

# **Paying for Care in Wales Consultation**

## **Responses to Consultation (Organisations)**

94 responses were received from national and local organisations. A summary of each organisation's response to the consultation questions begins on page 6.

### **Alphabetical List of Responses from Organisations (94)**

Aberystwyth 50+ Forum

Abbeyfield Wales Society Limited

Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Age Concern Cymru/ Help the Aged Wales

Age Alliance Wales

Alzheimer's Society

Aneurin Bevan Health Board

Association of Directors of Social Services Cymru

AVOW: Association of Voluntary Organisations in Wrexham

Bethshan Care Nursing Home

Blaenau Gwent County Borough Council

Board of Community Health Councils in Wales

Bridgend County Borough Council: Never Too Old Action Team

British Geriatrics Society

Bupa

Caerphilly County Borough Council: Social Services

Cardiff Community Health Council

Cardiff Council Adult Services

Cardiff NUT Retired Teachers Association

Cardiff Older Persons Forum

Care Council for Wales

Care Forum Wales

Carers Wales

Carmarthenshire County Council

Caerphilly County Borough Council: Directorate of Social Services

Ceredigion County Council

Chartered Society of Physiotherapy in Wales

Children's Commissioner for Wales

Citizens Advice Bureau

City and Council of Swansea Network 50+ Health, Social Care and Wellbeing Forum

Civil Service Pensioners Alliance: SE Wales Group

Conway and Denbighshire adult mental health service users and carers (consultation meetings)

Conwy County Borough Council: Social Services

Crossroads Care and Princess Royal Trust for Carers

Denbighshire County Council

Disability Wales

Downs Syndrome Association

Epilepsy Action

Fforwm Strata Florida 50+ Forum

Gofal Cymru

Guide Dogs

Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Gwynedd County Council

Gwynedd Direct Payments Forum

Irfon Valley Age Concern Engage Group

Linc Cymru

Macmillan Cancer Support

Merthyr Tydfil County Borough Council

Mencap Cymru and ABCD Cymru

Monmouthshire County Council: Special Adult Select Committee

Multiple Sclerosis Society Cymru

National AIDS Trust

National Deaf Children's Society

National Federation of Women's Institutes

National Partnership Forum

Neath Port Talbot County Borough Council

Neath Port Talbot CVS Elderly and Disability Forums

Neurological Alliance Wrexham (consultation event)

Newport Senior Citizens Forum

NIACE Dysgu Cymru

North Wales Nursing and Midwifery Professional Area Committee

Northgate Public Services

Older People's Commissioner for Wales

Parkinson's Disease Society

Pembrokeshire Association of Voluntary Services (consultation event)

Pembrokeshire County Council

Pensioners Forum Wales

Powys County Council

Powys Over 50 Forums

Public Health Wales

Rhondda Cynon Taf County Borough Council

Rhondda Cynon Taf People First

RNIB

RNID

Royal College of Nursing Wales

Royal College of Physicians

Sarn Helen 50+ Forum

Scope

Sense

Stonewall Cymru

The Bevan Commission

The Royal British Legion

Torfaen County Borough: Social Care and Housing

Transgender Wales

Tregaron Branch of Plaid Cymru

UKHCA

Unite Federation Wales: Cardiff Branch

Vale of Glamorgan Council

Voluntary Action Cardiff

Walsingham

Welfare Rights Advisers Cymru

Welsh Liberal Democrats

Welsh Local Government Association

Wrexham County Borough Council

WRVS

## Chapter 1

### The Challenge

**How far do each of the options for reform set out in this Green Paper reflect the underpinning principles recommended by the Wales Stakeholder Advisory Group?**

#### Summary

The Advisory Group's principles were broadly endorsed by respondents, but a number said that they needed further information, or that further work was needed on the options, before they could judge how far the principles had been taken into account. Some questioned why the focus of the Green Paper was primarily on older people.

#### Abbeyfield Wales Society Limited

Agree.

#### Association of Directors of Social Services Cymru

Fully support a revised funding system underpinned by the set of principles and aims. But more work required on the options before GP can be said to reflect the principles. Difficult to assess the financial implications for the individual because of the lack of financial modelling. The preferred options are not easily understood, and this may lead to people feeling disempowered and unable to make informed choices.

Insufficient focus in GP on funding social care needs of children, young people, people with disabilities and mental health issues, and frail older people with complex conditions.

#### Alzheimer's Society

Add an additional explicit principle around high quality care – people with dementia and their carers often have to pay large sums for poor quality care. Details too sketchy to develop a firm opinion on which proposal would be best, but the 'comprehensive' option might best fit the principles.

### Board of Community Health Councils in Wales

Majority of principles have been considered, but some not adequately addressed: accountability; service user views and complaints; the affordability, financial sustainability, and probity of the options.

### British Geriatrics Society

Reasonable attempt to incorporate these principles into the Green Paper.

### Bupa

Only the 'comprehensive' option allows for a sustainable system.

### Cardiff Community Health Council

Alongside these principles, the main tests of any new system should be: does it create the right incentives to promote independence and support well-being; does it provide the right framework to support carers; and does it create a level playing field with the NHS so that there are no perverse incentives, and better integration and joint working is enabled?

### Cardiff Council Adult Services

Fully support the principles.

### Carmarthenshire County Council

More work is required on the options before it can be said that they fully reflect the principles, including the financial implications for individuals, accommodation costs, and making the options easier to understand.

### Chartered Society of Physiotherapy in Wales

Supports. Understands need for the options to include element of personal responsibility, but is fully committed to the principle that the ultimate responsibility for meeting basic care needs should remain with the state.

### Children's Commissioner for Wales

GP makes only passing reference to children and young people. Failure to find a sustainable way of paying for care is likely to increase burden on unpaid carers, including young carers. Already many young carers live in families that have lower than average income – any added financial burden would inevitably result in worsening of child poverty. Children value time spend with older relatives, so any option that encourages people to remain in their homes for as long as possible is in the best interests of all concerned.

### Conwy and Denbighshire adult mental health service users and carers (2 consultation meetings)

Consultation paper directed towards older and physically disabled people – no reference to people who accessed mental health services.  
'Ensure providers are accountable' – it does not state how/ by or to whom.

### Disability Wales

Develop new system of social care which supports the right to Independent Living for disabled people set down in Article 19 of the UN Convention on the Rights of Persons with Disabilities. If this right is placed at the centre of transforming social services, all the principles will be met – if not, they will be diluted or not achieved at all.

### Downs Syndrome Association

Want a single, integrated system of support that is seamless in its assessment and delivery, based on individual need, regardless of how you are assessed or who assesses you, where you are or who provides the service. Simple, accessible and clear. Access to all the facts before making a decision and a statutory right to independent advocate.

### Gofal Cymru

Concerned that proposals have been drafted primarily with older people in mind.

### Gwynedd County Council

Lack of detail in the options has made many unwilling to state categorically either way whether each option currently reflects the principles. The UK Government's three preferred options do reflect the underpinning principles.

### Macmillan Cancer Support

Broadly support, but with specific concerns.

### Mencap Cymru and ABCD Cymru

Focus is once again primarily on older people – very little focus on support needs of children and young people, and adults of working age. Lacks specific reference to hard to reach groups.

### Merthyr Tydfil County Borough Council

Sound principles, to be applauded. Taxation best meets these principles. The Partnership, Insurance and Comprehensive options are not simple and easy to understand, do not promote fair and equitable treatment, nor promote social inclusion or independence.

### National Partnership Forum\*

*\* response prepared by Tom Moran and Nancy Davies – the response does not necessarily represent the views of the NPF as a whole.*

None of the three options (partnership, insurance, comprehensive) meet these principles. Only tax/ NI option would be fair.

### Neath Port Talbot County Borough Council

Endorse principles, but difficult to determine which model best fits without the availability of detailed financial modelling.

### Newport Senior Citizens Forum

Acceptable.

### Older People's Commissioner for Wales

Fairness; simplicity; affordability; flexibility (focus on re-enablement and maximising resilience through targeted early intervention); greater predictability to enable people to plan ahead; reflecting distinct circumstances; greater consistency in levels of support; users and future users at heart of the debate; enhance dignity and respect, enshrine human rights and UN Principles for Older Persons; measured debate – growing body of evidence questions automatic assumptions that longevity inevitably leads to greater care needs.

### Public Health Wales

Policy on paying for care should be prefaced by very clear statement on the rights of those with a need for care. Should be driven by commitment to deliver high quality service in a framework of equity, rather than being driven by current economic difficulties. Concern that the issues are being considered in isolation of issues of wider economic policy.

### Rhondda Cynon Taf County Borough Council

Important to consider definition of 'care' – the bare essentials or a broader and deeper range of intervention? If partnership, insurance or comprehensive schemes are adopted, it must be absolutely clear what services people would be entitled to if they pay into such a scheme.

Taxation would be the closest match. A combination of Partnership and Comprehensive would be the second closest match.

### Scope

Welcome main principles, but would like to see more practical application in the proposals, showing tangible examples of how these are being adapted to the principles. The GP misses out important issues such as eligibility criteria, and this makes it difficult to visualise impact of the proposals

### Sense

For deafblind people the principles related to human rights, inclusion and equity are the most important. The starting point for any social care system should be agreed outcomes which every person can expect.

### Swansea Network 50+ (consultation event)

Reflects principles quite well, but more information needed.

### The Bevan Commission

Fully agree with principles. Should be set in broader context of efforts to reduce poverty and promote social inclusion; integrate health and social services; address issues of social justice, including gender inequalities; and recognise the three components of care – living costs, support services and direct care.

### The Royal British Legion

Agrees and support.

### Torfaen County Borough: Social Care and Housing

Agree with principles, but not convinced that any of the current proposals will achieve this. Option 5 ('comprehensive') probably comes closest.

### UKHCA

No cost projections and no timetable for implementation means that current issues have been conflated with longer-term ones, which makes it difficult to judge the options.

### Vale of Glamorgan Council: Social Care and Health Scrutiny Committee

Endorse the principles, but unable to develop a consensus on a preferred model because the debate has important political dimensions. Could be doing more to define what sort of care this is going to be. Any future funding model needs elements of choice, in response to individual circumstances and preferences.

### Voluntary Action Cardiff

Agree, but not enough information to give fully informed response.

### Welfare Rights Advisers Cymru

Predominantly.

Welsh Liberal Democrats

Very much agree with the principles, especially that new system should be affordable and financially sustainable. Needs to be a long-term solution that will not need to be reviewed again as the number of people requiring care increases.

Wrexham County Borough Council

Other than 'pay for yourself' option the GP predominantly reflects these principles.

## Chapter 2

### Transformation of Social Services in Wales

**Do you agree with our vision for social services in Wales?**

**Should it be strengthened or amended in any way?**

**Have we identified all the key issues?**

**Are there any we should add, or give more weight to?**

#### Summary

The majority of responses supported the Assembly Government's vision for social services, especially the intention to rebalance services towards prevention and early intervention. A number of local authorities specifically endorsed local government's role in delivering social care, but a handful of other respondents suggested that social care should be integrated with the NHS Local Health Boards. Better links between health and social services was a common theme here, and in answer to Question 4 on improving service delivery. Various specific suggestions were put forward for strengthening the strategy, such as specific support for carers, and the resources necessary for delivery.

#### Abbeyfield Wales Society Limited

Endorse vision. More weight to collaborative working and role of independent system.

#### Age Concern Cymru/ Help the Aged in Wales (consultation events)

Yes, but still to be realised are: making voice of user and carer really count; promoting stronger partnerships; greater emphasis on prevention agenda.

#### Alzheimer's Society

Emphasise the following elements which improve the lives of people with dementia: early intervention; choice of high quality personalised care services (especially flexible and tailored home care packages); integrated health and social care; trained and effective workforce.

#### Aneurin Bevan Health Board

Integrated working: continue to develop closer working arrangements between LHBs and partners; appropriate investment for training and

supporting workers. Public information and awareness: develop equivalent and consistent targets across public sector organisations; clear and comprehensive guidelines for the public to aid their understanding of the system, especially where it differs from England. Greater involvement of primary care: greater clarity on interface between health and social care to ensure the public are appropriately signposted; and better links between GPs and social services. Independence and prevention agenda: welcomed, but need balance to ensure that is not overwhelmed by demands of addressing more acute care needs. Delayed transfers of care: continue to be a significant concern. Carers: move some of the funding in the system to support carers. Domiciliary care: address increased demand for quality domiciliary care.

#### Association of Directors of Social Services Wales

Pleased that WAG hold view that LAs best placed to deliver. Pity 'Fulfilled Lives, Supportive Communities' does not contain a strategic plan for resources to deliver it, like the All-Wales Learning Disability Strategy.

#### Board of Community Health Councils in Wales

Rebalancing towards prevention and earlier intervention supported. But social care must be addressed in holistic manner and by multi-disciplinary working. Begin with building social support teams. Need regular review and revision. GP fails to promote independence. Issues around the professionalism and commitment of private care workforce.

#### British Geriatrics Society

Explore increasing the links between health and social services.

#### Bupa

Agree, but the key will be getting new money into social care on a sustainable basis. The current system imposes cash limits that are not linked in a systematic manner to anticipated demand. Strategy should specifically include personalisation.

#### Cardiff Council Adult Services

Fully support the vision, but need to address identified pressures on the system and ensure funding is accessible and in line with these pressures.

#### Care Forum Wales

Supports 10 year strategy. CSSIW should ensure that the new Commissioning Framework and guidance is adhered to by LAs. Failure to follow has resulted in subsidising cost of basic public funded care packages by third parties or self-funders – grossly unfair.

## Carers Wales

Broadly welcome vision, but would like to see review of eligibility criteria for social care. Critical that we do not discriminate against carers by automatically setting lower levels of care for disabled and older people if a carer is present – does not give disabled person an objective assessment, discriminates against carers and does not achieve the objective of partnership. Would like to see integrated health and social care system, with pooled budgets and shared resources. Much of debate is still over-focused on traditional services and not future-proofed (e.g. telecare and telehealth).

## Carmarthenshire County Council

Yes, particularly that it needs to be rooted in local government and based on an integrated approach. This brings joined up approaches to promoting independence, delivering social justice and delivering preventative programmes which reduce demand on social services.

## Chartered Society of Physiotherapy in Wales

Supports.

## Citizens Advice Bureau

Welcomes vision, especially recognition that services need to be re-balanced towards prevention and earlier intervention.

Suggests that AA be available after 3 months (as with DLA) rather than current 6 months – help limit deterioration.

## Conwy County Borough Council: Social Services

Agree with integrated social services, sitting within local government. Risks associated with reorganisation of the NHS, loss of Joint Working and Independence and Wellbeing Grant. Other key issues which need to be considered: increasing number of people with complex needs; sharing information with partner organisations (pressing need for IT systems that can be accessed by health and social care staff); much greater clarification around carers' roles and responsibilities, and powers and duties of LAs in supporting them. 'First Steps Package' does not take into account eligibility criteria for services in Fair Access to Care – AA and DLA should be included in financial assessments. Needs to be identified strategy around mental health and substance misuse.

## Disability Wales

Strongly advocates development of a National Care Service that reflects the Welsh context and values. Need not only to place service users at the centre of the care management process, but in control of the funding and services they receive. Endorse the approach being developed by the Wales Alliance

for Citizen Directed Support, which encourages and nurtures local innovation within each LA area. WAG needs to adopt a more supportive approach to the development of citizen directed support.

Strongly supports the introduction of personal budgets. But some concern that the personalisation agenda might result in further privatisation of services through the back door.

#### Downs Syndrome Association

Agree with the vision – like to see a much stronger focus on what is to be done as opposed to who should do it; and improvements to commissioning based on sound needs analysis, sensitive to local needs.

#### Epilepsy Action

National Care Service properly integrated with the NHS, and covering England and Wales.

#### Guide Dogs

Vision is admirable. Workforce Task Group needs to take on board specific needs of people with sensory impairment. Crying need for more qualified Rehabilitation Officers in Wales. Partnership working between LAs and NHS is key pre-requisite if reformed system to be successful.

#### Gwynedd County Council

Agree with the vision, and very strongly agree that social services remain a responsibility of local government. The Third Sector should be named and their key role acknowledged. Role of workforce is key, and need to acknowledge the challenge of changing the culture amongst staff at all levels. Disappointed that Joint Working Grant is ending – concern that this reduces ability of health and local government to develop joint working arrangements.

#### Macmillan Cancer Support

No incentives or guidance for NHS or social services to provide social care support for people affected by cancer. Recommend that local Health, Social Care and Wellbeing Strategies are used as a vehicle by which could be addressed. Call for a national Citizen-Centred Cancer Strategy. Need to take tangible steps to make joint working a reality.

#### Multiple Sclerosis Society Cymru

Disappointed by apparent lack of vision in the GP. Paper fails to offer a vision for how a person-centred approach could be expanded across social care.

### National Institute of Adult Continuing Education (NIACE) Dysgu Cymru

Learning opportunities should be built into accepted interventions employed by social services. Social services should work closely with the adult education sector as a key partner. Strong evidence that participation in learning in later life reinforces independence and capacity to look after themselves, and can also slow the development of dementia.

Agree that financial literacy is a key component of independent living, but highlight the huge basic skills problem facing Wales: IT skills and media/digital literacy are also increasingly important in terms of poverty reduction and access to services, and provide important communication routes for those who are physically isolated. Also need to support users and carers develop their self advocacy skills.

