

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

**Stakeholder consultation events:
Ffos Las, Nr Carmarthen – Monday 1
February 2010**

Workshops

Group 1

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?

- System needs to be continuous – throughout life
- Where does social care start/stop? Need a definition, like NHS
- What are we going to pay for? Disabled and older people want good quality services
- Access to transport should be a core entitlement
- Need to plan for future for all
- More support for people caring for younger people with disabilities
- Compensation for injuries is not currently part of means test income – should this be considered?

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

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?

- Assembly/UK should set standards of care which should be Wales or UK-wide
- Funding is an issue both at local authority and Welsh Assembly Government levels
- Need simpler system where Health and Social Services are ‘joined up’ possibly at primary care level
- WAG should commission and set standards of care
- The group noted that there was a variation of standards/services across Wales
- Resources should be used according to local authority level determination
- NHS reform – lost opportunity to put Social Services in the driving seat
- When would we have a start date about asking people to pay in line with new policy?
- Different service requirements in different parts of Wales
- Need to engage with all in society
- Need publicised system explaining what is available like NHS
- Need individual assessment
- Housing needs assessment
- Attendance Allowance – the route to get one: need advocacy/sharing information

- Everyone should get some help paying for care, and everyone should get basic level of care - if you want more you pay for a “top up”
- Everybody needs a stake in this, both State and individual

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

- Attendance Allowance provides choice/enables individuals to have independence
- Local Authority view – Attendance Allowance allows people to make own choices/arrangements
- Direct payments – what to do about these?
- Benefits should be rationalised/joined up

Workgroup Session 2

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

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

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?

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

- Agree that ‘Pay for Yourself’ is not an option
- When is it fair to pay?
- There is money available (references to war/Trident etc)
- Don’t agree that tax is not an option – needs further evaluation/costing
- “shirkers” will get away without paying
- Don’t like means testing
- How to work out costs and domiciliary care needs fluctuate
- Opens up a range of options – easy to dodge paying
- Dependent on stability of property values
- Prohibitive premiums for private sector insurance
- Tax on being 65
- Insurance will give certainty that care costs will be met
- Insurance premiums are fixed - tax is on a sliding scale
- Local authority will end up being gatekeeper / decision maker
- The machinery exists to collect monies via National Insurance/tax

- Most don't get domiciliary care until aged 80+
- LAs feel uncomfortable taking on both the role of collecting the money and that of helping people to get the services they need

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?**

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

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?

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

- Credits for volunteering and caring
- Simple systems
- Incentivising care/informal care
- Good support for carers is vital
- Flexible working to be allowed for carers as a right
- Younger retired people as a resource for caring
- Prevention/ reablement to delay need for care
- Better value to be in residential care if you have no assets
- Accommodation costs are unpredictable as you cannot predict your lifespan
- Differences in costs of residential care
- Need new system that supports early intervention
- Village agents is an example of an innovative localised system for joining up services and brokering the lower level support services that people need – needs systematic structure
- A mixed system using best bits of England/Wales processes
- 'Consumption' levels are higher in Wales due to shorter life and poorer health
- Should be all-Wales system
- Same in both England and 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?

- If you did it would be discriminatory on basis of age, what would the alternative be?
- Where will younger people get the money?
- Does care stop at 65 (if you are receiving funding before 65)?
- Should there be a two tier system? We need one system at source across the board – not means tested
- What about disabled people in work?
- Question is unclear
- Does the question mean ‘people of working age’?
- What about progressive illnesses such as MS people have more needs as the illness progresses, are they going to cover care?
- Will benefits cover the cost of care if not covered by the State?
- Will 65 be the retirement age in the future?
- Rooting out age discrimination – standard 1 NSF
- Should be looking at needs, not age
- Preventative measures need more money
- We have higher proportion of disabled people in Wales than the UK average.
- Are the younger generation going to be willing to care. We are moving away from caring in the family – it used to be granddad was in the front room, not any more!
- What happens if you are disabled from birth? Disabled people will get worried if they are put under pressure – this can include learning difficulties.
- We need to develop the system as we go along
- What about carers?
- The current system is too complex – what would a wish list be for the support people who need care would like?
- Some delegates believe no-one should be means tested
- This does not touch on continuing care
- What happens to people who acquire disabilities i.e. from industrial, road traffic accidents who receive compensation as a result?
- What happens to people who have saved all their lives and struggled to buy their own homes?
- It has got to be the same across the board, some means testing may need to happen
- What about the boys injured in the army?
- We do not want a two tier system

