly.*
- *Not just throwing money at the problem, but need to value carers / families.*
- *Communication is key. Partners need to talk to each other.*
- *Users should be given higher priority and able to input into (National assessment process.*
- *Part of a person's NI contributions should be kept for use by that particular person.*
- *Research on prevention. Will funds be diluted?*

**\*\*\* End\*\*\***