### Neath Port Talbot County Borough Council

Support distinct approach of integrated social services authorities, rooted in local government.

### Northgate Public Services

Coherent strategy.

### Parkinson's Disease Society

Key principles should also include working closely with voluntary/ third sector. More investment in information and advocacy and support services. Better mapping and monitoring of services. Workforce should include full range of staff, including frontline care workers and information/ advice workers in all settings and sectors.

### Pensioners Forum Wales

Should be a National Care Service which works in collaboration and alongside the NHS, with joint funding.

### Public Health Wales

Strongly agree with rebalancing towards prevention and earlier intervention. Consideration should be given, in due course, to the case for integrating provision of health and social care through creation of new health and social care bodies. Emerging evidence-based methods of joint working should form part of the statutory guidance to LAs. Models of care for older people based on the concept of social enterprise (e.g. community co-operatives) are worthy of further exploration. Provide increased leverage for an improvement in value for money and quality in residential and nursing homes.

## Rhondda Cynon Taff County Borough Council

Yes, it provides a strategic framework and clarity about our aims and ambitions. However, its main weakness is that it does not contain a strategic plan for the resources needed to deliver it. (Contrast this to the 10 year All-Wales Learning Disability Strategy which was supported by a resources plan.) Recognise importance of ensuring investment in new technologies – investment in information sharing technologies with health is an absolute must. Investment in the workforce – training and developing skills.

## RNID

Agrees and welcomes.

## Royal College of Nursing Wales

Social services should be planned and provided at a regional level coterminous with healthcare, and the budget for social care and community care should be merged to enable the two services to be planned and delivered together. Much of what is currently defined as 'social care' is part of a broad spectrum of nursing and health care – the separation between the two is intellectually impossible to achieve. Level of training to care support workers publicly employed need to be consistent across Wales, and standards in independent sector raised.

## Scope

Number of concerns. No mention of portability or ordinary residence – remain significant barrier for disabled people. Concerned that little mention of joint working between departments. Disappointed that no mention of personalisation and that agenda is lagging behind in Wales. No mention of information, advice and advocacy. No mention of young disabled adults in transition. Disappointed no mention of co-production or the benefits of an outcome-based approach. Pleased that acknowledges high level of current unmet need, but disappointed does not propose changes to address fact that eligibility criteria is too strict. No mention of transitional period between current social care system and proposed future system. Not enough attention to unpaid carers in GP. Need to be greater sense of workforce development in social care. Disappointed does not address more fully the progressive role that technology can play.

## Sense

Agrees with the vision. Need to ensure that there are enough properly trained people to assess and support deafblind people.

## Stonewall Cymru

Delighted that the vision is centred around delivery of outcomes for individuals – key to providing services that are appropriated to the needs of LGB people

throughout Wales. Welcome definition of care and support – especially inclusion of emotional support issues, as LGB people identity often with ‘community of interest’ rather than immediate neighbours, so isolation a factor. Urge WAG to be explicit about LGB issues in developing future plans. Workforce – needs robust discrimination policies, and more specific training in LGB issues as integral part of workforce development.

#### Swansea Network 50+ (consultation event)

Agreed in principle. But reality needs to meet rhetoric. Should be regularly monitored and adjusted. Need address specific needs of BME groups. Re-emphasise need for greater partnership working. Clear accountability. Increased focus on promoting participation not just initially but as an ongoing policy. Workers need to be adequately trained and paid.

#### The Bevan Commission

Question whether social care should remain responsibility of local government. Existing organisational boundaries and agendas do not facilitate collaboration between partners – would advocate integration of LHBs and social services departments, based on the current seven LHBs.

#### Torfaen County Borough: Social Care and Housing

Yes. To achieve it, there needs to be greatest investment in training and supporting the workforce.

#### Tregaron and District Branch of Plaid Cymru

Although WAG recognises weaknesses, only small changes are proposed. Need to reconsider where social services’ centres are located to ensure access in rural areas.

#### UKHCA

A gap in the vision is: what is social care actually expected to deliver? This is especially important given the move to providing publicly funded services to those with the most intensive needs. Need clear policy steer on what homecare services providers need to plan and prepare for. Workforce needs just reward – this needs more emphasis and weight in the vision.

#### Voluntary Action Cardiff

Bottom line is that health and social care need to be integrated – health and social care delivered through the same channels and free at point of delivery. Vitally important that social care workforce is highly trained, valued and rewarded appropriately. Need common care needs assessment.

### Walsingham

Yes. Important to allow for flexibility to ensure that individual requirements can be met.

### Welsh Liberal Democrats

Need to look at the structures which provide care – simply ‘improving partnership working’ is an approach that has been tried for many years and found wanting. Has to be some form of merging of the roles of both social care and health care. GP does not even attempt to tidy up the clumsy and confusing definitions behind social and health care.

### Welsh Local Government Association

Supports view that integrated social services remain a core and important function of local government in Wales. Need: understanding of the totality of money available; decision on the most appropriate mechanisms to raise funds; commitment from Government to direct greater proportion of funding on early intervention and prevention; decision on how best to allocate resources; and understand how LA and NHS funding is spent within the system.

Consultation does not fully explore the current policy context and delivery pressures on local government. Investment in workforce is vital – current level of funding for training and developing skills is insufficient.

### Wrexham County Borough Council

Yes. Helpful to have all-Wales guidance on health and social care funding around partnership work.

### WRVS

People should feel that they are in control of their care. People prefer informal support, so building communities where people support each other is key. Prevention is a priority.

## Welsh solutions for Welsh challenges

**What are your views on the approach to charging for non-residential social care services which the Welsh Assembly Government has adopted? How does this compare to the proposals made by the Prime Minister for England?**

### Summary

The Assembly Government's approach to more consistent charging was welcomed by the majority of respondents. A few suggested that the £50 maximum charge would be of more use to those with higher levels of income or savings, and disproportionately affect those on lower incomes. Others were concerned about potential new costs to local authorities, and a handful of authorities mentioned disappointment that the First Steps Package is being financed through withdrawal of the Joint Working Grant.

### Age Concern Cymru/ Help the Aged in Wales (consultation events)

Strongly support WAG's legislative intentions.

### Alzheimer's Society

Welcomes £50 maximum charge – especially welcome as people with dementia have very high weekly care costs. Higher support for this cap than for introducing free personal care at home for those with highest needs.

### Aneurin Bevan Health Board

Consistent basis of charging is strongly supported. Needs to be clarity on the similarities and consistencies across UK, recognising that population moves.

### Association of Directors of Social Services Cymru

Welsh approach is more balanced but still brings a financial burden as it is funded by withdrawal of the Joint Working Special Grant.

### Board of Community Health Councils in Wales

£50 maximum charge acceptable, provided those requiring less than the minimum services are not paying a sum which supplements the cost of providing care to those with the most need.

### British Geriatrics Society

Reasonable and should be supported.

### Caerphilly County Borough Council: Social Services

Continuing to charge for non-residential service is the correct way forward. Approach being taken in Wales is correct, but LAs need to be compensated for loss of income.

### Cardiff Council Adult Services

£50 maximum charge is not sustainable or equitable. It benefits those who can afford to pay a higher charge. LAs need to be adequately reimbursed.

### Carmarthenshire County Council

The Welsh approach is more balanced. Withdrawal of the Joint Working Grant will put at risk joint health and social care services. Reducing income may result in a reduction of services if the shortfall is not made up from central taxation.

### Chartered Society of Physiotherapy in Wales

Supports WAG approach.

### Citizens Advice Bureau

Supports Advisory Group recommendation 15 – all-Wales system, including clear eligibility framework and consistent assessment methodology, dovetailed with fairer and more consistent charging.

Financial help currently provided to carers is in urgent need of review.

### Conwy County Borough Council: Social Services

Broadly agree, but need clarification as to how individuals with large trust funds (compensation) will be assessed.

The PM's suggestion appears to be creating a new tier – critical care needs – which would attract free care.

### Disability Wales

Welcomes Social Care Charging Measure – step in the right direction. But strongly opposed to charging for community care – should be free at point of delivery.

### Downs Syndrome Association

Appears to be fair. English proposal may create further inequalities.

### Fforwm Strata Florida 50+ Forum

Cap of £50 is welcomed, but unless all authorities are setting the same level of cost smaller authorities will find it difficult to fund and will charge the £50.

### Gwynedd County Council

Appreciate commitment to deliver consistency. Concern that might lead to increased demand for services. What will those service users who have opted for cheaper private providers do as a result of these changes? Will LAs be compensated? Will these changes place greater financial pressure on LAs serving rural areas? Older people welcomed Welsh regime. English proposals felt to be very difficult to administer fairly and consistently.

### Neath Port Talbot

Support approach to charging, but regrettable that this has been funded through cessation of the Joint Working Grant.

### Northgate Public Services

Welcome these initial steps to make system fairer and more equitable.

### Powys County Council

Agree that charging system would be fairer if all Welsh LAs charged in the same manner. However, flexibility for LAs to set costs of service is required in order to consider local factors. An alternative to the £50 maximum weekly charge would be to assure the first £50 per week from government funds, and then assess the individual's ability to contribute up to a weekly maximum.

### Rhondda Cynon Taff County Borough Council

Unfortunate that a direct result of the £50 charge has been withdrawal of the Special Grant Funding – enormously damaging to joint working.

### Royal College of Nursing Wales

Supportive.

### Sense

Support the approach. Does not support the UK Government's Personal Care at Home Bill because it discriminates against people, including deafblind people, whose need is for support which is not personal care.

### Swansea Network 50+ (consultation event)

£50 a good start, but could be high for some on low pensions.

### The Royal British Legion

Supports policy, as long as decreased income for LAs does not mean they must tighten their eligibility criteria. Examine how support for six weeks free home care can be made consistently available and effective in reablement and other intermediate care services.

### Torfaen County Borough: Social Care and Housing

Welcome standardisation of maximum charge across Wales. However, £50/week is too low – should link either to higher rate of AA/DLA (care component) or basic charge for individuals requiring residential care.

### Tregaron and District Branch of Plaid Cymru

Legislation should be uniform throughout Wales.

### Walsingham

Would prefer WAG to adopt same approach, to prevent having to manage the interface between the two different systems.

### UKHCA

Welcomes principle. New system needs to be monitored for impacts across the whole as well as for the individual. Crucial that implementation is fully funded, especially if the reductions in charging result in more service users coming forward. Both the Assembly Measure and the PM's announcement undermine the argument against taxation.

### Welfare Rights Advisers Cymru

£50 charge attractive to those with higher levels of income or savings, but will remain financial burden to those of lesser means.

### Welsh Liberal Democrats

First steps package is welcome, but this must not bring substantial new costs to LAs – if the direction comes from government, so should the funding.

### Wrexham County Borough Council

The £50 weekly charge will not help people on low income or with little capital. Need to consider whether this is equitable to this group. Wrexham is a border county – the Measure might make it attractive for people living in England to relocate to Wales to reduce their care costs.

## **Service delivery Improvements**

**Do you have any comments on what is proposed?**

**Key challenges for social services in Wales**

**Have we identified the right challenges?**

### Summary

Respondents felt that the Assembly Government had largely identified the key challenges, but identified many areas where service delivery improvements were needed. These included more integrated working between health and social care; developing the social care workforce; and investing in information, advice and advocacy services.

### Abbeyfield Wales Society Limited

Continuing health care needs to be looked at – experience shows that NHS only pay for nursing care, and accommodation costs expected to be borne by owners of the building.

### Age Concern Cymru/ Help the Aged in Wales (consultation events)

Support development of Framework of Services for Older People. Agree with key challenges.

### Alzheimer's Society

Especially welcomes Framework of Services for Older People, which, alongside National Dementia Action Plan, will be important driver for improving standards. Add in challenge of meeting the needs of an ageing population.

### Association of Directors of Social Services Cymru

Lack of joined-up working in WAG which potentially impacts on how funding is to be deployed. Core thinking is required on how new models can give a range of supported living choices with better outcomes for people, and the level of funding required to help support that. Address critical issues facing LAs in the interface with NHS – e.g. where combined funding schemes are initially directed to the NHS, it is crucial that the relevant care funding element is allocated to LAs to reflect actual service delivery responsibility [point also made by Wales Local Government Association]. Continuing health care funding needs to be reframed so that there is joint commissioning for localities and for groups across a continuum of care.

### Board of Community Health Councils in Wales

Missing a commitment to ensure that members of the elderly population have timely access to health care.

### Bupa

Need to secure sufficient capacity of high quality care. Need to raise the status and quality of care workers – the obvious remedy is funding an increase in rates of pay to attract the most appropriate candidates. Support a national assessment and entitlement regime based on need not geography.

### Caerphilly County Borough Council: Social Services

Managing financial resources in short and medium term – add to key challenges.

### Care Forum Wales

Encourage and appropriately reward high quality services, and be open to innovative solutions. Additional challenge will be recruiting adequate number of appropriately skilled and qualified social care practitioners to meet increased demand.

### Carmarthenshire County Council

All commendable, but fails to acknowledge the breadth of responsibility for social services, and that some of the greatest financial pressures are meeting the needs and expectations of people with learning disabilities. Lack of joined up approach from WAG to some critical service re-design challenges – e.g. Primary and Community Care Service, Chronic Disease Management, and Framework for Older People. Experience of assessment frameworks has been mixed.

### Chartered Society of Physiotherapy in Wales

Right challenges, but higher profile required for joint planning, delivery and performance management with partners, in particular NHS.

### Citizens Advice Bureau

Suggest requirement be placed on LAs to carry out assessments and carers assessments within a fixed time, perhaps 6 weeks. Fast track procedures for people needing urgent care following accident or medical event.

Availability of appropriate housing and of practical support (cleaning, shopping and transport) is crucial. Consider extending availability of Accessible Housing Register.

Independent, free advice is essential.

Require LAs to provide some amount of care for the same charge. Also, people need to know what they can expect in return for their investment (i.e. not just how social care is funded, but what care will be funded).

#### Conwy County Borough Council: Social Services

Further investment in IT systems that can 'speak' across health and social care.

#### Disability Wales

Support, although the proposed approach is piecemeal and could lead to widening gulf between the quality of provision in Wales and England. Need to tackle the deep rooted causes of poor quality provision of public services in Wales – ingrained paternalism, failure to relinquish power and control to service users, and an unwieldy bureaucracy invested in maintaining the status quo.

Propose a National Strategy for Independent Living, rooted in Article 19 of UN Convention on Rights of Persons with Disabilities. Independent advocacy, information and advice services must be freely available. Centres for Independent Living in every locality. Power dynamic between service users and local government must be rebalanced.

#### Downs Syndrome Association

Improvements to support people with learning disabilities in a wide range of activities.

#### Guide Dogs

Specialist rehabilitation should not be confused with reablement, and would oppose the imposition of a time limit on rehabilitation.

#### Gwynedd County Council

Emphasis on information, and role of service users themselves in the development of strategies, policies and services. Additional challenge is that cost of services in rural areas makes it difficult for independent providers to invest in a rural market. Also challenge to recruit staff in some rural areas – work amongst older people should appear just as attractive as work with children in recruitment campaigns.

#### Macmillan Cancer Support

Cancer patients and their carers should have assessments of need (including social care needs) at key points in the cancer journey. Unified assessment process not currently working as well as it could. Need national policy guidance on providing information services, training professionals to deliver

information and creating information pathways. LAs should properly resource information services in their area. Would like to see statutory duty placed on LAs to offer financial and welfare rights advice and support to all cancer patients. How social services are able to meet growing social care needs of cancer patients and carers is a key challenge. Need to think more innovatively as result of funding challenges.

#### Neath Port Talbot County Borough Council

Important role of housing needs to be more readily recognised. Needs to be greater engagement of all citizens in the wider debate about the sustainability of care services. Accessible information can be key to initiating self-help and prevention.

#### Northgate Public Services

Key challenges include need to guarantee sustainable service improvement, and need to stamp out unacceptable pockets of poor practice.

#### Parkinson's Disease Society

More effective empowerment of users and carers. Assessors, care staff and providers need training in how to empower people. Yes, have identified the right challenges.

#### Rhondda Cynon Taff County Borough Council

Outcomes and challenges are fine.

#### Rhondda Cynon Taf People First

Should be more respite services – a different way of delivering respite care. It's not fair for family members.

#### RNID

Lack of joined up working between audiology services and sensory teams based in social care. Vital that all social care staff receive deaf awareness training. Would like to see clear improvements in engagement with voluntary sector.

#### Sense

In relation to person-centred care, supports development of a distinct approach for Wales. There are significant problems with the Individual Budget approach chosen by England – in particular, the resource allocation systems currently in use do not recognise specific needs of people with sensory impairment. Supports outcome-focused approach where resource allocation relates to the support needed to achieve the outcomes.

Agree with challenges, but there are specific issues related to deafblind people: too many variations in performance; one-to-one support needs in residential care; respecting individual's linguistic choices; embracing a mixed economy, especially third sector in supporting deafblind people.

#### Stonewall Cymru

Right challenges, but recognise issues faced by particular groups within them. Service providers and commissioners often overlook sexual orientation issues. Specific issues for older LGB people. These issues need to be mainstreamed, and appropriate guidance developed. Should have confidential monitoring by sexual orientation and better statistics.

