

**Paying for Care in Wales: Green Paper
consultation on options for reform**

**Stakeholder consultation events:
Llandudno – Monday 30 November 2009**

Workshops

Group 1

Workshop Session 1

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

- What is the alternative?
- Why has this question been raised?
- How could you not continue?
- What does 'early in their lives' mean? What would be the cut off point?
- What does 'most people' mean? Who are the others?
- Does the question mean funded in full? People contribute now.
- Does this question mean free of charge funded entirely by the State?
- What is the definition of State funding?
- Does this mean contribute from your benefits?
- How can a child who is born disabled contribute?

Should everyone who qualifies for care and support get some help with paying for their care?

- Are we talking about people who are born with a disability, or people who become disabled later in life?
- This question does not recognise that the need for care can change over time - this is not related to age.
- The cost of caring for a child who is disabled is twice as expensive as bringing up a child with no disability. Any help should not be means tested.
- This question is very unclear.
- Question is poorly crafted and illogical.
- The question assumes that people who are born with a disability don't want to contribute in the work place. Some people need care in order to work - worrying about having your benefits taken off you can prevent people from working.
- People who are in low paid employment do not have the opportunity to save to pay for care.
- The stakeholder group's principles state that any changes should be based on individual and care needs. People who need care are not a homogenous group.

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

- Large numbers of people are not asking for care services but are still in receipt of AA, so obviously they are funding some of those care needs themselves.
- AA and DLA for over 65s - this is an ageist issue. We are not considering DLA for the under 65's. People's disabilities don't disappear after 65, often they become worse!
- Disability benefits subsidise low benefit levels, they subsidise high living costs, and people need benefits like AA and DLA just to live on.
- AA should not be means tested
- AA allows you as an individual choice about how you live your life.
- AA is often a trigger for other means tested benefits
- AA is a hugely important benefit, and the implications of taking this away should be thought through more fully.
- What happens to all those things AA is used to pay for - cleaning, gardening, someone to accompany you to social events - how would you replace these?
- AA makes a huge difference to older people's lives..
- Is taking away AA 'promoting social inclusion and independence' as stated in the principles? This move could be seen as promoting financial exclusion!
- This could be seen as an attempt to do away with AA before its lack of a mobility element is challenged in law.

Workshop Session 2

We have agreed to rule out the Pay for yourself option. Do you agree?

Yes, we agree that this option should be ruled out.

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

No, we don't agree that taxation is not an option!!

- People pay tax according to what they earn. Those who don't earn still get benefits. Childless people still fund the education system!
- Both the Coalition on Charging and the national stakeholder events in Wales prior to the Green Paper were overwhelmingly in favour of paying for care through taxation.
- It is not unfair that people of working age support those who need care.
- No matter what we propose there will be a funding gap in the short term for the current funding needs.
- People who are currently the recipients of care are best placed to decide what system we need.
- Care is the only essential service that we pay for throughout our working lives and again at the point of delivery.

- Care is the only essential service that is not funded through taxation. You don't see the fire service turn up at your door when your house is on fire with a means test form.
- It is madness to ask people to fund their care when they reach retirement age.
- No one at 25 will put money into a social care scheme of their own accord.
- Insurance options - can people afford this? People don't buy into pension schemes because they can't afford them; it will be the same when it comes to paying for care.
- A National Insurance type system should be used to pay for care - % of your salary, the more you earn more you pay.
- Cheaper to administer a system which already exists.
- People who consume care services are the least vocal in society; we should not target the weak.
- People won't contribute voluntarily if they don't think they will benefit directly.
- All care should be free at the point of delivery.
- People don't mind paying if they get a quality service
- WAG want us to give up our time, but this is not consultation. Choices are being given on the basis of what WAG wants not what we decided we wanted in the last round of consultation on the Green Paper
- WAG would like us to go for the 'comprehensive' option. I don't know why it is called comprehensive, how it could work, or how it is fair.
- People object to their taxes being used to bail out banks and to fund wars - they would rather use taxes to pay for care.
- Comparable with health - free at the point of delivery, but we still have to pay for dentists, opticians, private rooms etc. Taxation would pay for free 'basic' care - anything over and above this you would have to pay extra for.

The group was asked if it would like to comment on any of the other options:

- We refuse to comment on any other option than option 2, which is our preferred option. This is supposed to be a consultation event. This is Government telling us what we can discuss! Option 2 is clearly the option we wanted. This has been completely disregarded. We were consulted on at the beginning of the year, and we clearly stated that care should be paid for through taxation - why has this been ignored?

Workshop Session 3

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

- National Insurance. Voluntary contributions could be used to top-up your care 'pot'. For example, if you hadn't worked long enough then

you could make voluntary contributions to top this up. You could decide to make voluntary contributions when you are younger and pay less when you are older or vice versa.