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

- NO
- Why should the state pay for wealthy? People who can afford to pay should
- Where does the means test come in
- What does 'some' mean?
- Do we carry on with the same system or do only people who need it?
- The questions are too broad
- The Green Paper does not talk much about residential care
- Quality of life indicators – people should not be denied a service because they cannot afford it!
- Intergenerational work needs to be carried out
- Promised we would be looked after from 'cradle to grave'
- Take the money out of Trident
- Make better use of the money available
- Getting the balance right on expenditure 'cannot do everything'
- If we give to everyone some people might get less
- 'If they stopped financial help, I would divorce my wife [gentleman has been caring for his wife for some years], then they would have to look after her
- Pension credit
- Does this relate to people who can afford they own care.
- If we take away means testing and go wholesale and everyone has something where will the money come from?
- We should concentrate on needs and should be free across the board
- NHS is on it knees so what will happen with social care – we need more money in the system
- The funding is like a piece of cake - if we take it all for NHS and social care there will be nothing for libraries, schools, roads etc
- We need to look at the whole budget – they can find money for Afghanistan and Trident, so why not care?
- This week after the snow there is a problem with pot holes - it will be something else next week and money needs to be found for all of this
- Budgets are a fact of life
- We certainly cannot afford to go on the way we are it is not sustainable
- No – if you are wealthy you should be expected to pay
- Yes – everyone should have fixed care no matter what their income

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

- People who claim Attendance Allowance and Disability Living Allowance use it to be independent
- Should not be merged - absolutely not

- This would be counter productive - trying to make people independent, then taking that independence away with the Attendance Allowance
- The Older People's Commissioner is talking to the DWP on this issue
- Would be a nightmare to administer, and counter productive
- Wales will not follow England with personal budgets
- Discrimination on basis of age

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.

- Difficult to generalise – some people want to make their own arrangements
 - Social care is a devolved function
 - Look at Scotland - they cannot sustain it
 - Should be no charge at all – paying £200 out of benefits is hard going
 - Only means of providing income to provide services
 - When I am 80 there will not be anyone to care for me
 - It is difficult to generalise as some people need help
 - We only have limited influence as this is a non-devolved matter
 - State controlled means Westminster
 - Scotland did it on their own and look at the mess they are in
 - Care within the home as long as possible – if that is the policy they want to go ahead with there needs to be funds
 - Some increase in VAT
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- We charge because we have to charge
 - There is nothing in law that says we have to care
 - Cannot generate income from benefits
 - What about the population of immigrants who claim benefits? They mostly do low paid jobs – also language problems and lack of understanding
 - Years ago you would have a choice of three jobs now we have difficulty in finding one job
 - Partnership means PARTNERSHIP
 - You cannot opt in and out - it has to be mandatory, otherwise not everyone would pay

Workshop Session 2

Do you agree to rule out the 'Pay for Yourself' Option? Do you agree?

- We agree this 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, do not agree
- What taxation are you on about? Income tax?
- How much is it going to cost?
- Do not understand the argument that this will place a burden on younger people
- Not impossible, not popular
- Taxation is not viable for the full costs of care. Taxation may be viable to cover some of the costs of care
- Not just working people who pay tax
- Culture of tax cuts
- This question should be asked to a younger group
- Everyone pays tax it is just the various levels of tax
- Wording of questions leads to the 'partnership options'
- Could be itemised on your pay slip – contribution to care
- Can you pay top-ups for choice?
- Where do we get the money from to pay for the future? – younger people will say 'I am not paying'. NI goes towards pensions
- Germany has a different system
- Wording of questions leads to the 'partnership options' - we are being steered towards the partnership options no matter what

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

- Absolutely not.
- If the state only pays a quarter of the costs, some expensive placements will be unaffordable, especially for younger disabled people
- Not all local authorities have the same charging policies
- Poorer people have the greatest amount of ill health

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

- Would the insurance company choose to pay out or not?
- Government backed insurance is the only way forward
- "I thought we had a national insurance scheme – can we not increase that"?
- Asking us to answer these questions without knowing the cost
- What happens if people have genetic diseases – would the premiums be higher?
- No different to the other options - if you can afford to pay you pay, if you cannot you get it free
- What if you were made redundant and could not afford insurance in the future?
- Thought we had national insurance scheme
- Could the insurers pick and choose who they paid out?