#### The Royal British Legion

Key is strong responsive partnerships that work across organisational boundaries. Include guidance and information in new commissioning framework on best practice for veterans. Emphasise veterans' social care needs within Joint Strategic Needs Assessments. Include particular areas of learning (such as covering veterans' social care needs) in Workforce Action Plan. Consistent application of treatment in assessment and access to care wherever one lives in Wales.

#### Torfaen County Borough: Social Care and Housing

Why framework specifically for older people – why not for all adults? Have broadly identified the right challenges, but equity will be a major challenge. For example, spending on learning disability per person is higher than for older people.

#### Tregaron and District Branch of Plaid Cymru

Contracts should be between the customer and domiciliary care services, and should not be the responsibility of LAs. GPs should undertake assessments. Should be an independent local forum (for example, Community Health Council) to hear complaints about care.

#### UKHCA

Fundamental need for more research into state of social care in Wales – this is a key challenge. All stakeholders need to recognise central importance of frontline managers – this should be much higher priority than changing assessment tools. Adversarial approach to commissioning and procurement by LAs in purchasing from the independent sector is in danger of putting homecare policy at risk. Terms and conditions of homecare workforce need to be addressed, and frontline staff need to be better supported.

#### Unite Federation Wales: Cardiff Branch

National Care Service, run by central Government rather than LAs.

Vale of Glamorgan Council: Social Care and Health Scrutiny Committee

Only limited progress with 'Fulfilled Lives' to date in: promoting new models of care and service reconfiguration; personalisation and preventative agendas; issues around integrating social care and health, such as interpretation of Continuing Health Care responsibilities and collective planning with available budgets.

Walsingham

Agree. Should be greater emphasis on these being applied to all forms of social care, and not just elderly care. Sufficient resources to make them a reality.

Welsh Local Government Association

Right priorities reflected in 'Fulfilled Lives, Supportive Communities'. But is a lack of a joined up approach from WAG to some of the critical re-design challenges – e.g. Primary and Community Care Service re-design, Chronic Disease Management, and the Framework for Older People.

Wrexham County Borough Council

More unified approach between social care and health, especially around prevention and reablement services.

## **Commission on social services**

### **What issues would you want to see the Commission address?**

#### Summary

Various detailed suggestions were made, including improving the choice and quality of services, and more integrated models of care. Some of the national organisations and local authorities had already responded to the Commission's call for evidence.

#### Abbeyfield Wales Society Limited

Quality of services. Needs of future service users – i.e. future proofing (including future proofing paying for care options).

#### Age Concern Cymru/ Help the Aged in Wales (consultation events)

Main messages: care services need to be of high quality and based on principles of dignity and respecting rights; significant reform of funding for care services; access to services and eligibility criteria is major concern to older people; equality issues; care staff enabled to protect people's rights and dignity; support for informal carers a core aspect; more choice and control; still need to increase levels of communication and partnership between health, social care and voluntary sector.

#### Alzheimer's Society

Provision of integrated support and care across health, social care and housing sectors. How to make best use of workforce training and development to drive up standards. How to monitor and share best practice across Wales to ensure rising standards.

#### Association of Directors of Social Services Cymru

Have recommended that a piece of work be carried out to ask why variability across Wales has been an issue. Also needs to consider the standards and quality that can realistically be maintained in a period of reducing funding for social care.

#### Board of Community Health Councils in Wales

Should be responsible for overseeing complaints relating to social service provision – this will provide evidence of service shortcomings and offer opportunities to instigate improvements.

### British Geriatrics Society

Fundamental problem of dichotomous funding of health and social services.

### Carmarthenshire County Council

The standards and quality which can realistically be maintained in a period of reducing funding for social care.

### Chartered Society of Physiotherapy in Wales

Two key issues: extended social care workforce; and progress in joint working.

### Disability Wales

Welcomes the Commission, but concerned that it has been given a working life of less than a year. Commission should consider how social services can be transformed in context of Article 19 of UN Convention on the Rights of Persons with Disabilities.

### Guide Dogs

Urge commission to take time to collect evidence from the sensory field – too often sensory impairment is lumped with physical disability whereas needs are quite different.

### Macmillan Cancer Care

How a step change in collaboration between partners can be most successfully effected.

### Neath Port Talbot County Borough Council

Opportunity to address future service models and systems that take account of funding requirements, demographic changes, citizens' expectations, and the need and entitlement of all service user groups and their carers.

### Rhondda Cynon Taff County Borough Council

Commission should either promote a model for structural change (to LA social services) based on evidence or alternatively make it clear that structural change is not the answer.

### The Bevan Commission

Commission should look at: how social services and health can deliver more integrated care; how resources generated can be used to deliver WAG's strategic aims; how to improve value for money and quality in residential and

nursing homes; and how to develop national standards to improve social care.

#### Torfaen County Borough: Social Care and Housing

The management of the market for provision for all social care services, especially outsourcing.

#### Walsingham

Facilitate an increase in level of partnership working across all stakeholders. Ensure that future provision is based on accurate and timely information. Overall objective must be to increase the quality of service provision.

#### Welsh Local Government Association

Suggest the following principles for the policy debate and the transformation agenda: the extreme pressures faced by the service now and in future years; opportunities and options for service transformation; exploration of joint management arrangements within social care and with health; workforce issues; citizen centred care.

## Chapter 3

### A New Model for Funding Care

**Do you think it is right that most people who are disabled early in their lives should continue to have their care and support funded by the state?**

#### Summary

Most respondents answered 'yes' to this question, but there were some reservations. A number, particularly local authorities, mentioned the issue of compensation payments, which cannot currently be taken into account in financial assessments for services. Other respondents felt that there should be one system for all, irrespective of age, with care provided on the basis of need rather than means. Others mentioned the need for younger disabled people to be supported into employment, where appropriate.

#### Aberystwyth 50+ Forum

Depends on degree of disability, as many are capable of earning a living. Compensation pay outs should not be duplicated.

#### Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Yes, if born with a disability. If disabled as a result of an accident, compensation payouts include care and support and should be considered in financial assessment.

#### Age Concern Cymru/ Help the Aged in Wales (consultation events)

Any system must guarantee equality of outcomes regardless of age. Design out age discrimination. Oppose any reforms that would create a two-tier system.

#### Alzheimer's Society

New system must not disenfranchise people with early onset dementia and their carers, who often incur substantial social care costs.

Association of Directors of Social Services Cymru

Where compensation claims for children have an element for care attached, the state should consider it an asset in any funding scheme – this calls for means-testing the child, parent(s) or both.

Blaenau Gwent County Borough Council

Yes, it is right.

Board of Community Health Councils in Wales

Yes – but care must be directed (where appropriate) at encouraging and facilitating individuals to be independent and economically active.

Bridgend County Borough Council (consultation event 50+)

Question is biased – assumes there is a difference between needs of older and disabled people. Single unified system should be developed that disregards age and disability.

British Geriatrics Society

A particularly disadvantaged group, who are 'deserving of special consideration'.

Caerphilly County Borough Council: Social Services

Should be maintained.

Cardiff Community Health Council

Yes – not just a matter of qualifying for care (dependency model), but a matter of assessed need and individual preference about how those needs are met.

Cardiff NUT Retired Teachers Association

Agree.

Care Council for Wales

Yes.

Carmarthenshire County Council

Broadly yes, but the compensation loophole should be closed.

Chartered Society of Physiotherapy in Wales

Agrees.

Citizens Advice Bureau

Yes – welcome this proposal.

Civil Service Pensioners Alliance: SE Wales Group

Yes.

Conwy County Borough Council: Social Services

Agree, expect where service users are in receipt of large sum of compensation – this issue needs to be addressed immediately.

Denbighshire County Council

Undeniably necessary. But need to review current legislation on compensation payments so that LAs can take into account.

Disability Wales

Yes, on grounds of equality and fairness.

Downs Syndrome Association

Should be funded by the state as now. No indication that any more funding will be made available, so difficult to know if the experience of those with state funding will be improved. Particular need to invest heavily in transition period, and to invest in emotional support as well as practical support.

Gwynedd County Council

Should be considered the same as all other citizens – size of the state's contribution to a care package should be determined on basis of means and not disability.

Mencap Cymru and ABCD Cymru

Should not be expected to contribute to addressing care needs that would be lifelong. Generally, however 'means testing any new allocation of funding, so that the worst off in society get the most help, is best practice'.

Multiple Sclerosis Society Cymru

Five funding models would not improve situation for disabled adults between 18 and 65. Most people with MS are diagnosed between age 20-40 – many not eligible for support from LA because savings or income too high.

National AIDS Trust

Yes.

National Partnership Forum

Yes.

Neath Port Talbot Elderly and Disability Forums

Fair funding solution that will cover all ages and disabilities.

North Wales Nursing and Midwifery Professional Advisory Committee

Accept that people who are disabled early in life and/or cannot work should have costs of care met by state. But reasonable that those who are able to pay should contribute towards costs of care.

Parkinson's Disease Society

Yes.

Pembrokeshire Association of Voluntary Services (consultation event)

General agreement.

Pembrokeshire County Council

Yes.

Pensioners Forum Wales

Yes.

Powys Over 50 Forums (consultation event)

Mixed views, but majority felt everyone should be treated equally and help must be based on care needs. More facilities made available for younger disabled people to find meaningful employment so become less dependent on benefits.

Rhondda Cynon Taf County Borough Council

Yes.

Rhondda Cynon Taf People First

We can't afford to save. Lots of people can't afford to live let alone save. You shouldn't have to pay for it. If people need care they should receive it regardless of age.

Royal College of Nursing Wales

Those with low incomes should have state-funded support.

### Sarn Helen 50+ Forum

Yes.

### Sense

Supports this principle. Crucial question is what level of support they can expect to receive. Must not be focused on personal care but on agreed national outcomes to enable people to be active citizens.

### Scope

The funding models are not relevant to working age disabled people because do not take their needs into account. Need more research into how free social care for working age people could be established – concern that would discriminate against people with lower levels of need.

### Swansea Network 50+ (consultation event)

All agreed.

### The Bevan Commission

Yes.

### Torfaen County Borough: Social Care and Housing

Broadly yes. Compensation awards – LAs should be able to access funds awarded to purchase care and support. LAs should also know about AA/DLA so that there is not 'double payment' and potential inequity. Impact of earnings on benefits need to be considered, to help disabled people into employment.

### Voluntary Action Cardiff

Support should not be age-related – should be same access to care and support.

### Walsingham

Yes.

### Welfare Rights Advisers Cymru

Yes.

Welsh Local Government Association

Agree. However, many LAs would like immediate clarification of the situation regarding compensation cases. The capital sum at present cannot be taken into account by LAs.

Wrexham County Borough Council

Yes – less opportunity for younger disabled people to work or follow a career. Consider reviewing compensation rules to enable LAs to charge against compensation payments, as these take into account ongoing care needs.

**In England, the Government wants to use the money that is in the care system to make sure that everyone who qualifies for care and support will get some help with paying for their care. Do you think this is the right starting point in Wales?**

### Summary

There was a mixed response to this question, reflecting respondents' favoured funding options. For example, those who favoured the 'taxation' option thought that care should be provided to all on the basis of need. Others were concerned that helping those who could afford to pay would reduce overall levels of support and affect those who could not afford to pay. A number of respondents questioned what was meant by 'everyone who qualifies'.

### Aberystwyth 50+ Forum

Care should be free and paid for through taxation and NI. People who paid NI years ago assumed it was for care generally, not just health. However, for younger working people and with high unemployment, this might be an issue.

### Association of Directors of Social Services Cymru

Care and support should be made available for all, based on need, not means. Support universal funding system that strikes a balance between the burden on the state and the individual.

### Age Concern Cymru/ Help the Aged in Wales (consultation events)

Broadly agree.

### Alzheimer's Society

Support the principle. New system will only have public support if people have confidence the state is recognising its responsibility to provide universal level of care and support.

### Board of Community Health Councils in Wales

Undecided. Does it mean that money will be spread so thinly that it will be of no help to anyone?

Cardiff NUT Retired Teachers Association

Yes.

Carmarthenshire County Council

Reasonable and fair, but dependent on there being sufficient funding in the system.

Chartered Society of Physiotherapy in Wales

Maximise available resources to help everyone who qualifies get some help.

Citizens Advice Bureau

No reason in principle why social care should not also be free like the NHS. Debate hampered by failure to provide full costings. Options do not fully cover the practicable choices – wider debate is needed on how to generate the necessary resources for care and support.

Conwy County Borough Council: Social Services

Not entirely – concerns that floodgates could open, and about capacity of the service to deal with increased number accessing care.

Disability Wales

Should be free at point of delivery.

Downs Syndrome Association

Not at the expense of those who cannot afford care and support they need. The right starting point should be that everyone who needs care and support should have access to it, and that should be free for those who cannot pay. Difficulties around 'those who qualify'.

Gwynedd County Council

Agree, but important role of preventative work beforehand should not be disregarded.

Merthyr Tydfil County Borough Council

Yes, the right starting point.

Multiple Sclerosis Society Cymru

Questions some GP assumptions – starting point should be to find specific Welsh model of funding care. WAG could choose to fund free personal care through making savings elsewhere or indirectly through raising council tax

and business rates. Also could seek the necessary legislative competence or Welsh Bill.

#### National AIDS Trust

Would like to see this approach combined with safeguards to ensure that those on very modest incomes get the additional support they require.

#### National Partnership Forum

No – on the grounds that it implies that current means-testing will continue, rather than the taxation model we prefer.

#### Neath Port Talbot Elderly and Disability Forum

Everyone should be given help according to their individual needs.

#### Pembrokeshire Association of Voluntary Services (consultation event)

Some confusion about this question – what does ‘some help’ mean and what care is included? Some participants advocated that care should be free; others argued that if the state helps well-off people, this would take money away from those who need it most.

#### Pembrokeshire County Council

Has to be element of means-testing.

#### Rhondda Cynon Taf County Borough Council

Agree. However, need to consider the optimum level of state support for the most wealthy, as if a lower level of support is given to the most wealthy, this would enable greater support to be given to those with comparatively less capital.

#### Sense

Merit in this approach if it encourages people to take up support at an early stage. Would also make it more politically acceptable for everyone to contribute to the system.

#### Swansea Network 50+ (consultation event)

Yes.

#### Torfaen County Borough: Social Care and Housing

Suggest a universal approach in terms of provision rather than payment – e.g. everyone gets up to x hours of care per week at no charge before financial assessment is considered.

## UKHCA

No. The term 'everyone who qualifies' is shifting, with only those with critical and substantial needs receiving publicly funded services. The starting points should be: gathering data on who is currently qualifying for care and whether there is unmet need; and whether the money in the system is being used in the most effective ways.

## Voluntary Action Cardiff

'Everyone who qualifies' raises questions – what qualifies people? Help should be equitable across all ages and for people of all means.

## Walsingham

Yes.

## Welfare Rights Advisers Cymru

Prefers a Wales-led starting point. Need to consider definition of care.

## Wrexham County Borough Council

Yes. Clarification needed on definition of care and support, and needs to be all-Wales assessment criteria identifying the qualifying level of need.

## **Disability benefits**

### **What do you think about the possibility of merging disability benefits such as Attendance Allowance into the social care funding system?**

#### Summary

This question provoked the largest number of responses, with the majority strongly opposing any move to integrate Attendance Allowance (AA) into social care funding. It is clear that many older people value AA for the choice and control it gives them in meeting their care needs or the extra costs of disability. It is regarded as a key component of the prevention agenda, often being used to meet moderate levels of need which would not be met by the social care system. Withdrawing this benefit could lead to increased demand for social care assessments, and mean an increase in unmet low to moderate level needs. The potential impact on carers was mentioned in a number of responses, as Attendance Allowance is awarded regardless of whether a person receives unpaid care or not, whereas this is taken into account in social care assessments.

Some, however, thought this was an option worth exploring in more detail. These cited confusion over the purpose of these benefits, or the need for a simplified system.

Other issues raised included whether those who received Disability Living Allowance (DLA) before their sixty-fifth birthday would be able to carry it over as they do now; how carers benefits might be affected; and how an integrated system might affect the existing arrangement whereby DLA/AA acted as a 'passport' to other benefits such as the disability premium.

#### Abbeyfield Wales Society Limited

Concern. Very few non-means tested benefits to those not in the social care system – may well increase demand for other social care services.

### Aberystwyth 50+ Forum

Should not be incorporated. With AA, people can avoid being part of the social services system and can retain their independence for longer.

### Age Alliance Wales

Oppose. Proposals vague, and no modelling available. More losers than winners. Strong likelihood that will mean withdrawing resources from older people with moderate care needs to support the system for those who need social care services. If future models take into account any care received from informal carers, they will receive less help. Disabled older people already receive less support with costs of disability than those disabled before age 65 – if AA is withdrawn but DLA is maintained, this will further increase the difference between cash entitlements paid to younger and older disabled people – would extend age discrimination. No clarity about carrying over DLA at age 65.

### Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Age discriminatory. (Differences between DLA and AA are also age discriminatory.) Would remove element of choice and individualism, and result in need for more intensive care packages and possibly need for residential care sooner.

### Age Concern Cymru/ Help the Aged in Wales (consultation events)

No. GP is 'worryingly vague' about what integration of AA with the care system will mean. Older people feel very strongly that AA should be retained.