- If you are born with a disability, something similar to the 'child trust fund' could be set up to contribute to your fund.
- Time off work for child caring responsibilities is credited to the NI system - the same could happen for an individuals care fund.
- Carers could have credits into this type of fund.
- These suggestions were made in the pre-Green Paper consultation.
- You could defer your care fund in the same way you defer pensions.
- Tax funded care, set at an appropriate standard. What we are aiming for is a Ford Focus not a Rolls Royce, but we don't want a clapped out Lada either.
- Free care should be a basic Human Right; there should be clear minimum standards for care, which can be topped up if you want.
- Is this the partnership model? NO, we want more than ¼ or ½ funded by the State - we want an acceptable level of care funded by the State, not the least amount they can get away with.
- Appropriate levels should be determined by an individual's needs.
- "My social needs are not met, only my care needs are assessed. I have to pay for my social needs myself, like the costs of coming here today, things like that are on top. There is no flexibility for my support needs. The more care needs you have the fewer options you have for your more social needs".
- Lots of disabled people want to work but need more care and support to enable them to do this.
- Service users shouldn't fear being assessed every 6 months – this stops people entering/re-entering the work place. They fear losing their care packages, and not being able to manage without an appropriate level of care.
- People with mental health issues need more regular assessment as their needs can change overnight. People with long term physical care needs need a different assessment 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?

- WAG already decides what each local authority has.
- In different areas different needs can be met in different ways.
- How will WAG assess the needs of different LA areas?
The cost of providing care in rural areas for the same outcome is significantly higher.
- Mario Kreft mentioned in his panel speech about staying in your own home, but it's also about staying in your own community, the community that most people have lived in all their lives and contributed to.

- It's about striking a balance between national and local. People want consistency of service, but there are economies of scale.
- There are villages of significant size that have little suitable accommodation. People have to be moved out of their own areas. This shouldn't have to happen. People demonstrate to save schools; people should petition to have vital care services locally.
- How we treat our most vulnerable people is the mark of a civilized society. We don't have a civilized society.
- If you are looking at providing a service across Wales then it should be funded across Wales, not LA by LA.
- Care needs should be accessed in your own local area; you should not have to travel to another area to access it.
- Social services already have a number of guidelines, all determined by WAG.

Paying for your accommodation

- This is an entirely separate debate.
- If people can afford to pay now, why defer it?
- If people have money in the bank they should pay the accommodation costs.
- Care and accommodation should be a separate issue.
- Care should be free; accommodation should be paid for. We all have housing costs.
- There should be agreed levels/standards for accommodation.

Do you think the same system should apply in both England and Wales or should there be a stand alone system in Wales?

- Stand alone system in Wales.

Group 2

Workshop Session 1

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?

The response was yes. No opportunity for younger disabled people to contribute unless they are funded or receive an inheritance.

What are we paying for? No-one seems to be clear, so it is very difficult to make comments on payment for care unless we know?

There is no charge for children's services, so nothing would change. But what happens when they become young adults? Do they pay then, or who pays?

Some younger children do contribute through their disability benefit/allowance.

Should everyone who qualifies for care and support get some help with paying for their care?

Yes, but clarification is needed as to what the care and support is.

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

There was strong disagreement with any proposal to include disability benefits such as Attendance Allowance in the social care funding system. This was because it would lead to increased dependence on the state, rather than the other way around, and ultimately be more costly for the state, as well as disempowering for individuals. This runs counter to other established policies of the WAG.

Many people feel they will lose out if Attendance Allowance is merged with other benefits and is given to local authorities to distribute. Older people use AA to retain their independence – for example, by paying for care, a cleaner, someone to keep the garden clear, having a mobile hairdresser to their homes. AA allows people to decide what they spend their money on, but if it is left to the local authority it will be means tested and older people will lose out. This in turn means that older people will call on other services in order to have the same facilities, or even end up having to leave their homes.

What do you think is the right approach to partnership between the state and the individual in Wales? – i.e. a central role for the state, or would people in Wales want more freedom to make their own arrangements.

Personal taxation. It was unanimously agreed that personal and/or taxation was the way forward.

It was suggested that corporate taxation should be looked into, not just the emphasis put on the tax paid by individuals. Need to ensure that corporate bodies pay appropriate taxes and are no longer able to avoid this responsibility.

Partnership – young people are already reluctant to contribute to pensions. So they will find it even more difficult if they have to pay for care. What happens if they do not contribute?

Some people on benefits do contribute and this all feeds into the system.

Some people felt that the system proposed was just what National Insurance was supposed to achieve at present.

Concern was expressed about the £50 limit for care. How will this work? Some local authorities will have to have a large deficit and some authorities will have some more funds.

Will this encourage more people into sheltered housing? Fewer people buying houses. We will have a huge problem with not enough people being in work; and we need to encourage more younger people into work.