- What happens if people were not in employment and could not afford to pay?
- With National Insurance lots of women finding they are not entitled to full state pension, so be aware they are gaps in insurance
- What if people do not want to pay? Like private pensions schemes. They would have to be government backed otherwise there would be no incentive to pay into it
- Any money should be ring fenced for paying for care
- It might give some people peace of mind
- Would private insurers lower their premiums and would they be regulated?
- Some people would be interested if it were affordable
- Would insurance premiums be loaded depending on where you live/health statistics
- Vast majority of people do not end up needing care. 16% of population use 40% of the health and social care budget
- Would there be a set premium or does it depend on medical conditions?
- Not sure what retirement has got to do with it – should be need not age
- Would have to be state run – we would have to hunt around to find best scheme
- Would want to see agreement first

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

- Everyone over retirement age pay into system - what happens to people under retirement age?
- What would the incentive be?
- Would it be means tested?
- Who decides?
- Is it going to be retrospective?
- What about palliative care?
- Who decides who can afford it and who cannot?
- Who pays for your care at a young age?
- Would you use Equity Release?
- Where does it mention younger people in this scheme?
- Everyone covered, but only people of retirement age pay
- Death duty
- Should have given us basic figures to work on
- End of life care knowing what you are paying for
- Quality of care
- Do you get a refund if you can qualify for continuing care?
- At what stage will this be introduced? You need to plan.
- Has to be a variety of solutions
- Cannot make an informed decision without the figures

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?**

- Taxation - local and national
- Stop free prescriptions
- Means test child benefit
- Deal with health tourists
- Defer costs – properties can be rented out whilst the person is in care
- Why should children inherit from their parents?
- Should be able to defer if they want to
- Partnerships between WAG and Local authorities in what is realistic
- We should have younger people's views as well
- How do we know where the money is going to be used

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

- The priority should be if they want to
- Why should people inherit?
- Stress makes people ill having to worry about it
- As long as it WAG don't mess it up and leave the Local Authorities without money – needs to be partnership between WAG and Local Authorities

A nationally locally determined funding system

- Same system should apply
- Higher ratio of sick in Wales
- Still link up with Westminster.
- Separate system in Wales because higher ratio of disabled people
- If centrally funded through taxation would have to be same system

Group 3

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?

- Should be equitable across the board.
- There is a difficulty if you have a cut-off point based on age. Difference of a day between a 65 year old and a 66 year old. Agree that it should be equitable.
- Not long ago, it was perceived that people under retirement age had 'entertainment needs' that were provided for, but after retirement, they no longer had those needs. The question isn't relevant and shouldn't be asked.
- You can't predict if you will need care needs when you are younger. Can have needs at any age.
- Older people are more likely to have care needs, but the system should be flexible to meet people's needs. Should be needs based, not age based.
- Younger disabled people can access independent living benefits.
- We all have a responsibility to try and save to look after ourselves if possible.
- Younger disabled people don't have the means to save for care.
- Age shouldn't be a measure – should be looking at the overall picture. As a principle, it should be across the board.
- Regardless of age, the system should be based on the ability to pay.
- A person disabled in their 20s has had no opportunity to pay into a system, whereas someone in their 80s has.
- What about the 65 year old who has never paid into the system? This sort of thing causes complaints, but it is fair. If someone can't pay for care, they should get it free.

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

- Difficult to answer without the actual figures.
- £22,000 is now allowed before you have to start paying for care. Is the proposed cut-off higher or lower than this?
- Is the state prepared to make more money available?
- Assets – if we are encouraging people to stay in their own homes and live independently, it is not fair to take the value of their home into account when means testing.
- If the UK Government is proposing a national care service, everyone should be entitled to benefit.

- Going into a care home is a last resort – only a minority choose to go into care.
- In the future, more extra care facilities will mean that more people may choose to go into care. Will be able to keep more independence.
- Local authorities will not fund someone who chooses to go into a care home without medical needs.
- Care should be free at the point of delivery. If there is a hybrid and only part is free, how is the rest being funded? Will there be means testing?
- If the government is not using taxation, where is the money coming from? Don't mind paying more tax for a good system, but most people don't agree. Who is going to be able or willing to deposit £20,000 at 65 based on the fact that they may need it? Most will go for the payment after death option.
- Because you can never know what your care needs might be, it is basically a lottery.

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

- Benefits are provided to pay for care, but some people don't use it for that – they don't spend their benefits on care. There is nothing wrong with using those benefits to pay for the new system.
- DLA is staying and AA is not going to completely disappear. No matter how wealthy you are, you get AA. Is there a way to retarget those funds?
- People receiving AA often make their own arrangements. Without AA, they would have to approach the LAs for help. There may not be the money or capacity to cope.
- The system should be simplified – one stream of funding from the LAs.
- AA is a passport benefit to other things. Proportionately, there are more people in Wales receiving AA. Would be complex to remove.
- There is a danger of tinkering with part of the system and ignoring the ripple effects.