One extremely important point is that AA is a 'carer blind' entitlement – i.e. paid regardless of whether or not you have a carer. If a new integrated system takes unpaid caring into account when accessing the level of funding or the type of care package on offer, carers and those they support could lose out. We do not want to see people with carers lose both the right to services and the right to help with the costs of disability just because they have a friend or relative willing to provide them with care.

### Alzheimer's Society

Strongly opposed. Removes choice and flexibility. Helps people to access services who do not qualify for, or are excluded from, state help. People like the universalism of the benefit – do not trust the government to use the money to improve services – and is a gateway to receipt of other benefits.

### Aneurin Bevan Health Board

Welcomed, as addresses the risk of duplication of funding.

### Association of Directors of Social Services

Need wider review of the benefits system – would help develop sound funding option. But advocates caution over integration of AA – merger would have negative impact on Welsh economy, given higher proportion of claimants. Also represents an important aspect of the prevention agenda. Would need reassurance that what is brought in remains within the care and support system. Clarity around Carers Allowance is required.

### AVOW: County Voluntary Council for Wrexham (consultation event)

Criteria for DLA and AA should be brought together with social care eligibility criteria.

### Blaenau Gwent County Borough Council

Many people self-manage their needs by using AA – removal would further impact on numbers entering social care system earlier. AA should be used 'for its intended purpose' and all care costs over and above the sum of money paid by the state should be met through the social care funding system.

### Board of Community Health Councils in Wales

Theory behind proposal is accepted, but may leave financial vacuum and individuals unable to cover disability related costs.

### Bridgend County Borough Council (consultation event 50+)

Agreed that merging would be acceptable. Would mean less bureaucracy, and there are not enough guidelines on how this element of benefit should be allocated. (Mindful, however, of the impact on autonomy and flexibility.)

### British Geriatrics Society

Anything which simplifies the system is to be commended.

### Caerphilly County Borough Council: Social Services

Generally welcomed. 'For too long there has been confusion over the purpose of AA and frustration amongst authorities that it has been disregarded for charging purposes. The removal of this confusion and greater targeting of these resources is a positive step.'

### Cardiff Community Health Council

A completely retrograde step. It confuses a needs based health and social care system with an entitlement system.

### Cardiff NUT Retired Teachers Association

Should not be merged.

### Carers Wales

Need to reform carers' benefits – not fit for purpose. DLA and AA should be retained as a national entitlement. They represent the most accessible version of choice and control. With greater moves to personalisation, it would be perverse to change or limit any of this control.

### Carmarthenshire County Council

Helpful to consider as part of the debate, but ought to be cautious. In the 1970s local government took on funding residential care, which was previously uncapped and funded through the social security system – and costs rocketed. Receipt of AA currently dampens demand on the social care system. Distinction between AA and DLA is discriminatory, and these benefits should be merged.

### Ceredigion County Council

Grave concerns. Significant differential between numbers receiving AA in Wales and those accessing social services implies that AA is being used to support the preventative agenda – i.e. preventing those individuals from entering the care spectrum. Need to account for the impact of this if the two systems are merged. Disproportionate high number of claimants in Wales – change would have significant implications for the Welsh economy as a whole.

### Chartered Society of Physiotherapy in Wales

Need more detail to be sure that integrating AA with social care would be beneficial.

### Citizens Advice Bureau

Strongly oppose. Abolishing AA would greatly reduce independence, choice and control for older people. Many who currently qualify would be assessed by LAs as having insufficiently severe needs. Those who receive personal care from friend or relative would lose out, as AA/DLA given on basis of care requirement, but social services make no provision for those whose needs are satisfied. Benefits help meet extra costs of disability, and are based on entitlement rather than exigencies of LA budget. Unclear what will happen to disability related premiums, and to carers allowance.

### Civil Service Pensioners Alliance: SE Wales Group

Strongly opposed.

### Conwy County Borough Council: Social Services

Interesting option and worth exploring in more detail. Not sufficient detail here. Bringing benefits into the equation for provision of care to higher needs and more complex care packages would be extremely useful in ensuring that the benefits help pay for the care.

### Conwy and Denbighshire adult mental health service users and carers (2 consultation meetings)

Will the same level of support be guaranteed? Not sure about LAs having complete control of deciding who gets what – people may be worse off. GP doesn't say much about direct payments.

### Denbighshire County Council

Retrograde step – removes level of autonomy, and would cause increase in demand on LAs. Will require more time and be more costly than assessing eligibility for a welfare benefit.

### Disability Wales

Strenuously oppose. A direct contradiction to the vision of giving people more choice and control. There is no modelling available that would allow an objective assessment of the proposals to be made.

Many people would receive less help than is currently the case because all support above a minimum level would be means tested. The new criteria for state support is unlikely to include all the individuals who would have been eligible for AA – strong likelihood that the proposals will mean withdrawing resources from older people with moderate care needs.

AA helps those with low or moderate needs to remain independent, and contributes to the preventative agenda.

AA does not depend on whether somebody has a carer or not. If future models take into account any care received from an informal carer, they will receive less help.

If AA is withdrawn but DLA is maintained, this will further increase the difference between cash entitlements paid to younger and older disabled people – clearly extending age discrimination.

No clarity about what will happen to people who are receiving DLA over 65+.

### Downs Syndrome Association

More likely to find benefit changes acceptable if they can experience some positive changes to their services before expected to agree any re-distribution of funding potential. Members concerned that any promise to replace a benefit with improved care service would be an empty one. Integrating benefits will only be fair if extra costs of disability taken into account.

### Fforwm Strata Florida 50+ Forum

AA should NOT be integrated – people want freedom to choose what element of their care they want to spend their money on.

### Gofal Cymru

Concern that element of provider choice should be retained under any integrated system.

### Guide Dogs

Opposed. No doubt that the current benefits system plays a huge role in supporting independent living and includes a significant number of people who do not otherwise qualify for state-funded support. Resist moves to 'raid' these benefits.

### Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Would have a negative impact on carers in terms of their financial and emotional wellbeing. Carers not confident of LAs' competence in managing a benefits system. Fear that money would be lost in the system, and not as effective as direct benefit payments. Many AA recipients do not meet LA eligibility criteria. Goes against the agenda of encouraging more choice for carers and those they care for.

### Gwynedd County Council

Great concern expressed in consultation. AA enables carers to maintain their role as carers, and offers choice. Concern that funding would not be ring-fenced for care. Concern about lack of detail.

But agreed that current regime is complicated and appears inconsistent. Awareness of the purpose of the benefits should be increased, and people should be encouraged to make correct use of them.

### Macmillan Cancer Care

Strongly opposed to using AA to make up shortfall in social care funding. People living with cancer rely on AA to help meet extra costs of living with cancer. For many this is the only benefit they get – taking it away would reduce their standard of living, their independence and quality of life.

### Mencap Cymru and ABCD Cymru

Welcome commitment to maintain DLA. If benefits are merged, would strongly recommend the introduction of personalised budgets in Wales, so that people with a learning disability can exercise choice over their spending.

Monmouthshire County Council: Adult Select Committee (cross-party)

Agree there is a logic in simplifying benefit system and having one source of social care funding. The issue for development is then how to ensure choice and independence.

Multiple Sclerosis Society Cymru

Extremely concerned. Both DLA and AA provide a perfect example of a personalised approach to care and support which promotes independence.

National AIDS Trust

Strongly believes should remain separate. DLA and AA are a good example of a personalised approach to care and support which promotes independence and fits with WAG's underlying principles. Could be lost within bigger pot. If there are serious concerns about funding, some disability benefits might be means-tested (although further consultation would be needed on this option).

National Deaf Children's Society

Welcomes the assurance that the UK Government is not considering DLA for under-65s in this proposal.

National Federation of Women's Institutes

Should remain as separate benefits.

National Partnership Forum

No. AA enables many pensioners to remain independent and stay out of care.

Neath Port Talbot County Borough Council

Caution needed. AA ensures independence and autonomy, and is a significant trigger for other benefits. Many recipients do not receive social care.

Neath Port Talbot Elderly and Disability Forums (consultation events)

Not appropriate – vital benefits, valued because they provide flexibility and choice.

North Wales Nursing and Midwifery Professional Advisory Committee

Simplification of the benefits system is welcomed – clarity is needed as to eligibility for benefits when receiving state-funded care.

### Older People's Commissioner for Wales

Older people have voiced concern at potential impact on flexibility and personal choice. Very real fears – more should be done to allay these worries. No clear contingency for what will happen in Wales if AA lost.

### Parkinson's Disease Society

Extremely concerned. 41% of people with Parkinson's receive AA – use not restricted in any way, making it 'the perfect personal budget and one of the strongest elements of the existing care and support system'. Concern that money will just disappear into LA budgets and not meet those in need. Personal budgets and direct payments are not as flexible – more restrictions on how used. Concern about DLA 65+. Barnett formula would not reflect higher than average number of disabled people in Wales. Concern about what would happen to Carers Allowance if AA abolished, and about passporting.

### Pembrokeshire Association of Voluntary Services

No. Disabled people would lose out, and Wales might lose out because of the higher percentage of disabled people in Wales.

### Pembrokeshire County Council

Either way there needs to be greater transparency in what the benefits fund and how this should be used to pay for care for the individual.

### Pensioners Forum Wales

No. Most recipients use the money to prevent going into care following falls.

### Powys County Council

If integration is being considered, a wider review of the benefits system will need to be carried out. AA is trigger for other benefits.

### Powys Over 50 Forum (consultation event)

Unanimous condemnation. The fact that AA is not means-tested has proven to be great help to older people who only just miss out qualifying for Pension Credit. Whole area of benefits needs review.

### Public Health Wales

Need to simplify existing benefits system.

## Rhondda Cynon Taf County Borough Council

An issue on which RCT has made representations to DWP. The main benefit is that recipients can use them in a way that best meets their needs. Important to maintain this flexibility. Also wary of potential for transfer to LAs to create additional financial pressures on LA budgets. Precedent from 1990s when Community Care passed to local government, with insufficient additional resources to deal with the extra demand.

## RNIB Cymru

Strongly opposed. Gap in funding for social care needs to be plugged, but not at the expense of AA. The role played in independent living should be recognised. Important in helping the 4,000 blind and partially sighted people in Wales with the extra daily costs of living. Claimants use at least some of their AA or DLA to pay for items that in theory should be covered by basic benefits – loss of AA would therefore exacerbate poverty. Also a retrograde step from the rights perspective – discretionary payments lack the entitlement basis and appeal rights of mainstream social security.

## RNID

Controversial proposal – would have to prove that older people who are deaf or hard of hearing will not lose out financially or in terms of support. Current proposals lack definition and clarity – need more detail.

## Sense

Opposes. Do not agree with perception that AA is poorly targeted. AA fits well with prevention agenda, allowing people to purchase a low level support of their choice rapidly.

## Scope

Concerned about proposals, and dismayed at the way this debate has caused anxiety to existing recipients. Recommend that Government research differentiates disability benefits from normal income when researching poverty statistics, to give clearer idea of the extent to which disabled people experience poverty.

## Swansea Network 50+ (consultation event)

Some agreement that this area needed further exploration, and more detailed information. But balanced by way benefits are currently used to support independence and freedom of choice.

## The Bevan Commission

Large and complex question which cannot be addressed adequately without further investigation.

### The Royal British Legion

Strong feeling that the proposals stem from desire to use AA to 'plug the gaps' in the social care system. Agree that case can be made if individuals continue to receive appropriate level of support. Also generally supportive of simplifying application process for benefits. However, need clarification as these suggestions have clearly alarmed many current recipients.

### Torfaen County Borough: Social Care and Housing

Problematic. What about Independent Living Fund? Risk increased dependency and decrease in choice, which runs counter to GP aspirations. Consider recycling of benefits when people move into residential care – pass payments on to LAs when withdrawn after 4 weeks. Need to clarify issue of DLA to 65+.

### Transgender Wales

Better for members of the transgendered community if things are left as they are, allowing benefits to be paid to individuals so that their care can be tailored to their individual needs.

### Tregaron and District Branch of Plaid Cymru

Should not be included – prefer to have freedom to choose which part of the care element they wish to use.

### Unite Federation Wales: Cardiff Branch

Single system is simpler, and less expensive to administer.

### Voluntary Action Cardiff

Whole benefits system needs to be reviewed. Very confusing. Would make perfect sense to integrate them. What is most needed is a more flexible system between health, social care and well-being.

### Walsingham

Agree. Will provide support for those who need it, and will more consistently and fairly allocate resources.

### Welfare Rights Advisers Cymru

Contrary to aims of giving people choice and independence. Increase burden on social services.

### Welsh Local Government Association

ADSS members have 'considerable concerns'. Removes a level of autonomy and income for service users – a 'retrograde step'. Many directly purchase

their own care and are not known to or involved with LA social services. Integration would remove that independence and place an increased burden on social services. These disability benefits currently support around four times the number of individuals currently in the social care system – has this impact been appropriately accounted for in the financial modelling?

Wrexham County Borough Council

Would undermine the objectives of a fair, simple and affordable care services, remove independence, and place an increased burden on social care departments.

WRVS

Would only support, if it was clear that an integrated social care system would give more people real cash so they can choose the help they want.

## **Bringing new money into the system**

### **What do you think is the right approach to partnership between the state and the individual in Wales?**

#### Summary

The differing approaches to partnership explored in these consultation responses generally reflected respondents' favoured funding option. The idea of a partnership between the state and individual was generally accepted, but the nature of the partnership depended largely upon the preferred model.

#### Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

State should pay part, and then proportion of AA and DLA should go towards individuals' care.

#### Age Concern Cymru/ Help the Aged in Wales (consultation events)

Older people are reasonably supportive of everyone having some of their care costs paid, and paying some themselves. However, the Wanless proposal was more generous in the amount the state would offer. Would only support a partnership model that does not impose a charging or co-payment system that is any more stringent than the current system. Would also need sufficient resources to pay for: good quality care for those with 'high moderate' needs and above; extending offer to high income groups; universal offer of information advice and assessment; prevention services for those not yet eligible for services.

#### Association of Directors of Social Services Cymru

Universal funding system that strikes a balance between burden on the state and the individual. Care and support available for all, based on need, not means. Taxation option preferred.

#### Blaenau Gwent County Borough Council

Taxation – should be based on need not means.

#### Board of Community Health Councils in Wales

All individuals to be part of a scheme that will provide the necessary protection.

### Cardiff Community Health Council

There is already a major partnership between the individual and the state mainly through the contribution of carers. The major focus for partnership should be on how the state can support carers.

### Carmarthenshire County Council

Partnership makes people feel that the system is fairer.

### Chartered Society of Physiotherapy in Wales

Ideally a collective solution based on compulsory revenue raising – ideally, general taxation. Profession would prefer to see contributions, throughout working life, towards a National Care Service.

### Conwy County Borough Council: Social Services

Agree to partnership provided the state provides a safety net. If the system allows for those who can afford to pay entirely to do so, there should be in place a system to support them so they are not disadvantaged by higher fees, third party top-up-s and a failure to refer for nursing care.

### Denbighshire County Council

Requiring the individual to contribute to care costs assists in reablement and independence – an incentive.

### Disability Wales

Fundamental principle that care and support should be free at point of delivery. Charges are a secondary tax on people who need care and support, the majority of whom are on low incomes or modest pensions.

### Downs Syndrome Association

Partnership approach seems fair and appropriate. Compulsory contributions from those in adequately paid work.

‘For people with Downs Syndrome, the only relevant debate about the various options is likely to be which model would bring enough money to the system to provide for appropriate care and support needs.’ Of equal importance to how the funding of care is achieved, is what the funding is needed for. Many people with Downs fail to secure adequate services because needs not considered critical or substantial, or where they are living with their parents.

### Guide Dogs

Strong support from members for approach based on collective provision, as fairest way of spreading risk. This a more rights-based model of provision. Reformed National Insurance Fund would be first choice.

### Gwynedd County Council

Should be based on responsibility of each individual to plan for own future care needs, together with state's responsibility to support that individual and provide care choices if possible, and full support under some circumstances. Individual must be full partner, and right to choose should be safeguarded.

### Gwynedd Direct Payments Forum

Partnership proposals in the GP are bogus and misleading. Would be inadequate for most and costly for a few, and would introduce a two-tier system.

### Multiple Sclerosis Society Wales

It is the state, not the individual, that is primarily responsible for bringing new money into the system.

### Northgate Public Services

Funding model should be partnership – could work well with either the contributory or insurance based schemes.

### Pembrokeshire Association of Voluntary Services (consultation event)

Everybody must be covered.

### Pembrokeshire County Council

Appropriate. Needs to be clarity over expectations on both sides.

### Powys Over 50 Forum (consultation event)

Mixture of personal tax, company tax and Individual Care Account could work. People will need clarity around what they get in return for their own contribution.

### Rhondda Cynon Taf County Borough Council

Need to strike a balance. System should be progressive in that people with greater ability to pay should bear a greater proportion of their costs.

## Sense

Simplest way through taxation/ NI.

## UKHCA

Partnership is the fairest basis for reformed system – but this should include a tax funded option as people are also in a partnership with the state when paying tax. This includes Council Tax.

## Unite Federation Wales: Cardiff Branch

Similar system to NI, income tax collected through salary for those of working age – for older/ retired people a form of National Care Insurance run by Government with a range of contribution options including lump sum, monthly payments or payment from estate.

## Walsingham

An agreed minimum should be made available by the state, with optional insurance making up the shortfall.