This is a complex question in Wales as different areas have differing amounts of people. We must have something that ensures everyone pays the same contribution no matter what area and how many people are in that area. It needs to be as fair as possible, as currently some people pay much more.

Health, education and many other services are free, why not care???

Workshop Session 2

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

Yes. To do otherwise would result in people who need care not receiving the care they need.

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

No, we strongly reject this conclusion. Other spending “priorities” are far more questionable, such as pursuing unpopular wars and maintaining hugely expensive nuclear “deterrents” that can never ever be used. The UK is a small nation, after all.

We already have an infrastructure to collect taxation. If a new scheme is set in place, funding would need to be found, and the state would have to look to employing more staff administrators/managers etc, when with taxation it is already there.

If it came out of taxation, it would be a cheaper option. Having to fund new departments would waste money. It would take time to build up the pot of money, so it will be free for sometime to come. The money built up in the pot would then be used in administration, to start up the scheme and training etc.

Older people are seen as an easy option to reduce services and payments and save money, thinking that they will not complain.

Some people in local authority care thought that they would never have to pay for their care. Having paid their taxes and NI contributions, they feel they have already contributed.

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

What is partnership? Do not understand the question. It is an umbrella heading - is it what is provided now, and will this change? What will happen in twenty or thirty years time?

What are people going to pay for?

Do you think that the Insurance option would work well for Wales when combined with the Partnership solution?

Insurance options - If people pay into this system and never use the money contributed, can this be transferred to their families?

What happens if no claim is made for care? Where does the money go?

What happens if you work in one county and you live in another area? There are also cross border issues. Will there be problems with companies not wanting to contribute because of the cross border issue?

Solutions - General taxation. England and Wales should share the system. This is non-devolved, so it would have to be an England/Welsh scheme. If there was an insurance option only to pay in Wales, we would not have the power to collect the money; and as this is non-devolved there are not many options open. We do need to say what we want in Wales.

Do you think that the Comprehensive option would work well for Wales when combined with the Partnership solution?

Local authorities feel they will be losing out as a result of the £50.00 ceiling being introduced via the Assembly Measure on non-residential social services charging. However, it is anticipated that WAG will make good any shortfall in funding. The Deputy Minister has confirmed that this will be the case.

Workshop Session 3

Ways to Contribute

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

Difficult to consider these questions when we take the view that care should be paid for by general taxation of both individuals and corporate bodies.

Before you ask people to pay for care we need to know what we are paying for?

- Reduced care?
- Same care?
- Or what?

Of course this will be down the line. What we are deciding now will not come into force until 20 years time, and it may have all changed by then!

Corporate taxation. This comes from UK legislation - taxation comes from corporations: large corporations and multi-national companies move funds around and out of the country.

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

It has been stated that accommodation costs are currently paid by people in care homes: this is not the case. People who have been means-tested receive help with the cost of both care and accommodation. If accommodation costs were to be charged, people might not have the means to pay.

What does 'care' include?

Accommodation costs need to be included in care. If accommodation charges are not included, they could be raised. The sky would be the limit.

We would need clarification on whether debt would transfer.

Are there any plans to change the current arrangements in reference to deferred payments?

A nationally locally determined funding system

Do you think there should be an all-Wales system for deciding who gets what levels of help?

Do you think the same system should apply in both England and Wales, or should there be a stand-alone system in Wales?

We will have cross-border problems. We already have issues with free prescriptions. Also, people in West Cheshire who are Welsh patients already have to wait longer.

The system would have to be the same for England and Wales.

We feel the decisions have already been made. That is why the consultation is being repeated: because the government didn't like the response last time.

Paying for care cannot be seen in isolation. This must be fed into other strategies.

Group 3

Workshop Session 1

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

- Continuity of care is vital.
- Services and funding should not alter as you pass through the stages of life.
- If it's working, why change it?
- We should not be debating this question. Nothing should change.

Should everyone who qualifies for care and support get some help with paying for their care?

Case Study:

'A gentleman lives with his wife and daughter and has saved all his life for his old age. He is admitted to a care home, his wife dies and his house is then sold to pay for his care. In the meantime his daughter has to find alternative accommodation. Another who does not save obtains his care free. This is an injustice.'

- We have to analyse what the consequences may be of this debate.

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

- We should be asking ourselves what Attendance Allowance is for. Some people may use it inappropriately. Removing it and placing it in another form of allowance may allow for a more consistent approach.
- If AA is merged, will this mean it will be means tested (because it is not at the moment), as it may raise the individual above the £22,000 threshold.
- AA triggers many other benefits. Will these continue?
- Perhaps integration would simplify the benefits system, as it definitely needs to be simplified.
- We need to debate what is the most efficient and cost effective way.