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?

- What happened to National Insurance?
- Private insurance has been discredited recently. A lot of people will face private insurance companies with suspicion. Would have to be compulsory insurance.
- Some people will spend their lives on benefits and make no effort to find work. Some people save all their lives and still have to pay for care. Others find it difficult to get off benefits because they will lose out financially.

- NI wasn't saved, it was used in order to make things work. Some people are now disillusioned with the NHS.
- NI is different from private insurance companies making money and ripping people off.
- There is an inequity when it comes to care. Some older people don't ask for help because they are too proud and they may be in more need than others.
- Most people would prefer to pay insurance for their own care, rather than a tax to pay for other people's.
- There is resentment against people who did not save and are getting everything paid by the state.
- It is more reasonable to ask people to pay into the pot through their working lives. It also makes people think about planning for their future care needs.
- We should also be sympathetic to those who have worked hard all their lives at a low or minimum wage and can't afford to pay for insurance.

Should only people over 50 be asked to contribute? Or should everyone contribute through their working lives?

- Whole working life. Who knows what will happen and when? Care is not age-related – can be disabled at any time.
- It is difficult enough to get people to contribute to a pension.
- We should plan for our future needs, but if we can't or it doesn't work out, there should be a back-up.
- Even if it is a government run insurance scheme, it is still a tax.
- Might be easier to sell to the public as insurance – that implies that it is for your own needs. But if it is compulsory, it is a tax.
- Has anyone thought that the 'spongers' should have their contribution taken from their benefits?
- Need to ensure that the people in the safety net are the people who need it, not the ones who choose to stay on benefits.
- The after death levy option encourages people to spend all their money before they die.
- People don't like the idea of inheritance tax.
- Pensioners can be poor, but asset rich.
- After death payment may be fairer and ensure that it doesn't impact on the quality of life, but it is not politically popular.

Workshop Session 2

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

- Yes.
- However, we should encourage people to plan and be responsible.

- State has taken some responsibility since the 1600s. Can't change it now.
- Most agree there should be some personal contribution.
- some would end up paying more than others – not fair.

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

- Cannot agree. It is hard to have the discussion when we don't know the figures.
- Should consider a part-taxation system.
- Taxation seemed the most logical and acceptable option, so why has it been dismissed out of hand?
- Can't have a proper debate without the actual figures showing the impact on the individual. Could use taxation to raise some of the needed funds.
- If the insurance option is going to be compulsory, it is still a tax. The end result is the same.
- Perhaps not everyone who wants or should be contributing is doing so. Disabled are not encouraged to find work, older people are forced to retire at 65, carers can't work full-time and some just don't want to work.
- People who earn more money and pay more tax are less likely to need care.
- I pay for the fire service, but I don't want a fire.
- Taxation is the ultimate insurance.
- Those who can afford to pay themselves would be using the state system.
- People need to be better informed at an earlier point – need to be educated about what social services do.
- Should be a combination of direct and indirect taxation.

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

- Sounds the same as how it is now. Can't see how the additional income would be raised.
- Dilutes an already restricted pot. AA isn't capped now, but would have to be to make up the difference.
- don't want it to be a quick fix – has to last
- It would disadvantage those unlucky enough to develop a care need. Not pooling the risk. If you have no care needs, you will have more money.

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

- How do you police it? Lots of people drive without car insurance. What if you don't pay and then you need care?
- Insurance companies don't have a great track record.
- Government backed insurance is better than private, profit-seeking companies.
- What the difference between compulsory insurance and a tax?
- There should be some way to have a personal account and if you can't afford to pay in, there is a back-up.
- Should keep eligibility for care and eligibility for financial help separate.
- Might end up with insurance companies deciding what is 'best' for you based on the cheapest option – people going into care homes because of monetary needs, not medical. Disallowing insurance or charging more because of family history, lifestyle choices, etc.
- Should be credits for voluntary and family carers. Give carers more incentive to get into the workforce so that they can also contribute. System discourages caring, but voluntary carers save the government a huge amount of money.
- Need voluntary carers to keep the system going – they should be supported.
- There is a lot in place to support parents and carers of children, but there isn't the same view when it comes to older people's carers.

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

- It's a tax again.
- Why would anyone choose to start paying on retirement just when you stop earning?
- Seems a bit of a punishment for reaching retirement.
- The country only needs a couple of bad years financially and there won't be enough money in the pot.
- Most people won't like having to pay such a sum when they probably won't have to use the care system.
- Voluntary carers will disappear or take extended respite. Government won't be able to afford to pay for everyone who needs care.
- It's all a tax by any other name.
- If you don't have children, you still pay for the education system, but it's less obvious. A lump sum, etc. is more obvious. It doesn't seem fair to people.
- What about lifestyle choices? People won't want to pay into a system to support care for smokers/drinkers/obese people.
- More money should be put into deferring care. Critical care is the most expensive stage.