## Welfare Rights Advisers Cymru

Greater consideration should be given by government to what is prioritised as a 'free' (tax-funded) service.

## Wrexham County Borough Council

Means testing is a still a fair way for individuals to contribute toward their care costs. Should seriously consider the Advisory Group recommendation for a fundamentally reformed NI fund covering both health and social care.

**Do you agree with the conclusions of the Wales Advisory Group that there is a central role for the state, or do you think people in Wales would want more freedom to make their own arrangements to protect themselves from high care costs?**

Summary

The overwhelming majority of respondents who answered this question firmly thought that there was a central role for the state, especially in ensuring a fair funding system.

Alzheimer's Society

Agree.

Board of Community Health Councils in Wales

Undecided.

British Geriatrics Society

An issue of political philosophy. A mixed approach is probably reasonable.

Caerphilly County Borough Council: Social Services

Agree. System of voluntary contributions is unfair, unlikely to be effective and lead to two-tier system. However, direct payments and self-directed support should also be encouraged.

Care Forum Wales

Agree. State must establish minimum standards of service, and ensure individuals have consistent access to services.

Carmarthenshire County Council

Yes, state does need a central role.

Chartered Society of Physiotherapy in Wales

Agrees.

Civil Service Pensioners Alliance: SE Wales Group

Agree – must be duty on the State.

Denbighshire County Council

Allowing people to make their own arrangements gives greater freedom and encourages independence – schemes can be made attractive without being mandatory. (However favours taxation.)

Disability Wales

Agree. (DW was on the Advisory Group.)

Gwynedd County Council

Strongly agree.

Merthyr Tydfil County Borough Council

Yes, totally support central role for the state in guaranteeing effective running of the scheme.

National Partnership Forum

Central role of the state is vital.

Parkinson's Disease Society

Agree.

Pembrokeshire County Council

Role for state to ensure that a fair funding system is achieved.

Pensioners Forum Wales

State should have central role.

Rhondda Cynon Taf County Borough Council

Completely agree.

Royal College of Nursing Wales

Agrees.

Sense

Welcomes view that state has central role.

Swansea Network 50+ (consultation event)

Yes, has to be. But freedom of choice – some may wish to make own arrangements.

The Bevan Commission

Yes. 'Free at point of care' strongly upheld.

Torfaen County Borough: Social Care and Housing

Agree. If individuals are given a choice as to how to protect themselves, will need to ensure there is enough money in the system.

UKHCA

Yes.

Walsingham

Agree, but should not be compulsory for people to enter into this scheme.

Welfare Rights Advisers Cymru

Yes.

Welsh Local Government Association

Yes, has to be. Most of the new funding models imply that central Government will fund an element of the care costs that are currently charged for by LAs. Need mechanisms to ensure that local authorities are adequately reimbursed for any revenue forgone through reduced charging.

Wrexham County Borough Council

There has to be a central role for the state, to ensure that there is a consistent development of funding care across Wales.

Should be an additional weighting to address rural factors affecting care.

## **Different funding options**

**What are your views on the various funding models? How far do you think they fit with the principles recommended by the Wales Advisory Group, and with the aims set out at the beginning of this chapter?**

**We have agreed to rule out the ‘Pay for Yourself’ option. Do you agree?**

### Summary

There was almost unanimous agreement that this option should be ruled out.

#### Yes:

Abbeyfield Wales Society Limited

Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Age Concern Cymru/ Help the Aged Wales

Alzheimer’s Society

Aneurin Bevan’s Health Board

Association of Directors of Social Services Cymru

Blaenau Gwent County Borough Council

Caerphilly County Borough Council: Social Services

Cardiff Community Health Council

Care Forum Wales

Carmarthenshire County Council

Citizens Advice Bureau

Civil Citizens Pensioners Alliance: SE Wales Group

Conwy County Borough Council: Social Services

Denbighshire County Council

Disability Wales

Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Gwynedd County Council

Merthyr Tydfil County Borough Council

Mencap Cymru and ABCD Cymru

Multiple Sclerosis Society Cymru

National AIDS Trust

National Partnership Forum

Neurological Alliance Wrexham (consultation event)

Newport Senior Citizens Forum

North Wales Nursing and Midwifery Professional Area Committee

Northgate Public Services

Parkinson's Disease Society

Pembrokeshire Association of Voluntary Services (consultation event)

Pembrokeshire County Council

Rhondda Cynon Taf County Borough Council

Royal College of Nursing Wales

Swansea Network 50+ (consultation event)

The Bevan Commission

Torfaen County Borough: Social Care and Housing

Transgender Wales

UKHCA

Voluntary Action Cardiff

Walsingham

Welfare Rights Advisers Cymru

Wrexham County Borough Council

Partly agree:

Board of Community Health Councils in Wales

Ask why the state should bear the burden of paying for care if the person has financial assets.

## **Do you agree that meeting the full cost of all care and support from taxation is not a viable option for the future?**

### Summary

This question provoked a large number of responses and much comment. The majority of respondents did not agree with the decision to rule out this option, and felt that the arguments for and against funding care through taxation should be revisited. It was felt by many to be the nearest to the Advisory Group's principles, especially in terms of fairness and simplicity. There were calls for the Department of Health to release its economic modelling so that the implications of this model could be considered properly.

Those who agreed that taxation was not a viable option did so for a number of reasons, including the increased tax burden and the lack of political will.

### Abbeyfield Wales Society Limited

Agree.

### Aberystwyth 50+ Forum

No. Taxation is the simplest and fairest way to raise funds.

### Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Taxation should cover care costs. Fairest and most straightforward way. Re-introduce higher level of taxation for those earning more.

### Age Concern Cymru/ Help the Aged Wales (consultation events)

No. Need financial modelling information to justify the Government's argument against taxation. Would achieve maximum degree of risk pooling, and achieve optimum fairness. Many older people point out that they are also tax payers through combination of income tax, tax on savings, VAT, council tax and ultimately inheritance tax. A combination of income and wealth taxes would include older people as well as younger working people. Also, should continue to promote longer working lives to increase tax revenue. Extra resources for care should be hypothecated.

### Alzheimer's Society

Unable to provide full response until have access to economic modelling information – Department of Health (England) have refused request for this. Consultation among 46 carers of those with dementia in Wales revealed considerable support for this option.

### Aneurin Bevan Health Board

Agree.

### Association of Directors of Social Services Cymru

Possibly the most transparent and sustainable mechanism for funding social care system. Should not be ruled out.

### AVOW: County Voluntary Council for Wrexham (consultation event)

Might have been viable if government revised how its money was spent.

### Blaenau Gwent County Borough Council

Taxation is preferred option of respondents – system should be based on needs and not means. WAG should approach UK Government to re-open debate on tax. The question remains: what level of care an individual should be entitled to.

### Board of Community Health Councils in Wales

Problems accepted. Indirect taxation could be considered – e.g. indirect tax on harmful products such as tobacco and alcohol; or additional Council Tax to support LAs manage local care homes.

### Bridgend County Borough Council (consultation event 50+)

Do not agree – it requires greater scoping and should be revisited. Strong view in favour of free universal state funded care service delivered at the point of need. Risk pooling over lifetime is far more acceptable than facing significant costs at point of need. It would not defer people from saving for their retirement.

### British Geriatrics Society

Tax or NI to provide a basic safety net, with anything additional funded by insurance. Credit might be given for those who have worked hard and conserved private resources.

### Bupa

Agree – improbable that sufficient additional funding can be obtained on a sustainable basis from general taxation.

### Caerphilly County Borough Council: Social Services

Agree – not a viable option.

### Cardiff NUT Retired Teachers Association

No, should not be ruled out. Many pensioners are lifelong taxpayers.

### Cardiff Community Health Council

General taxation would be the best approach, as it best supports alignment with the NHS. The 'comprehensive' model is in essence an additional form of taxation, so is preferred out of the remaining options (with reservations).

### Cardiff Council Adult Services

Further exploration should be given to development or extension of NI scheme for social care. Advantages of this are: enshrines principles of fairness and equality for all; is truly universal; has capacity to address costs of care to the individual and the often hidden costs of provision of care to the wider society; would facilitate integrated health and social care planning and service delivery; has potential to help informal carers. Disadvantages: winning over hearts and minds of citizens; would not resolve LA funding in the short term.

### Cardiff Older Persons Forum

Many members of the view that the tax payments paid since 1948 should cover the cost of care without further taxation. Although unfair, future funding would need to be tax supplemented by personal contributions through insurance or from personal funds. Suggested 1% rise in VAT.

### Care Council for Wales

Ideally would wish to see social care funded to an appropriate level through taxation, but recognises this might not be achievable in the longer term. Have therefore gone for the insurance option.

### Care Forum Wales

Not agree. Argument is discriminatory. Large proportion of over-65s are taxpayers, and their taxes support younger people with education and benefits.

### Carers Wales

Should be shared across society, paid for by taxation and free at point of use. Should be based on what individual needs, not on ability to pay or how they have come to need care.

### Carmarthenshire County Council

No – this option should be considered in more depth, although the opportunities to adopt this approach may have been lost with the realities of the current economic position.

### Ceredigion County Council

Wales should oppose Westminster's decision to rule out this option. Insufficient evidence has been shared with stakeholders regarding projected increases. Also question whether demographic projections are correct for the longer term, once the 'baby boomer' generation profile has worked itself through the system. Tax is well-tried system where potential for avoidance is limited – the other options have greater risk of avoidance.

### Chartered Society of Physiotherapy in Wales

Would be the ideal solution, though would require rise in taxation. Supports model which is as close as possible to NI system (closest of the options on offer is 'comprehensive').

### Citizens Advice Bureau

The failure to provide clear projected costings and figures makes it impossible to comment. Would seem fairer to use income tax than NI as this would place burden on those with income, not just those of working age.

### Civil Service Pensioners Alliance: SE Wales Group

No – education and other services are paid for from general taxation: no good reason why the same principle should not apply to care.

### Conwy County Borough Council: Social Services

Yes – simplest option, but not viable.

### Denbighshire County Council

A form of taxation is the only fair and appropriate option. Cheaper to administer.

## Disability Wales

No – should be given full consideration. Concerned that have ruled out without providing data to support its argument. Taxes reflect ability to pay, and there is a system in place already.

Best way forward would be fundamentally reformed NI fund, covering both health and social care. However, it would need to be more clearly focused on promoting well-being and independence than the current NI scheme. Also needs to be protected from being raided.

Could have a new National Care Fund – advantages would be: it would be ring-fenced for social care, and people would know exactly what they were paying for and why. Alternatively, tax or NI would reinforce the message that social care is not a separate 'special interest' type of service.

Would do away with means testing, removing stigma and indignity.

WAG could also look into creative, community-based responses such as 'caring credits' and 'mutual society' approaches.

## Fforwm Strata Florida 50+ Forum

Older population feel they have contributed already all their working lives – money should have been ring-fenced.

## Guide Dogs

Do not agree that this should be ruled out without a proper national debate. 'To be able to ask the general public to consider and express opinions on complex schemes such as insurance or partnership models, but to deny them the right to consider the arguments for and against a fully tax-funded system, seems at best an illogical approach and at worst undemocratic.' Do not feel able to comment on funding options as financial modelling is unclear, and assumptions made that AA will be amalgamated into social care budget. First choice would be National Insurance Fund for care.

## Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Mixed views on whether taxation is enough in itself. Some feel that increased taxation would pay if funds managed correctly – ring fenced and used properly. Others think that it is not possible through tax only, or not viable.

## Gwynedd County Council

Ideal answer in the long term. For many, raising the level of NI would be the simplest and most cost-effective answer. Would appreciate seeing figures. Concern about the practicality of this option when care pressures are increasing and demographic balance is changing so radically.

## Gwynedd Direct Payments Forum

Have the funds to create a world-class care system, but we lack the will and social acceptance of the cost of doing so. Need to raise taxes and realign

progressive taxation. Government has to take the courageous decision to apply the same logic to social care as to health care.

Mencap Cymru and ABCD Cymru

National Care Service should not be completely written off by the Assembly Government.

Merthyr Tydfil County Borough Council

This is actually the fairest option and the one that most meets the principles.

Multiple Sclerosis Society Cymru

Do not agree. Would be a viable option if WAG was willing to pay the political and financial costs of such a decision.

National AIDS Trust

Should not have been ruled out by UK Government before the consultation process began.

National Partnership Forum

No. Most cost-effective and fair way of funding, if ring-fenced.

Neath Port Talbot County Borough Council

Further consideration should be given to this option, as it is universal and closest to the Green Paper's principles.

Neurological Alliance Wrexham (consultation event)

If possible, would be good option.

Newport Senior Citizens Forum

Agree.

North Wales Nursing and Midwifery Professional Advisory Committee

Needs to be reconsidered. Is it fair to target the assets of those who have already retired? Fairest way is to adopt a PAYE system that have to pay into throughout working lives depending on what they earn.

Northgate Public Services

Agree that politically it is not feasible.

### Parkinson's Disease Society

Majority of respondents to members' survey [on UK Government's Green Paper] favoured taxation.

### Pembrokeshire Association of Voluntary Services (consultation event)

NOT be ruled out. Not enough information provided to discuss this option. Suggest looking at both income tax and VAT to balance costs fairly between the age groups.

### Pembrokeshire County Council

Yes – not everyone will access social care as with health.

### Pensioners Forum Wales

No. Ring-fenced taxation is the only fair, sustainable option, with care free at point of need. Reject all other proposed options, as they all allow scope for current unfairness and inequality to continue.

### Powys County Council

Fairest solution would perhaps be to increase income tax by 5p or 1p in the £, or introduce a new tax specifically for care. Deduct this at source from income and from benefit payments, so that everyone contributes.

### Powys Over 50 Forums (consultation event)

Proportion of care bill could be paid for by taxation, no more than 1p in the £. Couple this with taxation of company profits. Mixture of general taxation, company tax and an Individual Care Savings account could work.

### Public Health Wales

Desirable if funded, at least in part, from taxation. If full costs cannot be met this way, a range of partnership options can be made available, with individual contributions assessed on ability to pay.

### Rhondda Cynon Taf County Borough Council

Ideological preference for taxation. Not sufficient evidence to rule out funding through general progressive taxation. This is a debate guided by political will as much as it is by economic reality.

### RNIB

Tax-funded, rights-based model of social care and support should be acknowledged as a possibility, at least for the longer term. Accepting that this

is not at present intended, the proportion that is so funded should be maximised.

### Royal College of Nursing Wales

Prefer UK-wide system of health and social care funded through general taxation. In consultation with members had 90% support for tax or state-insurance scheme. But not viable option for Wales alone.

### Sense

In the long term, some form of ring-fenced, government-backed compulsory National Insurance, with contributions based on income, is the only way to achieve a fair and affordable system. In the meantime, as a transitional measure, the options proposed by government to release capital into the system could be successful – current generation of older people have significant wealth held in property, having benefited from era of house price boom and easily obtainable mortgages. Future generations will not be in the same position.

### Scope

Disappointed have ruled out.

### Swansea Network 50+ (consultation event)

Varied response. Mixed views. Should not be ruled out completely. Some concerns about the effect of greater taxation on young families and retired people who still pay tax.

### The Bevan Commission

There is a case for tax-based system, may well be sustainable. Best and clearest basis for mature social dialogue about how much resource should be going into health/social care.

### Torfaen County Borough: Social Care and Housing

Before this option is ruled out a costing exercise needs to be completed. Would the tax burden on working age individuals be any greater than that needed to purchase insurance?

### Tregaron and District Branch of Plaid Cymru

Older population are angry that NI has never been kept separate.

### UKHCA

Disappointed has been ruled out. Tax more likely to provide the security of demand for services that homecare providers need. Free personal care

announcement and Assembly Measure weakens argument against tax funded scheme. Also important to maintain solidarity between the generations.

#### Voluntary Action Cardiff

Not at all. Could explore VAT, which everyone pays. Suggest a National Care Tax, but would have to be administered transparently.

#### Walsingham.

Yes – would be ever-increasing burden on the working age population.

#### Welfare Rights Advisers Cymru

No. Greater consideration should be given by government to what is prioritised as a 'free' (tax-funded) service.

#### Welsh Local Government Association

Majority of WLGA membership are in favour of this option being revisited. It may present the most sustainable mechanism of securing funds. Puts social care on a par with the NHS, and removes major barrier for seamless working between NHS and social services. This is, however, a longer-term solution, which does not resolve current financial pressures on LAs.

#### Wrexham County Borough Council

Yes, but there needs to be a central role for the state. The existing taxation infrastructure could be used to enable some contribution to the cost of care to be collected and administered.

#### WRVS

Should be funded from general taxation – but in the absence of this option, the next best would be an affordable government-run insurance scheme that covers part of care costs, while the rest is paid for out of taxation.

## **Do you think that the Partnership option on its own would be sufficient to reform the system in a fair and sustainable way?**

### Summary

The majority of respondents who answered this question thought that the partnership option on its own would not be sufficient. There were concerns that on the one hand it would penalise the thrifty, and on the other that it could lead to a two-tier system.

### Abbeyfield Wales Society Limited

Probably most viable, but question whether it will be a return to the status quo.

### Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Not sufficient on its own.

### Age Concern Cymru/ Help the Aged Wales (consultation events)

Not sustainable on its own.