Case Study:

Members of the group shared their experiences:

'She has had a stroke and suffers from early dementia. Her husband is also disabled, and they are unable to fill in the forms and are unsure of what is available. The social worker completed the forms for us. We have to contribute £500 per month for support, and we were unaware of the charges that may occur - this was not explained to us. We saved our money throughout our life. It is not fair that we have to pay for everything whilst others don't. We need to make the charging and benefits system less complicated and easy enough for us to understand.'

- Perhaps we should raise the threshold

'If my husband and I have to pay £20,000 each for our future care (as is one suggestion), this will wipe out our savings. We would then be entitled to benefits as we would have no savings. What would happen to this lump sum if we didn't require any care during our lifetime?'

- How will young people be able to contribute to any higher taxation system as they have so much debt?

Workshop Session 2

We have agreed to rule out the Pay for yourself option. Do you agree?

Agree. Consensus from the group.

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

- If we pay for health in our taxes, aren't we also paying for care?
- No amount of taxation will be sufficient to pay for care.
- Difficult to come to some purposeful discussion as we are unaware of the costs/ financial modelling.

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

- Work towards fairness.
- What will be the baselines? - i.e. eligibility criteria
- How will this affect our council tax?
- Agree in principle, but need a lot more information.

Do you think that the Insurance option would work well for Wales when combined with the Partnership solution?

- Would private insurance allow relatives to be paid for care?

Benefits:

It would make people aware of the system, and of their responsibilities in insuring for their future care.

Concerns:

Using private insurance, in particular during the world recession.

Distrust insurance companies.

What if we cannot afford the payments?

Concerns about state insurance would create a new National Insurance system.

Do you think that the Comprehensive option would work well for Wales when combined with the Partnership solution?

- Not clear enough to make a decision.

Workshop Session 3

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

- Employer contributions.
- Need to look at other countries.
- Need to look at different options to suit different needs.
- Family responsibilities - all live together and support one another (Germany).
- Compensation system (New Zealand).
- Supported living accommodation and everyone living there, contributes to care.

Case Study

'I worked for a Swedish company in Britain and they supported me and my family all my working life. I do not feel supported by our culture now I have retired. We need a comprehensive system but everyone must sign up to the one system, even if they are unemployed.'

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?

- One system may not fit all we should be allowed a choice

Do you think the same system should apply in both England and Wales or should there be a stand alone system in Wales?

- It would be good if Wales could lead the way.
- Wales has devolved responsibility. They should be able to decide what model they want.
- Informal carers save the country a lot of money. This should be taken into account.
- Health and social services should be linked.

Group 4

Workshop Session 1

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?

- One of the first responses was: how else are we going to pay for it? Of course it should be funded by the state.
- Independent Living Fund for younger people: will this be integrated into new system?
- With older people there always seems to be an expectation for partnership in paying for care (between individual and local authority/government) – difference between younger and older disabled people in this respect. A member of the group felt that this was because younger disabled people may never have had a chance to work, so there is unlikely to be any money to pay for part of the care, and it rests on the state to pay. However, older people who have worked, have house etc are more likely to have money, as they have had a chance to earn. The question is, should they have to pay? What about younger people who are disabled as a result of accident? Some may have larger income than older people as a result of compensation.

Key points that group agreed on:

- Everything should be based on individual need, plus ability to pay.
- Needs do not respect age boundaries.

Should everyone who qualifies for care and support get some help with paying for their care?

- Same answer to some extent as question 1: i.e. how else are we going to pay for it? – it should be funded by the state.
- Universal/means-tested issue: what do we mean by 'some'? If universal, should even a 'Richard Branson' get help? But is this missing the point: how likely is it that people this wealthy would go through the state to acquire their care? May well be a lot more likely to organise it all privately without input from state. So could we say that help should be universal in the sense that when people approach the state for help - i.e. asking for social care or to have a care needs assessment - they should be entitled to assistance, and that this would cover everyone. So, theoretically, Richard Branson may be entitled to help if he approached the state; but the point is that he probably wouldn't. Therefore, overall, taxation would end up supporting low and middle income people, but not the very wealthy. Alternatively, could you have a cut off line where people wouldn't receive support from the state, but set it at a much higher level than

currently, so most people would be eligible with only the very wealthiest not entitled to some sort of state assistance?

- There are already examples of benefits that everyone gets - for example, Child Benefit or Winter Fuel Payment. Therefore, the principle isn't so strange. Why can't it be applied in the case of care at home/in care home?
- Community Care Assessment – would this still be a 'gatekeeper' for recognising needs?
- Very hard to answer without costings. Without this it is difficult to propose things, because how will you know if it is do-able or not? - i.e. if we want to go down the route of funding through taxation, would resources become so stretched that the standard of care would end up being bad?