- When you start receiving your state pension, you stop paying NI. If you carry on earning after the pension age, you should have to continue paying NI on earnings.
- One of the fundamental flaws is that age has been taken as the measure. It should be based on need – you can need care at any time in your life.
- There is a disapproval of taxation from a political point of view. Most people are prepared to pay and have the peace of mind that the care will be there if they need it.
- People don't think about the care system until they need it. Peace of mind issue doesn't come up until people are made to consider it.
- The document assumes that pensions will continue as they are, but this may not be the case.
- Comprehensive option removes the issue around joint working with the NHS.

Workshop Session 3

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

- Would be good to know inheritance tax was going to something specific.
- People who don't use the care system won't want to pay in.
- Deferring payment until after death is fine if you are married. A daughter looking after her mother would have to sell the house to pay after her mother's death.
- Needs to be one system for everyone. If a 22 year old gets killed in a car crash, will £20,000 be paid, or is it only if you reach retirement age? What if that same 22 year old survived, but needed 60 years of care?
- Would the payment be a set amount, or tailored to wealth?
- Would a tax be UK-wide. E.g. 3p in the £ is wrong in terms of the proportion of the UK population living in Wales.
- A tax by any other name is still a tax.
- Is paying throughout your working life less painful than a lump sum?
- Need the calculations. How much over how many years?
- If everyone defers payment until after death, where is the money going to come from?
- There needs to be a level of control. Can't control when people die, but you can control taxation.
- Need to look at bringing in money now for people in care and at income for people who will need care in the future.

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

- Need to avoid accusations of a postcode lottery.

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

- How different are English people to Welsh people?
- Don't want to be led from England.
- There are different statutory functions in England and Wales.
- Needs to be a balance of the most suitable service. Living in Chepstow, the best service might be in Bristol. Feels like a sort of Berlin Wall is creeping up between Wales and England.

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?

- Why penalise one set of people?
- Why penalise disabled people?
- State should fund
- Thought more discussion should go into the issue.
- Those disabled in early life should have sustained aid throughout their life.

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

- Raised questions – are the local authorities going to potentially raise the bar in order to prevent access?
- Assessments should be made as quickly as possible
- 25% – 30% of cost covered
- Still need to meet assessment criteria
- For ‘planned hospital visits’ assessment of needs should be looked into prior to patient arrival to reduce ‘bed blocking’

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

- Attendance Allowance is a gateway payment to other benefit entitlements. There are concerns that if Attendance Allowance disappeared these other benefits may be lost.

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?

- People want to avoid social services and will self fund. This currently gives people freedom to chose but they received no financial assistance.
- Self funding individuals are at a disadvantage as they are paying higher fees.

- Self funding individuals have all the choice but also all the risk.
- People want more freedom to choose.

Workshop 2

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

- The group response was a 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?

- Current system always falls short raising taxation but manages to raise tax in a 'backhanded' manner.
- Do not necessarily think tax is not a viable option.
- There are currently no figures to hand to show exactly how much of an increase it would be per £1. Having this figure would help gauge answer.

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

- The Partnership solution was felt to be similar to the system we have now. That the Government may pay part of the cost and we pay what's left.
- It was felt that everyone is eligible for support **if** they meet criteria. As more people qualify would the criteria assessment levels go up?

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

- There were reservations with the Insurance option, even when combined with the partnership option.
- The group felt that it was too similar to the American healthcare system.
- Questions raised were – Is it compulsory? If you have a pre-existing condition will you even qualify for cover? And if you do qualify will you have higher premiums?

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

Workshop 3

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

- Increased National Insurance payments and then ring fence these funds for care costs in later life. The group felt that being eligible for support i.e. Attendance Allowance and actually receiving support are not the same thing.
- The processes for support are complicated and in addition to this more and more forms are being put on to the internet to complete. This system causes confusion among Older People.
- A review of current benefits and support systems should be carried out before looking at issues going forward.

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

- It was felt that if everyone had the option to defer payments the Local Authorities would soon run out of money.
- At minimum LAs would all have huge lists of debtors on their ledgers which in turn could lead to other problems in other areas.

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

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

- The group felt that for an all-Wales system the Local Authorities needed to be fairly compensated to ensure that their assessment criteria does not alter to reduce the numbers of those receiving help.
- The cost implications should be looked into in more detail before deciding this.