### Alzheimer's Society

More likely to penalise people with dementia than other groups of older people, because they are more likely to have high care needs over a long period of time.

### Aneurin Bevan Health Board

Unlikely to work on its own.

### Blaenau Gwent County Borough Council

The current partnership proposal seems to be only a little different from that which currently exists. Wanless expressed a preference for a different partnership model.

### Board of Community Health Councils in Wales

Requires serious consideration, but would need commitment of all.

Bridgend County Borough Council (consultation event 50+)

The percentage contribution should be more favourable to the individual.

Caerphilly County Borough Council

Would be preferred option, but there would need to be absolute clarity regarding extent of contribution paid for by state. Would need to strengthen legislation to prevent abandonment of assets.

Cardiff Community Health Council

Perpetuates the uneven relationship between health and social care, and the resulting barriers that are created.

Cardiff Council Adult Services

Not dissimilar to the current arrangements. Likely to encourage more citizens to expect care services. The advantage is that people would only have to contribute to the costs of their own care. But relies on those who have been prudent with their savings. Does not allow for a preventative approach. Changing demographics make this an unsustainable model.

Cardiff NUT Retired Teachers Association

No.

Care Forum Wales

No, not sufficient.

Carmarthenshire County Council

No, does not resolve problems of how people pay their contribution.

Ceredigion County Council

If fundamental principle is that everyone would have proportion met by the state, then the number of service users managed through social services would increase.

Civil Service Pensioners Alliance: SE Wales Group

No.

Conwy County Borough Council: Social Services

No.

Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Not sufficient on its own, and penalises the thrifty (although most agree with partnership as a general principle).

Gwynedd County Council

Concern. Would this option enable LAs to plan their provision adequately in the long term? Does not encourage people to plan.

Denbighshire County Council

No.

Disability Wales

Do not support any model based on principles of co-payment or partnership, on the grounds that an unacceptable 'two-tier' service would develop.

Mencap Cymru and ABCD Cymru

Lack of clarity how this option would affect people or working age, including families and carers of people with a learning disability. Reservations that people with a learning disability might also be charged for care they receive.

Merthyr Tydfil County Borough Council

Difficult to see how this could be considered easily understandable. On its own would not be sufficient to reform the system in a fair and sustainable way.

Multiple Sclerosis Society Cymru

Would not bring the changes most people are looking for.

National AIDS Trust

No.

National Partnership Forum

No – current unfairness would persist.

Neurological Alliance Wrexham (consultation event)

Amount paid by government needs to be made explicit and guaranteed.

Newport Senior Citizens Forum

Agree, but with any contribution on a sliding scale.

North Wales Nursing and Midwifery Professional Advisory Committee

Not a fair option and a disincentive to save.

Parkinson's Disease Society

Would still leave disabled people facing huge accumulated cost. Does not include 'hotel' costs, so proportion likely to be higher.

Pembrokeshire Association of Voluntary Services (consultation event)

No.

Pembrokeshire County Council

Not be sufficient on its own.

Rhondda Cynon Taf County Borough Council

Would not resolve the problem.

Royal College of Nursing Wales

Not favoured.

Scope

Discriminatory towards disabled people if they have high support needs.

Swansea Network 50+ (consultation event)

Not be sufficient on its own.

The Royal British Legion

Rule out – would not protect older people against having to use their savings or sell their property. No incentive to act prudently.

Tregaron and District Branch of Plaid Cymru

Not a practical answer.

UKHCA

No. Could also consider the Partnership model recommended in the Wanless Report: the state could provide much higher level of support (for example, 60%), with a matching contribution up to certain limit of say 80%. To cover additional costs, including accommodation costs, people could be encouraged to save or take out insurance.

Voluntary Action Cardiff

No.

Welfare Rights Advisers Cymru

Fairest option, but unlikely to be sustainable if no element of compulsion.

Welsh Local Government Association

Weaknesses include: individuals in middle-income bracket disproportionately penalised; may benefit those who have substantial financial means; does not incentivise a preventative approach to service delivery; does not resolve issues around unmet need; unsustainable in longer term. Risks encouraging more citizens to expect care services; increase in demand and expectation.

Wrexham County Borough Council

No. Partnership should be compulsory.

**Do you think that the Insurance option would work well for Wales when combined with the Partnership solution? What are the advantages and disadvantages of this option?**

Summary

Many responses to this question revealed a high degree of anxiety about the insurance option, particularly around the involvement of the private sector. The banking crisis has dented people's confidence in the private financial sector. Several respondents were concerned that people with pre-existing or genetic conditions would face unacceptably high premiums. There was also concern that if these schemes were voluntary, not enough people would opt-in to make them viable. A number of respondents stated a preference for a state-backed scheme, with the funds ring-fenced for care.

Abbeyfield Wales Society Limited

Private insurance has problems – what about those who did not take out, including those excluded by insurance sector? Only real option is state-run compulsory insurance bond. How to deal with transition period? – older people will not have had opportunity to contribute over period of time.

Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Would have to be mandatory, and funds ring-fenced.

Age Concern Cymru/ Help the Aged Wales (consultation events)

The least popular option among older people consulted. Concerns about who would run the scheme, especially if run by private companies – have lost trust in the financial industry at present. Could potentially be a whole series of exemptions or exclusions, and quite likely that people with existing disabilities would have to pay disproportionately higher premiums. Would likely suffer from a high drop-out rate, and would not raise the amount of money required.

Alzheimer's Society

State-backed scheme likely to have higher level of public support than voluntary schemes. Will be behavioural barriers to overcome – also low trust in government and financial institutions. May not lead to universal coverage, and thus be unaffordable and unsustainable. Could lead to two-tier system. Will need clear incentives.

Also people in their 50s and 60s who develop dementia will find it difficult to access insurance.

#### Aneurin Bevan Health Board

Limited trust and faith in insurance schemes, given recession and recent experiences of endowment policies. Potential confusion over which ailments were covered – may result in affordability problems for individuals.

#### Association of Directors of Social Services Cymru

Not suitable for many reasons including loss of confidence in this market in the current economic climate.

#### AVOW: County Voluntary Council for Wrexham (consultation event)

Mistrust surrounding private insurance schemes. What happened if the insurance premiums do not cover the difference between what you need in terms of care and the government payment.

#### Bridgend County Borough Council (consultation even 50+)

Widespread anxiety about risks of relying on insurance system. Current issues with financial institutions will not have helped. There is a lack of understanding about the true difference between asking people to pay an insurance premium rather than a higher tax. Fear it would widen the gap between those able to access services and those not – higher premiums to compensate for those who choose not to pay. Would insurance push person into cheapest available care option? Credit payments for carers? Any insurance should be state-controlled.

#### Bupa

Bupa's experience in UK and other countries is that take up of such policies is low because the public underestimates the cost and likelihood of needing social care. Costs of policies have been driven up because only those with a high probability of needing care have taken them out, which substantially reduces the benefit of risk-pooling.

#### Caerphilly County Borough Council: Social Services

No evidence that would be effective. Market currently underdeveloped, and significant mistrust. Private companies likely to be selective in who they agree to cover – possible discrimination against those born disabled or with family history of disability. State-backed likely to be more effective, but participation would need to be compulsory (will be viewed as a tax).

### Cardiff Community Health Council

Will be little take-up for voluntary insurance, as people will be willing to take the risk.

### Care Council for Wales

Yes – insurance combined with partnership is the most appropriate option. Will hopefully produce a system that is fair and not unduly bureaucratic and costly in its administration. The main disadvantage is the inability to target resources at those in most need.

### Care Forum Wales

Transitional arrangements would be extremely difficult. For people to pay premiums at a reasonable rate they would have to spread the payments over a very long time. The introduction of such a scheme would place heavy burden on people approaching retirement, who may not be able to afford the level of premium over a short timescale.

### Carmarthenshire County Council

Not suitable for a number of reasons, including: people tend to plan to avoid charges and transfer assets or legally protect them; will be mixed take-up (as with pensions); sum will be dependent on investment and will not necessarily cover the care cost – will depend on the investment and the company. Government-backed insurance scheme faces issue of what funding will be available to government when the time comes – also brings greater expectation that care will be free.

### Chartered Society of Physiotherapy in Wales

No. People would opt out. State-led insurance has potential, but is still reliable on numbers to be viable.

### Citizens Advice Bureau

Would be essential for individuals to get reliable independent advice on choices.

### Civil Service Alliance: SE Wales Group

No.

### Conwy County Borough Council

Some concerns about private insurance (unreliability). Agree state-backed option – compulsory system would be better option.

### Conwy and Denbighshire adult mental health service users and carers (2 consultation meetings)

Last thing would want is the Government running an insurance scheme.

### Denbighshire County Council

If taxation is not possible, then insurance may be the only other means. State-backed scheme hopefully less costly than current private schemes. Allowing people to choose provides a level of independence and less expectation of future care provision owed. However, it may not necessarily provide any additional funds to the care system.

### Disability Wales

Some people may be excluded from insurance due to pre-existing condition or genetic predisposition.

### Fforwm Strata Florida 50+ Forum

Favour state-run insurance system – needs to be ring-fenced for future needs.

### Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

A hidden tax? Many carers feel they are paying enough already – many in dire financial straits and cannot afford to pay out more. Many have concerns about private insurance schemes: profit making; fine if market is doing well; subject to whims of shareholders and vagaries of the market. But the majority would not be against this option provided the scheme was flexible, fair and treated all ages equally.

### Gwynedd County Council

Voluntary element is the disadvantage of this option – will be expensive as a result. Concerns about involvement of private insurance companies.

### Mencap Cymru and ABCD Cymru

Lack of clarity how this option would affect people of working age, including families and carers of people with a learning disability. Reservations that people with a learning disability might also be charged for care they receive.

### Merthyr Tydfil County Borough Council

Difficult to see how could be considered easily understandable. Main disadvantage that those who do not take this out would face potentially high costs. Difficult to persuade people to take out.

Monmouthshire County Council: Adult Select Committee (cross-party)

Significant proportion would not make sufficient contribution or would make their own arrangements. Consequently, there would not be sufficient centrally-held funds.

Multiple Sclerosis Society Cymru

Could provide real benefits for over 65s who need care later in life, but less useful for disabled adults of working age.

National AIDS Trust

Many will neglect to take out voluntary insurance, and if insufficient people join in, it would be expensive to be part of.

National Federation of Women's Institutes

Majority of people cannot be trusted to arrange a care system for themselves (pensions an example).

National Partnership Forum

No, not work at all. People have lost trust in the finance industry.

Newport Senior Citizens Forum

Acceptable, but could be based on proportion of a person's residency in the UK.

North Wales Nursing and Midwifery Professional Advisory Committee

Majority will take a risk and not pay. Not all people would be able to get private insurance. State-backed would be the fairest insurance option.

Parkinson's Disease Society

Extremely keen to know what protection there would be to ensure that people with pre-existing conditions obtain insurance, and what protection there will be to prevent loopholes.

Pembrokeshire Association of Voluntary Services (consultation event)

Appealed to some participants, but concerns about how would work in practice. Problems and failures of the USA health insurance system not encouraging. Concern about rates needed for cover, efficiency and trustworthiness of the insurance, and insurers aim to make a profit.

### Pembrokeshire County Council

Balanced option. Compulsory option which is means tested and with clarity over what required to pay would be a fair way forward.

### Powys County Council

At what point in their lives would individuals be expected to pay a premium for this purpose – at age 30, 40, 50? Would it be based on the pension-type premise that the more that is paid in would a larger care pot when needed (or that a lower premium would need to be paid the earlier the insurance was taken out)?

### Rhondda Cynon Taf County Borough Council

Would work progressively better the more people were in the scheme. A voluntary scheme is therefore unlikely to offer the most efficient way of diluting risk. Insurance premiums might vary according to individual circumstances, so system might not work for people who already have a care need or are more likely to develop one in the future. Would a person be able to pull out of a voluntary scheme – how would this work if they had deferred payment?

### RNID

Private companies might not be willing to insure those who already have social care needs. Could result in two-tier system.

### Royal College of Nursing Wales

15% of membership responses favoured, but only 6% favoured private sector involvement.

### Scope

Private sector involvement in social care could discriminate against disabled people and particularly those with complex needs.

### Sense

Private insurance would not work. Would be unwilling to insure against future need which is already known – e.g. people with Usher syndrome.

### Swansea Network 50+ (consultation event)

Generally felt that it could work, but: contributions would need to be made before not after retirement age; in general were against private insurance; preferred National Insurance scheme or state-run insurance company. Reservations included: could result in price rises each year; could create two-tier system.

### The Royal British Legion

Rule out – if it were really viable it would already have been done. Private insurance companies would need significant incentives and this would outweigh the benefits. State-backed more viable. Need guarantee that premiums would not be prohibitive for those on modest or low incomes.

### Torfaen County Borough: Social Care and Housing

Advantages: easy to understand, and money will be there to meet costs when care required. Disadvantages: unless government-backed, premiums will vary by company; premiums might also vary by disability etc; number of people requesting assessments might rise; managing process may be difficult, especially if too much choice.

### Tregaron and District Branch of Plaid Cymru

State-run insurance scheme would be the way ahead (i.e. favour the 'comprehensive' option).

### UKHCA

Unlikely to work.

### Voluntary Action Cardiff

Relying wholly on private companies leaves people feeling vulnerable. Run as National Insurance is run now.

### Walsingham

Preferred option, but should not be compulsory. This would be in keeping with the principle of promoting participation and empowerment of the individual. Should be backed by sufficient advice and guidance, to promote take-up.

### Welfare Rights Advisers Cymru

Optional voluntary system can only succeed if the younger working population can be convinced that they should be part of it.

### Welsh Local Government Association

Threats include: many existing long-term care insurance policies are failing to provide, leading to loss of confidence in this market; risk that individuals with existing care needs or those born with care needs may not be able to find insurers willing to take them on.

Wrexham County Borough Council

Would require large numbers of people to make contributions to be cost-effective. People who have the ability to pay higher premiums will get greatest benefit from private insurance options.

WRVS

Voluntary insurance schemes do not work. If cannot have tax as an option, there should be a government-run insurance scheme.

**Do you think that the Comprehensive option would work well for Wales when combined with the Partnership solution? What are the advantages and disadvantages of this option?**

Summary

There were mixed responses to this option. Many thought that it was the most attractive of the options under active consideration, and would work better than the insurance model. Some supporters, however, questioned the difference between compulsory state insurance and taxation.

Those who were opposed to this option felt that it would place an additional and unfair burden on retired people, replacing National Insurance with another form of tax. Some questioned why a flat-rate payment was being considered. Others felt that it would cause resentment among those who did not in the end need care – something that would be disguised if it were paid for from general taxation or a form of National Insurance.

Abbeyfield Wales Society Limited

Only real option is state-run compulsory insurance bond, but concerns about transition period (older people will not have had opportunity to contribute over period of time).

Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Age discriminatory – everyone should contribute.

Age Concern Cymru/ Help the Aged Wales (consultation events)

Preferable to the insurance model, but have ‘considerable scepticism’ whether could work as it stands, politically or practically’. Widespread desire for a guarantee that will be ring-fenced.

Alzheimer’s Society

Universal, sustainable and clear. Potentially more affordable to people with dementia who have high care costs. Shares risk more equally across the population. But concerns remain about affordability to individuals.

### Aneurin Bevan Health Board

Appears to represent best value model.

### Association of Directors of Social Services Cymru

A form of taxation, and has advantages – loopholes will have to be identified and closed to ensure compliance and implementation.

### AVOW: County Voluntary Council for Wrexham (Consultation event)

Some felt was additional tax. Need to be ring-fenced. Another change affecting trust under this system would be a change of government.

### Board of Community Health Councils in Wales

The most attractive and feasible option. However, many retired people are already paying taxes and additional cost would appear to be unjust. Age limit for paying NI contributions might be raised.

### Bridgend County Borough Council (consultation event 50+)

An age tax, contravening other age discrimination agreements in Strategy for Older People. Concerns about what age retirement is set at. A lifetime tax would disguise fact that are paying out for service you may not require – this would highlight that fact.

### Bupa

Yes, the only option which addresses the issues. However, should include accommodation and food costs, and needs to be ring-fenced.

### Caerphilly County Borough Council: Social Services

Could work well.

### Cardiff Community Health Council

Preferred option (as taxation ruled out), as it supports close alignment with NHS. But serious reservations include: has all the worst features of flat-rate taxation; will encourage those who are currently well able to pay to seek free care from the state; could change balance of expectation between state and citizen (and impact on carers); and not clear if money would be ring-fenced.

### Cardiff Council Adult Services

Advantages: more funds would be raised; more people would access care; more accessible. Disadvantages: concern that people would find ways of not paying the charge; will compromise choices of individuals to have control

over their own care needs. Any new system would have to have safeguards preventing individuals disposing of assets prior to assessment.

#### Care Forum Wales

Little difference between compulsory state insurance and taxation. Compulsory insurance might lead to resentment by those who do not subsequently need care – not such an issue if met through taxation.

#### Carmarthenshire County Council

Would work better than insurance due to greater spread of risk. Gives a strong message that people have a responsibility for planning for their future care needs. Could be viewed as a hypothecated tax, but would taxation / NI not be a better model?

#### Ceredigion County Council

Has far more appeal than the 'partnership' or 'insurance' options. Strongly favour a model funded by payments from everyone in society according to ability to pay, primarily over their working life – but feel this would be best achieved by increasing general taxation or NI contributions.