Key point that group agreed on:

- As a basic human right, people should get help with their care. This is our main **principle**, but we don't have any idea of costings on which to base how realistic this would be to achieve. If the option of taxation paying for care is not even being allowed on the table, it would be helpful to see an analysis done of the cost implications of this, so we could see for ourselves why it isn't an option

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

- If not with DLA, why with AA? This is ageist.
- Goes back to choice – what people spend AA on might be only loosely connected with their care needs, but it may be **important to making their life better**. People may have the same assessed needs as each other but want to avail themselves of services differently.
- People choose to manage the extra costs connected to their disability how they want; they might use it for heating or food: it **undermines** self control and independence to take AA away from people.
- Might actually increase costs. Lots of people who receive AA don't actually have any contact with social services. If AA is subsumed into general social care funding, it would bring them into this system and potentially add to administration costs.

Key point that group agreed on:

- There was a strong consensus within the group that they **didn't** want AA to be changed from how it currently operates, and that to merge it into the social care funding system was a bad idea.

What do you think is the right approach to partnership between the state and the individual in Wales? – i.e. a central role for the state, or would people in Wales want more freedom to make their own arrangements?

- In some ways it is difficult to answer this question for Wales, because at the present time a lot of the relationship between state and the individual is still determined by UK government legislation and policy.
- Issue of some local authorities charging people a lot less for the same types of services than in neighbouring authorities – will this be ironed out sufficiently with the £50 maximum charge proposal? Different costs in different areas has implications in answering the question of appropriate partnership between state and individual.
- Should people receive a bit more help if in rural areas: weighted allowances?
- There needs to be a central role for the state – if not, would a lot of people fall through the net under new system? **But**, do need choice for individual in terms of, for example, being able to choose which care home they go into, rather than just a state-dictated package. However, some people don't want choice, or find it difficult and stressful to deal with – they just want a good standard of care in any home.
- Potential problem of things being left too much to the individual. Like with arranging pension provision, when left to determine it themselves people often don't arrange anything, or arrange something inadequate. People think it's a long way away, so don't pay into pension – could similar thing happen with provision for future care?

Key point that group agreed on:

- The state has an important part to play, but need a better idea of how costs will impact on our values of the sort of system we ideally want to see (i.e. see 'key point' for question 2).

Workshop Session 2

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

- Unanimous 'Yes'!

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

- May not be viable in short term – wouldn't get enough money upfront.
- Comprehensive option – could be said to just be taxation through different means. Just a different name: a state insurance scheme which everyone would have to pay into. What's the difference really between this and taxation? Tax is a 'dirty' word. Government runs scared of using it.
- Again, problem of government not providing us with any costings so that we can satisfy ourselves that taxation model isn't viable and agree to take it off the table - i.e. would it involve 1p, 2p, 3p on income tax, or 25p? If only a relatively small increase is needed, then why say it is not viable without even discussing it?

- However, we do have to face the fact that there are forecast to be less and less people of working age compared to retirement age. The requirement to fund services provided via taxation will fall on less people.
- Older people do still pay tax though, on pensions etc. Also, the numbers of people working past state pension age is increasing, so extra tax will be being paid into the pot here.
- What about carers who can't work? This would put them out of range of any of the paying options for care.
- Danger of creating a two-tier system with these options: if you can afford to pay will get a better system, rather than basic care. However, do we have this already, i.e. third party top ups.
- When the case is made that meeting the full cost through taxation isn't viable because it would mean raising tax too much, what isn't factored into the equation is a proper debate on spending priorities. We need to look at what else taxpayers' money is spent on. If we can find vast amounts of money for, say, Trident, why can't we find money for an issue as important as social care? We're not seeing the tax issue in its proper context.

Key points that group agreed on:

- Unless it would involve an intolerable burden, people would prefer to meet the full costs of care through taxation.
- Jury out – don't have the facts and figures to agree or disagree. (If the UK Government has ruled it out, why won't they give us figures for why they have done so, so we can at least see their case?)

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

- Would people still fall through the net?
- Should social care and health care be thought of in a much more unified way? If you have a need for a high level of social care, almost by definition you would probably be in poor health. If we are talking about that level of social care, should it be free if health care is?
- NHS funded nursing care – is weekly rate that NHS pays too little, are they paying a fair share, compared to how much the local authority or individual has to pay?

Key point that group agreed on:

- Needs to be more partnership between health and social care - need to see the bigger picture. At the moment it is either one or the other, social or health. People hit problems when they are just below the level where their needs would be classified as health. What about integration of social care into health?

Do you think that the Insurance option would work well for Wales when combined with the Partnership solution?

- Private insurance – do we trust this, given the US experience of private insurance for health?
- Worries about insurance not paying up when you need it, people paying for packages that are different to what they thought (small print, important things left out etc). Worry that insurance company could try and wriggle out of paying – these concerns may not be so acute, though, if we are talking about a government backed scheme rather than a for-profit private one.
- Would you have to have specialist companies to provide this insurance? Would it work with private companies, could they make a profit from it? If so, might some people have to pay very large premiums - for example, if they had a genetic predisposition to certain conditions? Possibility for discrimination here.
- Is there a danger that you could end up having four bits of different funding? - NHS funded nursing care, your contribution, government backed/private insurance contribution and local authority contribution! Maybe even third party top-ups could enter into the equation? This could be a recipe for confusion and for errors to be made, and also involve increased bureaucracy.

Key point that group agreed on:

- There was a unanimous feeling in the group that this was a non-starter.

Do you think that the Comprehensive option would work well for Wales when combined with the Partnership solution?

- Lump sum option – presumably people expected to plan to accumulate £20,000 before retirement: is this realistic; how many people are in a position to do this?
- Would people trust that having paid out for it they would then receive the services at a later date?
- Will effectively be asking some people to pay for it who won't benefit, i.e. not everyone will end up needing care, so how is this better than funding through taxation where, again, people may be paying for a service that they might not actually use themselves
- It is thought that by 2031 a plateau will be reached whereby the proportion of older people compared to the rest of the population will have stopped growing. Limited amount of taxpayers to support care needs of older people may not be a trend forever.
- If people opt for the 'pay after death' option, you can see the legal challenges already: 'Actually my dad didn't have any care; I'm not paying up!' Would be like an inheritance tax by a different name. However, in some ways you could say that this is like the NHS - some people pay lots towards it, but through good fortune will hardly ever need to use it (though could be said that this isn't as blatant as the £20,000 issue).
- Taxation ruled out, but we already have National Insurance to pay for certain services – we pay it willingly, but are also delighted to be fortunate enough to not need the services. Would simplest solution be to raise NI?

Fairest, most equitable way to pay for care is through taxation, but we're up against the UK Government who won't listen to us. May well have to go with least worst option.

- What are the costs going to be to train people to understand and administer all these new schemes that are suggested. Will this outweigh any savings made elsewhere?

Key point that group agreed on:

- Comprehensive option is the nearest one to what we want, but we are not overly enthused by it – least worst option as we do have some reservations about it.

Workshop Session 3

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?

- If property is your only asset, would putting a charge on this be the least worst way to pay?
- People won't want to pay £20,000 – want to actually enjoy your retirement with this money.
- Really wouldn't want private insurance.
- Property – is there really any value in it for some people? May have re-mortgaged to help with finances or, for example, to help pay University fees for children. In some areas of Wales houses are not worth much: equity will be used up much quicker than, say, in Surrey.
- Only other way might be through council tax, but would it go into social care coffers.
- Spread costs over working life – compulsory system/obligation, NI system: can't see any other way.

Ways to contribute: would it be a priority for the people of Wales to have a right to defer care and accommodation cost payments in residential care?

- Unanimous 'Yes'.

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?

- Costs are bound to vary across Wales – wage rates, land costs, costs of providing care in rural locations – therefore an all-Wales system would ensure that everyone got the right level of help without this being determined by geographic or demographic factors which are unconnected to actual needs.

- A major concern must be to ensure that we do not set up a system where you can have postcode lotteries again: this would point towards a national system, rather than local authorities.
- If there were a national rate across Wales, would some local authorities find that they didn't have enough resources to meet this? What help would there be for them?
- Should there be a set rate for Direct Payments?
- Maybe basic national guidelines with a little local flexibility would work.
- If everyone pays the same to begin with, they would expect the same level of service – this would point towards an all-Wales system.
- Need social care budgets to be properly ring-fenced.
- Need equity around people's needs and ability to pay. Services developed and shaped to meet needs might vary in different local authorities (i.e. rural or city), so different approach to services maybe; but need the same key principles and aims underpinning this.
- Can you commission services with money from central government? If you can't commission services from the amount WAG allocates to you, who will make up the shortfall?

Key point that group agreed on:

- An all-Wales system was most favoured in this group.

A nationally or locally determined funding system: do you think the same system should apply in both England and Wales, or should there be a stand-alone system in Wales?

- There is more rurality in Wales which might affect the kind of system that's needed; but taxation and benefits are not devolved, so what we can do is limited.
- What happens when, if as expected, we get a Conservative Government at Westminster? There would be two sets of priorities, two different election timescales influencing governments. Westminster and WAG could grow further apart; therefore, need separate schemes.
- But how can we have a different system when taxation and benefits are not devolved? Could just have the same system but with certain flexibilities in Wales.
- What would be different? What would we want to be different?
- Say England adopted the Partnership option, but Wales went with the Comprehensive ... - there could be some serious complications then if people wanted/needed to move between the two countries.

Group 5

Workshop Session 1

Flipcharts

Systems

Should there be one system covering everyone, or two systems – one for people disabled early in their lives and one for older people?