#### Chartered Society of Physiotherapists in Wales

May offer the closest option to meeting the requirements of government whilst still trying to address fairness. Ability to pay prior to retirement must be available.

#### Citizens Advice Bureau

Requiring people to pay could cause real hardship to older people who have moderate level of income and who use it to support their commitments.

#### Civil Service Pensioners Alliance: SE Wales Group

No. Does not meet test of fairness in that those who have worked hard to build up savings would have to pay substantial premium. Would also provide incentive to spend any savings.

#### Conwy Council Borough Council: Social Services

Concern that people would find creative ways of disposing of assets. Does not define retirement age, or how to be monitored and policed. The fact that does not include accommodation and meals is a major concern.

### Conwy and Denbighshire adult mental health service users and carers (2 consultation meetings)

New scheme not much different, other than people will be paying more than they are now. Proposals are 'horrendous' and 'immoral'.

#### Denbighshire County Council

Would not work well for Wales. Could result in increased demand for services. People could pay this sum on retirement and then find they have insufficient funds later in retirement. Disadvantages those who, through careful and healthy lifestyles, reduce their need for care. Disincentive for carers – if they see their family members having to pay a substantial sum towards care they are providing free of charge, they might be less willing to go on caring.

#### Disability Wales

Strongly opposed to charging. This option would require substantial contribution on retirement or death – will be perceived as unfair and potentially result in avoidance of payment.

### Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Concerns about fairness of this option – not just older people who need care. Many feel that tackling the issue after retirement is leaving it too late.

#### Gwynedd County Council

Mandatory element appealed to many people – ultimately cheaper for everyone, and clear and simple. But it could increase people's expectations. What would an individual's rights be? Concern that people in rural areas would be required to pay a rural element.

#### Linc Cymru

Option which gives most opportunity to people, particularly home owners. Risk of system being manipulated by home owners under pressure from families.

#### Mencap Cymru and ABCD Cymru

The best model.

#### Merthyr Tydfil County Borough Council

Difficult to see how could be considered easily understandable. Appears to be an additional tax on people over retirement age – why is this seen as a viable option if general taxation has been discounted?

Monmouthshire County Council: Adult Select Committee (cross-party)

Majority in favour. The lump sum would be manageable for many currently 50+ who had benefited from home ownership and pension availability. However, less sure whether citizens 20+ would accept another financial burden – needs to be serious attempt to engage younger citizens in this debate.

Having two funding systems for NHS and social care is an impediment to joint working and is inequitable.

Multiple Sclerosis Society Cymru

Would provide real benefits for over 65s who need care later in life, but unsure what benefits would be available for disabled adults of working age. Would like expanded to everyone who is 18 or over – would reduce premium, and allow people who develop chronic conditions during their working lives to pay something into the fund prior to their diagnosis. Believe this could be enacted by Assembly Measure or Wales Office-sponsored Bill.

National AIDS Trust

Support – provides the most reassurance (if taxation ruled out).

National Partnership Forum

No.

Neurological Alliance Wrexham (consultation event)

Best of the options available.

Newport Senior Citizens Forum

Do not accept that everyone over retirement age must pay.

North Wales Nursing and Midwifery Professional Advisory Committee

Is this a further tax on the retired? Still seems to involve some means testing, which is not fair and does not act as an incentive to save.

Parkinson's Disease Society

By far the most popular of the options in a members' survey. Advantage is that all care costs would be met by the state. The main concern was the one-off cost. Further detail needed on level of need that would be covered – UK Government's GP referred to 'basic care and support costs'.

Pembrokeshire Association of Voluntary Services (consultation event)

Opinions divided. Still some doubts about efficiency and trustworthiness of any insurance model even if regulated by the state.

Pembrokeshire County Council

Yes.

Powys County Council

Service users with up to £20,750 in savings could potentially be worse off as now they are able to retain up to that amount in capital.

Rhondda Cynon Taf County Borough Council

Would work better than Insurance option due to greater spread of risk. More detail about how much people would actually pay for protection, and nature of care they would be eligible for.

Royal College of Nursing Wales

Membership would strongly favour this approach. Agree that it comes closest to model recommended by Wales Advisory Group.

Scope

Some positive responses from disabled people, but concern that money won't be ring-fenced and will become another model of NI.

Sense

Prefers this one, of the models listed. In the long term, put in place a system of working age payment (some form of NI). But one flat rate payment would not be fair – percentage of estate at death might be seen as fairer.

Swansea Network 50+ (consultation event)

General agreement, but further detail needed. Still unfair if there was a set amount, as levels of equity are low in Wales. Needs to be ring-fenced.

The Royal British Legion

Of the options, this would be the best basis for paying for care in Wales.

Torfaen County Borough: Social Care and Housing

Advantage: easy to understand. Disadvantages: too much choice; not convinced individuals will save for their lump sum.

### Tregaron and District Branch of Plaid Cymru

Commendable.

### UKHCA

Very difficult to sell to the public, and would only provide basic care.

### Voluntary Action Cardiff

Possibly, if National Care System was developed to run parallel to NHS, and funded from NI contributions. Question of who qualifies – many people would ensure they got what they paid for.

### Walsingham

Potential advantage of reducing costs, but would be seen as unfair by many who may never have care needs. Should be voluntary.

### Welfare Rights Advisers Cymru

Possibly, but would need to be compulsory (also appears to require integration of disability benefits – not supported).

### Welsh Local Government Association

Weaknesses include: replaces NI contributions with another new contribution in retirement; no specific definition of what is 'retirement' age; does not include board and lodging. Individuals might find ways of avoiding making payments (e.g. divesting assets). Also the estimated amount that an individual would need to pay on retirement may change over working life, so hard to know what will have to save for.

### Wrexham County Borough Council

Has the potential to work. The advantage of compulsory contributions are: consistency; longer term funding can be predicted; and funding is shared across the whole population.

## **If the Comprehensive option were adopted, do you think that couples should be given a lower payment charge?**

### Summary

Opinion was fairly evenly divided among those who responded to this question. Some opposed the idea on the grounds of equality, and felt that everyone should be treated the same. There was also some discussion of how 'couples' would be defined. Those in favour mentioned that benefits and pensions are all less pro rata for couples, so a lower charge would be appropriate. Some suggested that it might provide a disincentive to provide informal care.

### Age Concern Cymru/ Help the Aged Wales (consultation events)

Opinion was mixed amongst older people – could be viewed as discriminatory either way.

### Alzheimer's Society

Agree.

### AVOW: County Voluntary Council for Wrexham (Consultation event)

No.

### Board of Community Health Councils in Wales

Yes – many couples already have lower joint rates of pension.

### Caerphilly County Borough Council: Social Services

A positive step.

### Cardiff Community Health Council

Would create so many anomalies and complexities – best not pursued.

### Cardiff Council Adult Services

Everyone should be treated as an individual on the basis of affordability. But the fact that couples often support each other would need to be recognised in any funding arrangement.

Care Council for Wales

Cannot identify clear case for an alternative approach to couples.

Care Forum Wales

Fair. To impose a full charge on couples might reduce their willingness to provide informal care.

Chartered Society of Physiotherapy in Wales

Yes – range of issues in relation to carers. Comments the ‘Crediting Carers’ scheme proposed by Crossroad Care/ Princess Royal Trust for Carers.

Civil Service Pensioners Alliance: SE Wales Group

No.

Conwy County Borough Council: Social Services

No – individuals have different care needs.

Denbighshire County Council

Yes. Benefits and pensions are all less pro rata per person for couples, so it would be appropriate for any mandatory charge to be less too. Care needs are relatively lower, as they do tend to care for each other.

Disability Wales

No – clearly discriminatory.

Downs Syndrome Association

Might be considered not only for couples but for any mutual caring relationship such as exists between an adult with Down’s Syndrome and an elderly parent.

Fforwm Strata Florida 50+ Forum

Yes, should be assessed as a pair.

Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Penalised those who were not married or who cared for others who were not their spouse or partner – e.g. parents caring for children, children for parents, siblings for each other.

Gwynedd County Council

If people are assessed as individuals, they should be treated as individuals.  
Would be easier, simpler and fairer.

Linc Cymru

Yes. Support to informal carer at home is cheaper than residential care.  
Carer might be suffering ill health, so any additional incentive worthwhile.

Mencap Cymru and ABCD Cymru

No, very unfair.

National Partnership Forum

No.

North Wales Nursing and Midwifery Professional Advisory Committee

Agree should be lower.

Parkinson's Disease Society

No.

Pembrokeshire County Council

If couples receive a reduced state pension, yes (otherwise would be no).

Rhondda Cynon Taf County Borough Council

Potentially reasonable and justified for domiciliary care. However, not necessarily true for residential care. Since people's payments would not be based on actual service received but protection against costs of any of these services, it would be difficult to make such a distinction between domiciliary care and residential care. Also practical difficulties as a couple might be together at time of making the payment(s) but not when they come to require the service.

Stonewall Cymru

Definition must apply fairly and equally to same-sex couples, and recognise variety of reasons why LGB people may not enter into civil partnership over and above reasons why people choose to cohabit (e.g. historical reasons, or not being 'out' to neighbours and friends).

Swansea Network 50+ (consultation event)

Opinion divided. What is the definition of 'couple'? Depends on circumstances – may have separate or combined pensions.

The Royal British Legion

Yes.

Torfaen County Borough: Social Care and Housing

No – would complicate matters and create inequality.

Tregaron and District Branch of Plaid Cymru

Should be assessed together.

Voluntary Action Cardiff

Perhaps.

Walsingham

No – would become bureaucratic system to administer.

Welfare Rights Advisers Cymru

Depend upon a study to determine whether the real costs differ for couples.

Wrexham County Borough Council

No.

## Ways to contribute

**Are there any other ways in which people could pay into this system? How would it be easiest for people to pay?**

### Summary

Some respondents used this question to restate the case for a taxation or National Insurance-based solution. A few mentioned the need for flexibility and choice – a menu of options. Specific ideas included investing a lump sum at birth (possibly an Individual Care Account), putting an additional 1% on VAT, and a ‘Credits for Caring’ scheme.

### Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Fairest way would be National Insurance system based on earnings.

### Age Concern Cymru/ Help the Aged Wales (consultation events)

Choice and flexibility – range of suitable payment options. Overall view was that gradual payment during working lives would be most appropriate way for vast majority of people.

### Alzheimer’s Society

Contributions throughout working life.

### Board of Community Health Councils in Wales

Lump sum at birth which could be invested on individual’s behalf, and which could add to. However, this is a long-term solution – interim schemes would need to be considered.

### Bupa

‘Comprehensive’ option could be funded by: allowing it to form part of the tax-free lump sums payable from private pension arrangements; allowing people to take out insurance policies with a face value of the necessary contribution.

### Cardiff Older Persons Forum

Raise VAT by 1% and ring-fence the additional funding.

### Chartered Society of Physiotherapy in Wales

Support a flexible approach.

### Civil Service Pensioners Alliance: SE Wales Group

General taxation.

### Conwy County Borough Council: Social Services

Lifelong contributory system of some sort – a fund similar to Child Trust Fund?

### Crossroads Care

Propose a 'Credits for Caring' scheme that would provide credits relating to the amount of care provided. This would enable carers to purchase services that sustain their caring roles as well as their own well-being. Small amounts of support for carers can lead to large reductions in residential care admissions. Depending on level of credits awarded, the scheme could be completely self-financing.

### Denbighshire County Council

Only fair way is via a form of taxation.

### Gwynedd County Council

Offer choice and flexibility. Concern that there seems to be an underlying assumption that most people receive a set sum of money on retirement – this is not the situation of many people in Gwynedd. Also, if people can pay in before they retire, is this not ultimately a variation in taxation.

### National Federation of Women's Institutes

All pay into state scheme – at a given date (2012 or 2015), everyone under age of 40 should start paying into a central Government NHS Care plan. People over 40 should pay at a 5% higher rate.

### National Partnership Forum

Government-backed insurance, similar to NI. Mandatory retirement age of 65 should be abolished, adding to NI. Ring-fenced taxation the easiest way to pay.

### Neath Port Talbot Elderly and Disability Forums (consultation events)

Many participants felt that best way to create a fair and equal system was through a compulsory social insurance.

### Pembrokeshire Association of Voluntary Services (consultation event)

Explore taxation option.

### Powys Over 50 Forums (consultation event)

A tax-free saving account similar to ISAs, an Individual Care Account (ICA), which could invest into but not take money out of. If you never had to use it, it would form part of your estate at death. Should be portable across the UK.

### Public Health Wales

Equivalence of charging systems across Wales.

### Rhondda Cynon Taf County Borough Council

As flexible as possible. But can see practical difficulties resulting from people making payments at different stages in their lives if the assessment of how much they pay is also made at different stages. People's income and wealth may vary during the course of their lives. The dilemma is how to balance the desire to provide flexibility with the need for a consistent and robust system that is not susceptible to manipulation.

### Swansea Network 50+ (consultation event)

Taxation.

### Torfaen County Borough: Social Care and Housing

Deduct an amount from those in receipt of DLA/AA recipients, and from individuals on other benefits. Take contributions from pay. Contributions from lump sum retirement or job severance packages. Legal charge against property, or from estate. (But giving too many options might result in schemes becoming too expensive to administer.)

### Voluntary Action Cardiff

NI is a tried and tested way.

### Walsingham

Menu of options should be available, allowing people to decide. As individual circumstances will vary, it is not possible to select one method. In the long-term, contributions throughout working life may be simplest.

### Welfare Rights Advisers Cymru

In the longer term, insurance voluntary or compulsory; but this is unlikely to be an option for many in the short or medium terms at affordable premiums.

## **Would it be a priority for the people of Wales to have a right to defer care and accommodation cost payments in residential care?**

### Summary

A majority welcomed this proposal, but a significant minority did not (or did not think it a priority). A number of respondents felt that accommodation costs should be considered as part of the care and support package for individuals, and included in the new arrangements for paying for care. One suggested that if accommodation costs are excluded, a large element of the current unpopular system will be maintained. Specific issues raised were how providers fund accommodation costs during the deferral period, and what would happen if the deferral costs exceeded the value of the estate.

### Abbeyfield Wales Society Limited

Better than having to sell homes. However, presents providers with problem – how to fund the accommodation costs during the deferral period? Perhaps finance could be advanced by the financial institutions using a legal charge over the property ensuring they are refunded on the sale of the property.

### Age Concern Cymru/ Help the Aged Wales (consultation events)

Yes.

### Aberystwyth 50+ Forum

If the accommodation is related to care needs it should be free. Health and social care should be integrated and there should be no charge for care and accommodation.

### Alzheimer's Society

Concerned that proposals do not cover accommodation costs. Might be fair to expect people to pay for food, electricity and water, and towards some maintenance costs – but not clear why should be expected to pay rental charge for being in a care home because of a medical condition.

Welcome proposal for deferred payment scheme, but needs clear central guidance to ensure LAs offer this as a real option. Need to offer other solutions – e.g. government-backed insurance policies that might protect people from accommodation costs.

### Association of Directors of Social Services Wales

No clear delineation between care and accommodation costs in the present system – having separate contributions introduces further complexity and confusion into the whole system. Accommodation costs should be considered as part of the overall care and support package for individuals.

Support formalising a universal system to guarantee deferment for residential care and accommodation costs.

### AVOW: County Voluntary Council for Wrexham (consultation event)

Any insurance scheme should include accommodation costs as well – take both as a whole.

### Bupa

If accommodation and food are excluded from the new system of funding, a large element of the system which is currently unpopular will be retained. Bupa have calculated food and accommodation costs will be an additional £12,000, giving a total amount of average expected care costs of £43,700. Individuals are typically placed in a residential setting because it is more cost-effective to care for them there – as the aggregate costs are lower, it is inequitable to exclude the accommodation and food costs in the new system. Will also result in the incentive to seek NHS provision rather than social care.

### Caerphilly County Borough Council: Social Services

Current deferred system operates well. Should be extended into future arrangements.

### Cardiff Community Health Council

Yes.

### Cardiff Council Adult Services

Accommodation costs are a reasonable charge. But should be equity in applying accommodation charges across health and social care. Support principle of option to defer payments, but need to recognise the cash flow problems this would cause for LAs.

### Care Forum Wales

Yes, should be priority.

### Carmarthenshire County Council

Deferred payments have costs attached and these should be added explicitly to the charges for care.

Ceredigion County Council

Yes – a priority. Concern about the way the consultation treats care costs and accommodation costs as distinct – stakeholders are being invited to comment on proposals without a full understanding of what their future ‘accommodation costs’ will amount to.

Chartered Society for Physiotherapy in Wales

Flexible approach should mean people can have right to defer payments.

Citizens Advice Bureau

Concerned that none of the options cover accommodation costs.

Conwy County Borough Council: Social Services

Yes.

Denbighshire County Council

Not a priority.

Disability Wales

Should be available in Wales, as it is in England.

Gwynedd County Council

Legal aspect of deferring payments is very complex. The legal capacity to deal with this is needed in order to ensure fairness for all.

Linc Cymru

Sensible option. Consideration must be given to how this would work if the amount of the deferred payment exceeded the value of the estate.

Merthyr Tydfil County Borough Council

One of the most worrying aspects of the proposals is that they only consider costs of care. In the current system there is no clear delineation between care and accommodation costs – so GP proposals would require complete restructuring of care home fees, and introduce further complexity and confusion into the system.