One system for All	-----	Two systems
5	1	-

Who should get help

Should everyone who qualifies for care and support get some help with paying for their care, or just some people?

All	-----	Some
5	1	-

Money

What do you think about the possibility of merging disability benefits such as Attendance Allowance into the social care funding system? (i.e. should there be one pot of money or two?)

1 Pot	-----	2 Pots
1	2	3

What do you think is the right approach to partnership between the state and the individual in Wales? – i.e. should there be a central role for the state, or would people in Wales want more freedom to make their own arrangements?

1	2	3	4	5
State	-----	Individual		
1	1	4	-	-

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

Should have one 'ageless' system, regardless of how we pay for it.

There is always more money for younger disabled people – older people are the 'Cinderella' in terms of funding – why not go for the all?

It should be about need, not age.

The groups which are likely to lose out are people with learning disabilities and older people.

However, as long as the care is the same, could we have two payment systems? Needs to be seamless – this is the crucial point.

Should everyone who qualifies for care and support get some help with paying for their care?

Whatever we do, we need to overcome the unfairness of the current system.

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

Not entirely sure why the Government is proposing this.

'Right to Control' consultation (mostly affecting England) – on the one hand government seems to be saying 'take more control', but on the other hand they are suggesting 'put all into the social services pot and let them [social services] sort it out'.

Applying for Attendance Allowance is complicated and often fails at the first hurdle – many people have to appeal decisions, and paperwork is lost. Needs to be easy and reliable system.

Social care funding is not ring-fenced.

One participant gets Disabled Living Allowance, but would not qualify for social care via social services. Is it fair that she can, but an older person couldn't?

We know what are applying for now, but if it all becomes one pot it becomes a scale: decisions about the scale will be taken behind closed doors, and it will be difficult to know where you are. And they could also move the scale / change the criteria – so this would be less transparent and fair.

Workshop Session 2

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

Agree that should be ruled out.

Younger age group unwilling to pay for something they might not need in future.

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

Pay for Yourself

Need to have Welsh view but mustn't lose sight of the fact that this is about individuals.

Politically, increasing taxation is not a very popular decision.

This is not felt (by some) to be a viable option because of the burden it puts on younger people.

A number of older people pay tax on investments, or income tax.

Would those whose incomes were below the threshold – i.e. on low incomes – have their care provided free?

Potential for tax avoidance with this system.

Partnership options

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

Do you think that the Insurance option would work well for Wales when combined with the Partnership solution?

Insurance – if this starts at 18, then there is plenty of time to prepare; but if this begins near the end of your working life, it could be a lot of money to find.

Insurance schemes would be expensive for people with pre-existing conditions.

People wouldn't take out insurance if it wasn't compulsory – the 'it won't happen to me' attitude.

Do you think that the Comprehensive option would work well for Wales when combined with the Partnership solution?

Comprehensive – seems complicated. Will put focus on means-tested benefits rather than universal benefits. Means-testing is cumbersome.

Compulsory – the only way you will get people to plan for their care needs.

Who manages the pot of money? There has been a lot of incompetence in the financial world recently.

Potentially adds layers of bureaucracy and management.

Which would you trust most – private insurance or state-backed? People only really trust themselves!! (is this an argument for the ‘pay for yourself’ model?)

Lot of scepticism about ability of state / private individual to manage pot of money. Would money be spent wisely? Would it be diluted and not ring-fenced for local authorities?

Need to clarify what is meant by health care and what by social care, and then combine budgets – there would be less administration and on-costs, which could be put into service delivery.

Would like to know what the Northern Ireland experience is of combined health and social care.

Are there any other options?

No-one keen on any of the options, but if had to choose ... won't make a choice!

Winners and losers

Financially-deprived groups – don't make best use of healthcare currently, and will continue to lose out!

Scheme needs to be seen as a right and not as a hand-out by these groups. Older people too proud.

BME communities, people with learning disabilities, and those with visual/sensory impairments – best options for these groups is taxation, because if they have means they are compelled to contribute and all would get services.

If left to pay for yourself, then you lose out a lot more.

Workshop Session 3

Benefits – key to other things such as Council Tax rebates.

Cost of care has gone up because of safeguarding etc (though wages haven't!).

Right to expect best standard – once you've made the link that it's your hard-earned money, you expect a higher quality of service.

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?

How to make up the shortfall figure?

Tax the bankers.

Extra corporation tax (though not for SMEs/ struggling companies).

More NI (though not for the low paid).

Worry that, as with health, people would get extras if could pay for them – issue here around the quality of care.

Need to know today what it will be at 65.

For example, family with two young people with learning disabilities at home – if they had to find money for their parents' care, there would be less money for those children's care.

A nationally or locally determined funding system: do you think the same system should apply in both England and Wales, or should there be a stand-alone system in Wales?

Should be Wales/ WAG – Westminster only worried about the English side of things.

Cross-border issues – for example, aged parents having to move country to receive family or friends care.

Formula to decide how much each local authority gets – has to be ring-fenced.

Set the criteria clearly enough – right of appeal to the national level.

Will Wales have the money?

Additional points (made by this group during a 'closed' session)

Poorly thought out – there are two lines of care: social and medical. Should be less blinkered.

Not thought out from perspective of service user.

Taxation – the attitude is: not before an election. Nothing to do with people wanting to pay?

Money for banks etc when suits – should be money for care.

People over retirement still pay tax – could go on indefinitely.

Savings eroded by reduced interest. Puts people off.

Immigration should increase tax pot – where is this money going?

Hard to get hold of minutes of meetings.

DLA and AA removal – does it affect quality of care?

Would you lose council tax benefit etc if DLA and AA were removed?

Mobility component would be lost.

Domiciliary care not always good - needs safeguards.

Money spent on administration not carers, but costs increase.

CSI for Wales – where do they fit?

Group 6

Workshop Session 1

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

What is disability?

What is the alternative?

Single assessment.

Look at each individual case.

Pay only to the extent that is necessary.

Should everyone who qualifies for care and support get some help with paying for their care?

If it is right for health, it is right for social care.

No postcode lottery.

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

Attendance Allowance – essential link to ensure carers needs are covered.

Definite No.

20-25% of people over 65 have Attendance Allowance in Wales – higher than anywhere else.

They should have the freedom to spend the money as they feel necessary to their needs.

Choice.

Do we trust Government?!!

Huge amount of money going into bureaucracy and it needs to go to front-line people.

Note: Group 6 merged with another group for the afternoon sessions.

Postcards

These were the key points fed to the Chair on postcards for the final session of the day.

1. There is a need to define 'disability'; and really there is no option other than to pay for care for those who have been disabled since their early years.
2. Same level of help should be provided for health and social care. Also, end to the postcode lottery.
3. Individual circumstances vary so much, we can't decide what's best.
4. Why can't Wales make its own decisions?
5. Attendance Allowance – threatens individual choice on independence. Will open the flood gates for more people to become dependent on social services. Knock-on effect – if Attendance Allowance is removed, premiums for other benefits could be affected – i.e. housing allowance, carers allowance, council tax benefit etc.
6. Flexibility and transparency are very important.
7. Importance of low-level care. Ensure that those people with low level needs do not lose out as a result of any new system, both in terms of quality of life (for those with existing conditions) and preventative agenda.
8. Integration of health and social care.
9. It is impossible to agree or disagree, or to support or not support any of the options without understanding the financial costings. We can agree on the principles, but the funding models are needed before these can be confirmed.
10. The debate goes back to the definition of care. Does this include re-ablement, short-term breaks, telecare, support for carers etc?
11. Organising care and paying for care are two sides of the same coin that need to be considered together, not in isolation from each other.
12. Having cash in my pocket gives me choice and control. Merging disability benefits into the social care funding system undermines principles of independence, choice and control, and could increase transactional costs of bringing people into the system.

13. The easiest, simplest, fairest, most equitable way of tackling the funding of social care is through taxation. But if we can't have that, of the options on the table, the Comprehensive scheme is the nearest to what we want ... with reservations, as it does have drawbacks.
14. From a financial point of view we would want a unified approach for both England and Wales, or something similar, otherwise it has potential to impact on everything.
15. Continuity of care throughout life.
16. Important to consider consequences of any changes.
17. Attendance Allowance – if it is integrated, would the financial threshold for services be raised?
18. Simplification of the benefits system required.
19. Lump sum payment – if this takes up all our savings, would we then be entitled to benefits? What happens to the lump sum if it isn't used for that person's care?
20. Everything should be based on individual need and ability to pay – needs do not respect boundaries.
21. 'Pay for Yourself' option agreed to be ruled out.
22. Agree correct not to consider 'Pay for Yourself'.
23. Partnership approach works towards fairness – agree in principle. Issue of how it will affect eligibility criteria and council tax.
24. Insurance – people made aware of their responsibilities – concerns about trusting insurance companies.
25. Comprehensive option – not clear enough, need more information.
26. Wales should lead the way.
27. It needs a comprehensive system, flexible for the individual but everyone must contribute in some way.
28. Learn from other countries.
29. Attendance Allowance should not be merged with any other funding.
30. Question of paying for care in isolation is difficult because so many other things need to be paid for in taxation.
31. Health and education funded by taxation – easy option.

32. Vulnerability is it less likely to have a fight from older and / or disabled people, and remember older people vote!
33. Did not understand the partnership question, and did not understand how this would work!
34. Important to focus on individual needs.
35. Not sure what type of care people are buying?