National Partnership Forum

No.

Northgate Public Services

Strongly support.

Parkinson's Disease Society

Majority of respondents to members' survey opposed to accommodation costs not being covered in the proposals. But widespread recognition of the benefits of a deferred payment system.

Pembrokeshire Association of Voluntary Services (consultation event)

Strong feeling among participants that deferring payments and selling houses to pay for care was not fair and should not happen. The quality of care should be the priority.

Pembrokeshire County Council

Supported, but will it be achievable?

Rhondda Cynon Taf County Borough Council

Distinction should be made between care and accommodation costs. Not be against provided that LAs are not financially disadvantaged as a result.

Swansea Network 50+ (consultation event)

General agreement, but would need to be flexibility.

The Royal British Legion

Should be universal right to defer their payments.

Torfaen County Borough: Social Care and Housing

Not convinced should be a priority.

Voluntary Action Cardiff

No.

Walsingham

Yes.

Welfare Rights Advisers Cymru

Probably not a priority. Would deferral be cost free, or would there be notional 'interest' charge on the deferred amount?

Wrexham County Borough Council

An option, but not necessarily a priority.

## **How might we balance a system which helps everyone who needs it (regardless of how well-off they are) with one that supports people who have worked hard and saved?**

### Summary

Those who specifically answered this question acknowledged the difficulty of striking an acceptable balance. Some reiterated their belief that the only fair system was one based on an individual's needs rather than ability to pay. A few favoured higher capital limits.

### Age Concern Cymru/ Help the Aged Cymru (consultation events)

Make it free at point of delivery.

### Alzheimer's Society

Current charging system penalises people with dementia (compared, for example, to people with cancer). Reformed social care system should be based on person's needs as opposed to ability to pay. Social care system is underfunded – needs urgent injection of new capital.

### AVOW: County Voluntary Council for Wrexham

Needs to be way of encouraging people to pay into system to ensure fairness.

### Caerphilly County Borough Council: Social Services

Capital limits along the lines of those currently used in residential care need to remain. LAs will need to be able to challenge abandonment of assets more effectively than current legislation allows.

### Cardiff NUT Retired Teachers Association

Will only be fair to everyone if basic care is free at point of need.

### Chartered Society of Physiotherapy in Wales

National Care Service, as close as possible to the NHS, so people are clear what are paying for.

### Conwy County Borough Council: Social Services

Currently capital limits are too low. Personal allowance too low.

### Denbighshire County Council

None of the options listed actually protect the better off – the options may be more onerous for people with savings and assets.

### Disability Wales

Universal service, free of charge at point of provision.

### Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Very strong feelings among carers. Suggestions to ensure fairness include: sliding scale of paying into the system; giving carers credits; providing all with basic care and those who can afford it can 'top up'; making sure everyone can find a way to pay back even if they do not or cannot work and pay tax.

### Gwynedd County Council

Is this a culture-changing process?

### Mencap Cymru and ABCD Cymru

Many full time carers for people with learning disabilities will have had less chance to save for their own care needs upon retirement. Any new system would need to take into account the already unfair disadvantage full-time carers are at.

### National Partnership Forum

Make it free at point of need to all.

### Parkinson's Disease Society

Disappointing that DH has not published calculations that underpin UK Government's Green Paper.

### Powys Over 50 Forums (consultation event)

Low waged people unable to save. If there is a compulsory scheme, it should be done on a pro-rata/ percentage of income basis so that everyone contributes.

### Rhondda Cynon Taf County Borough Council

Progressive – i.e. those with a greater ability to pay should bear a greater proportion of their costs.

### Swansea Network 50+ (consultation event)

Difficult area. Insurance scheme paid while working or as we do for NI contributions. 'Morally how do we identify those who have wasted their assets from those who have been careful?'

### Walsingham

Remove means testing as far as possible. Provide advice and guidance about potential costs and system to offset them, so that people feel there is an incentive to save.

### Welfare Rights Advisers Cymru

Disregard levels could be increased considerably.

### Wrexham County Borough Council

Give a greater financial disregard to those who have saved and worked hard – for example, increase from £20,000 to £100,000. [Note: This appears to relate to reform of the existing system.]

## **A nationally or locally determined funding system**

**Do you think there should be an all-Wales system for deciding who gets what levels of help? How do you think this would fit with the responsibilities of local government (working with other agencies) in planning and commissioning services in Wales?**

### Summary

A large majority of respondents thought that there should be an all-Wales system. However, a number of these mentioned the need for local flexibility in the way services were commissioned and delivered.

#### Abbeyfield Wales Society Limited

All-Wales system.

#### Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

All-Wales system. National assessment should be developed. Funding and charges should be uniform.

#### Age Concern Cymru/ Help the Aged Wales (consultation events)

National system of eligibility and entitlement would be preferable to the current arrangements.

#### Aberystwyth 50+ Forum

Yes – to avoid the postcode lottery.

#### Alzheimer's Society

Yes. Consistency is more important than flexibility.

#### Association of Directors of Social Services Cymru

Unclear whether funding is to be nationally or locally determined. Achieving balance between national consistency and local flexibility is important. Support drive for standardised provision of care and greater consistency in services across Wales, but not at the expense of local service provision based on real understanding of local needs.

Clear and defined standards nationally, that would support local decision-making as to who is entitled for support and what they are entitled to. Needs to be strong local determination of priorities and direction of funding.

Need to clarify how resource shift would work.

#### Blaenau Gwent County Borough Council

Need to balance universal system of all receiving standard service with local flexibility to meet individual need.

#### Board of Community Health Councils in Wales

Level of help should be consistent across Wales, but system should be flexible to accommodate local requirements.

#### British Geriatrics Society

All-Wales system most appropriate.

#### Bupa

National framework of assessment and entitlement, but LAs should be responsible for implementation on a local basis.

#### Caerphilly County Borough Council: Social Services

Funding system applied across Wales, but some flexibility should remain in relation to planning and commissioning of services.

#### Cardiff Community Health Council

An all-Wales framework that can be tailored to local circumstances. A national system would likely be inflexible, remote and bureaucratic.

#### Cardiff NUT Retired Teachers Association

All-Wales system, but in line with the rest of the UK.

#### Care Council for Wales

All-Wales system.

#### Care Forum Wales

Unfair that eligibility criteria vary and entitlement to support is not consistent across Wales.

### Chartered Society of Physiotherapy in Wales

All-Wales system with built in local flexibility.

### Citizens Advice Bureau

Charging assessment system should remain a single national system.

### Civil Service Pensioners Alliance: SE Wales Group

All-Wales system essential.

### Conwy County Borough Council: Social Services

Yes, national framework across Wales.

### Denbighshire County Council

All-Wales system for deciding level of care people can expect – the form that care should take should be determined locally.

### Disability Wales

WAG should issue clear funding guidelines to LAs, specifying minimum funding levels but allowing scope for LAs to exceed the minimum where political priorities dictate.

Development of national eligibility criteria needed.

### Downs Syndrome Association

All-Wales system, provided that there is a commitment to support all needs identified in assessment; have single assessment process; is accountability for decisions that are taken; assessors are competent; access to an appeal process; once level of need is agreed, the funding allocation can provide the service required; absolute transparency and is clear about what people can expect; LAs demonstrate more accountability to national government but retain some ability to respond to local needs; needs to be a local scale of payments (but not necessarily LA driven – could be defined by wider areas).

### Fforwm Strata Florida 50+ Forum

National system for Wales. All LAs carry out same level of service at the same price.

### Gwynedd County Council

Agreement that should be all-Wales system to ensure consistency. Does the adoption of a system such as the Comprehensive option make this change inevitable?

### Linc Cymru

Must have locally tailored services to fit local need. Share good practice.

### Mencap Cymru and ABCD Cymru

Statutory national guidance, such as a National Assessment System, that is delivered at LA level.

### Monmouthshire County Council: Adult Select Committee (cross-party)

Argue strongly against centralised control of social care, whilst recognising the need for high service standards to be consistent across Wales. Strongly argue for local distribution of social care funds.

### National Partnership Forum

No. System should be UK-wide (Tom Moran).

Yes, should be all-Wales system (Nancy Davies) – linked to UK system, and preferably a National Care Service which runs alongside the NHS.

### North Wales Nursing and Midwifery Professional Advisory Committee

Has to be all-Wales charging policy. Is this a time for health and social care to be combined?-

### Northgate Public Services

Believe strongly must be national system of care for Wales. National assessment backed up by localised services. Central government lay down minimum standards, and have overall control of quality and outcome, while LAs should foster innovation and develop new ways of working to meet need.

### Parkinson's Disease Society

Decisions should be made by an independent national body.

### Pembrokeshire Association of Voluntary Services (consultation event)

Divided opinions from participants. Some felt it should be left to LAs – Pembrokeshire very distinctive, with a higher proportion of older people. Others favoured an all-Wales system. Suggestion that there should be an all-Wales system providing an umbrella structure, but distributing the money locally.

### Pembrokeshire County Council

Capacity for all-Wales solution. LAs need to be able to respond to individual needs and prioritise resources according to local demand. Must be based on clear and defined standards to ensure consistency.

### Pensioners Forum Wales

All-Wales system, linked to the rest of the UK.

### Powys County Council

A UK policy framework for assessing charges but with flexibility for LAs to set the cost of services having regard to local factors. UK threshold for state contribution, and UK rules for means-tested assessment of income and capital.

### Rhondda Cynon Taf County Borough Council

Uniform all-Wales system is best regarded as an aspiration that realistic attempts should be made to move towards, rather than something that is immediately feasible.

### Rhondda Cynon Taf People First

All Wales should be the same.

### RNID

Favour national funding system, but acknowledge need for degree of flexibility for LAs to design services locally.

### Royal College of Nursing Wales

Same system across Wales.

### Sarn Helen 50+ Forum

An all-Wales charter for basic care. Delivery should be decided locally.

### Scope

Part-national and part-local. Amount of discretion given to LAs on spending on social care cannot continue. Need clear central government framework on entitlements, but LAs to decide level of funding to meet assessed needs and the range of services provided.

### Sense

All-Wales system – based on agreement about what quality of life is acceptable for a person who needs care support. National assessment system with agreed national outcomes.

### Swansea Network 50+ (consultation event)

Agreement that should be all-Wales system, but which recognises needs of particular areas.

### The Royal British Legion

Fully national funding system. Clear eligibility framework combined with a consistent assessment methodology to operate across Wales.

### Torfaen County Borough: Social Care and Housing

Yes – equity should be a guiding principle. But have to recognise that there is a cost difference in provision of services throughout Wales. National guidelines, but commissioning has to take account of local factors. How care is provided will vary, but outcomes should be similar.

### UKHCA

Fully national system.

### Voluntary Action Cardiff

LAs should know own region – geography of Wales should be a consideration.

### Walsingham

All-Wales system, ensuring minimum level is provided, but LAs to determine what exactly is provided.

### Welfare Rights Advisers Cymru

All-Wales system.

### Welsh Local Government Association

Balance national consistency and local flexibility. Accept that provision of care is likely to be more standardised; however, this should not be at the expense of local democracy and the democratic accountability of Councils to commission local service provision. Decisions about design and delivery of services have to be made locally. Should have clear national standards for assessment and entitlement, alongside local decisions on the services to meet need, and how to pay for and deliver them.

The debate should be predicated on the principle of a 'national care guarantee' / national entitlements rather than a National Care Service.

Wrexham County Borough Council

Not possible as UK Government has responsibility for taxation, NI and benefits.

**Do you think the same system should apply in both England and Wales, or should there be a stand-alone system in Wales? What issues do you think arise from these options?**

Summary

There were mixed opinions on this. A majority were in favour of consistency, although the reasons given varied from achieving consistency in outcomes or ensuring cross-border portability, to a pragmatic acceptance that Wales cannot go it alone while major areas such as taxation and welfare benefits are non-devolved. Some felt it depended on which system was chosen, or on the funding available to Wales. A minority were undecided, or favoured a Welsh model for funding care.

Aberystwyth 50+ Forum

Mixed views on this.

Age Concern Ceredigion / Ceredigion Association of Voluntary Organisations (consultation event)

Same for England and Wales.

Age Concern Cymru/ Help the Aged Wales (consultation events)

Generally felt that the system should apply. However, must also offer the necessary flexibility to successfully deliver a range of targeted services.

Alzheimer's Society

Consistency across UK.

Aneurin Bevan Health Board

Need for degree of consistency across UK, to help prevent confusion and any cross border issues arising.

AVOW: County Voluntary Council for Wrexham (consultation event)

UK-wide system, enabling individuals to move without complications.

Bupa

One new system for England and Wales, to eliminate cross-border issues.

### Cardiff Community Health Council

Yes – simple to understand and easy to move between the two. However, Wales should reserve the right to adopt its own approach if proposals from England do not suit Wales.

### Cardiff NUT Retired Teachers Association

Same care funding system for whole of the UK.

### Care Council for Wales

Cannot identify strong argument why Wales should have a stand-alone system unless criteria for help identified in an England and Wales system are seen to contradict the social policy agenda for Wales.

### Carers Wales

If through taxation, as we would prefer, then the basic framework for eligibility needs to be set at UK level.

### Chartered Society of Physiotherapy in Wales

Should be same or better than in England.

### Civil Service Pensioners Alliance: SE Wales Group

Common to England and Wales.

### Conwy County Borough Council: Social Services

National system easier to operate. Cross-border disputes can delay provision of services required even now.

### Denbighshire County Council

Beneficial to have same system, but difficult to deliver unless other care proposals are also aligned.

### Disability Wales

Not necessary to have same system. Support developing Welsh solutions to Welsh challenges. But need a service that provides outcomes for people that are at least as good – and ideally better – than the English system provides.

### Epilepsy Action

Any National Care Service should cover England and Wales.

Gwynedd, Anglesey and Conwy Carers Outreach Services (consultation)

Some feel should be one system for Wales; others one for the whole UK.

Gwynedd County Council

Devolution has given Wales an opportunity to create different systems in devolved areas, and this should continue on the grounds that the solutions offered are better for Wales. Recognise increasing difficulty in some areas when associated matters are not devolved.

Linc Cymru

Will need to be common parts to the system, given that some services are not devolved.

Mencap Cymru and ABCD Cymru

If UK Government introduces a National Assessment System in England, would like to see something similar in Wales. If they implement an alternative system, would endorse a policy of implementing a system in Wales that is fairer, to eliminate the postcode lottery.

Merthyr Tydfil County Borough Council

Requires a UK-wide approach.

Multiple Sclerosis Society Cymru

Criticises absence of a Welsh model for funding social care. Prefer to see stand-alone system in Wales, and not simply extension of the English system across the border. Would be less sceptical of a UK-wide approach.

National Partnership Forum

Yes, should have same system.

Pembrokeshire Association of Voluntary Organisations (consultation event)

No agreement among participants. Some favoured separate system, emphasising the differences in social and health care between Wales and England. Others felt that one system would be more efficient and less bureaucratic. Further clarification was needed to assess under which option Wales would get a better deal.

Pembrokeshire County Council

Welsh system in line with, but not necessarily the same, as that in England, so that transferable across the border.

### Pensioners Forum Wales

Same system.

### Rhondda Cynon Taf County Borough Council

Needs to be consistent approach between the systems in England and Wales, with similar building blocks – but need to afford flexibility for these to be adapted to Welsh circumstances.

### Royal College of Nursing Wales

Would prefer UK-wide system of health and social care funded through general taxation. But experience of operating increasingly different healthcare systems demonstrates that this is certainly a manageable way forward.

### Sarn Helen 50+ Forum

Has to be the same so that people moving back and forth across the border can expect the same.

### Stonewall Cymru

Factors affecting Wales can be different to England – any funding system must take account of such needs and issues. If the system adopted in England is not the best system to meet the needs of Wales, then there is a clear need for a different system in Wales.

### Swansea Network 50+ (consultation event)

Opinion divided.

### The Bevan Commission

Consistent across England and Wales.

### Torfaen County Borough: Social Care and Housing

Will depend very much on the funding made available to Wales. Shared system might aid cross-border issues, and clarify some of the current challenges related to ordinary residence.

### UKHCA

Depends on which system is chosen. If tax funded or a more generous Partnership scheme, then an England and Wales wide system.

### Unite Federation Wales: Cardiff Branch

As Wales does not currently have power to make decisions on this issue, it makes more sense to have a UK-wide universal system in place with the benefit of economies of scale. Should have National Care Service running alongside and connecting with NHS. And should be run by national Government rather than LAs.

### Voluntary Action Cardiff

If UK Government does not vote for NI, then Wales should have its own system.

### Walsingham

Same system.

### Welfare Rights Advisers Cymru

Stand-alone system cannot work while tax, NI and benefits are non-devolved.

### Welsh Liberal Democrats

GP lacks many solutions that are applicable to Wales. Quotes England-only figures, and does not take into account the socio-economic and population factors that exist within Wales.

There is action that can be taken within our existing legislative framework, or even with future powers, that are not mentioned within the consultation – for example, a scheme to allow the release of equity to allow people to pay for adaptations (suggested in a recent report by the Joseph Rowntree Foundation, and advocated by the Welsh Liberal Democrats).

### Wrexham County Borough Council

Taxation, NI and benefits are non-devolved – difficult to see how a stand-alone system could operate.