



***'The lives we want to lead'* – a discussion on
the future of adult social care in Richmond
upon Thames**

Event Report – 13.08.2018



1. Background

In response to the Local Government Association (LGA) consultation, Richmond Council sought to gather the views of local residents and organisations, including current and future users of adult social care, their families and carers and staff on how to best to pay for care and support through a local consultation event. The event was organised in partnership with Healthwatch Richmond and took place on 13 September 2018 in Twickenham. Over 90 local residents, professionals and council members attended.

2. Summary of discussions

The event was well attended. Attendees were generally well informed, and everyone engaged through table discussions. As can be expected, there was no overall consensus on the most important local issues or the single best funding option on the table. However, attendees were in general agreement that adult social care is facing unprecedented challenges and that they wanted to get involved in further local debate about local issues.

Overall, whatever final options are chosen for the future funding of social care, people were in strong agreement that any money raised should be ring-fenced for adult social care to ensure the money cannot be spent elsewhere.

2.1 Funding challenges

What do you think has been the impact of funding challenges on local care and support services?

- There was general agreement that recent funding challenges had a negative impact on carers and that there was a lack of support available for carers in the borough. Some people felt that this was putting unnecessary stress on families who were already under pressure.
- People felt that the threshold for accessing adult social care was rising. There was a general belief that fewer people were getting the level of support they needed and there were barriers both to financial support and access to a social worker.



- Several people felt that funding cuts were having an impact on people's general wellbeing and that more people were left isolated and lonely.
- Several people felt that funding cuts had an impact on patient's length of stay in hospital as services were not always available for people to return home after a period in hospital.
- There was a general consensus that the challenges were being exacerbated by wider cuts to public services including reduced provision from the NHS and public health. Some people felt that patients were discharged too soon and were readmitted as a consequence.
- Several people were concerned about the state of the provider market. There was an acknowledgement that Brexit was putting additional pressure on the sector with recruitment decreasing rapidly while costs are increasing.
- Several people felt that the adverse financial climate was having an impact on staff turnover and retention across the sector.
- Some people felt that funding cuts were to blame for poor quality of care and a lack of flexibility in services available.
- Some people felt that the current system was the "perfect storm".

What are you most concerned about if adult social care and support continues to be under-funded?

- Several people were concerned about the ongoing impact on family carers and the pressure further funding cuts would have on their wellbeing and the impact on the voluntary sector.
- There was general agreement that continuing funding cuts would leave increasing numbers of local people without the support they need and at risk of deteriorating as local Councils would be unable to meet rising demand.
- Several people were concerned about a situation where services are reduced to 'bare-bones' because of continuous funding cuts by central government and limited contingency planning.
- Several people were concerned about the impact on the NHS and increases in delayed discharges if community services are not available.



2.2 What are the options for change?

Attendees discussed the options set out on page 54 of the LGA Social Care Green Paper.

In your opinions or experience, what are the most urgent and important of these options for improving the care and support system at a local level?

Pay care providers a fair price:

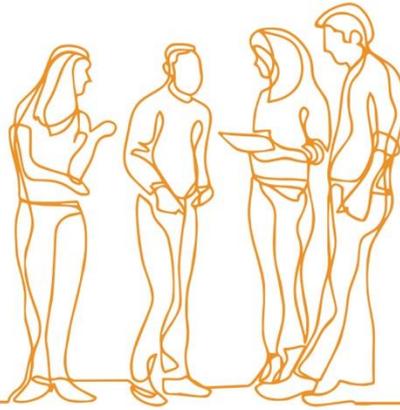
- There was strong support to pay providers a fair price and that staff should be valued. People were in general agreement that under-funding was contributing to the significant recruitment and retention problems and quality concerns in the sector.
- Several people were in agreement that care workers should be paid the London Living Wage. People felt that this would improve morale, reduce staff turnover, help enable consistently good standards of care and have a tangible and immediate impact on people's experiences of social care.
- Some people felt that this particular issue needed cross-party political support to resolve.

Make sure that there is enough money to meet rising demand and cover the cost of inflation:

- There was strong agreement that this was the responsible option. Not planning to meet rising demand was seen as irresponsible.
- People felt that not meeting rising demand and inflation would effectively mean further cuts.
- There was consensus that the funding situation cannot be made worse.

Provide care for everyone who needs it:

- There was general agreement that everyone who needs it should have access to care and support. It is not acceptable that some people who need care cannot get the care that they need.
- There was a general consensus that care and support should be available to everyone who needs it irrespective of age or disability.



Cap and floor:

- There was general support for a “cap and floor” model. Several people felt that putting in place such a model could be complicated and costly to run. There were concerns about how Councils would be able to avoid abuse of the system and ensure fairness.
- Several people felt that this model would support more people to stay in their own homes, which was a strong advantage.
- Several people questioned the figures used in the example in the context of the current housing market. Some people felt that the relevance of the “floor” figure was dependent on house prices i.e. £100,000 would buy a property in some areas but would scarcely cover the deposit in others.
- Some people were concerned about how this approach would be funded and if there would be enough money for local Councils to ensure effective delivery.

Free personal care:

- There was general support for the concept of free personal care. People felt that benefits would include:
 - a. Freeing up carers to be more economically active
 - b. Enabling carers to fulfil their family lives
 - c. Reducing costs downstream by keeping people well for longer and in their own home
 - d. Better quality of life for the people cared for
 - e. Reduced risks of abuse.
- Some people felt that care and support should not be entirely free for everyone and that there should be some form of means testing of assets linked to contributions, e.g. value of home.
- Other people felt that it was in the interest of the Council to offer free personal care if it helped to support more people to live independently in their own homes.
- Several people noted the differences in England, Scotland and Wales.
- Given the financial climate and rising demand, people strongly felt that providing free personal care at the point of delivery was unrealistic.



2.3 How should we pay for these changes?

Attendees discussed the examples of possible funding options as illustrated on page 58 of the LGA Social Care Green Paper.

Which, if any, of these options would you favour to fund the proposed changes to adult social care?

Means-testing universal benefits:

- There was no overall consensus on this option. While means testing of universal benefits was seen as fair by some, people remained unconvinced that it was a cost-effective option. Some people questioned the cost of administering means testing.
- Some people felt that means testing these kinds of benefits might leave some people struggling financially and at risk of additional stress.
- Several people mentioned that freedom passes could be means tested.
- Raising the age for universal benefits or linking to specific benefits was suggested as a cheaper alternative.

Social Care Premium:

- Some people felt that a premium was just another tax, which seemed unnecessary when other options such as an increase in national insurance were on the table. People also felt that it seems difficult and expensive to set up a new tax and unclear how it would work.
- Other people seemed to prefer the idea of a social insurance model to a premium paid by individuals and employers.
- Several people were concerned about fairness, such as affordability for over 40s who are likely to have child care costs and other challenges.
- People didn't want to be paying a premium for someone else's care but if it was linked to a personalised pot, people were reasonably content with this.

1% on income tax:

- People felt that income tax should be one of the options considered as it can raise sufficient funds to fill the funding gap.



- There was general agreement that increasing income tax was a worthwhile solution as long as it raises enough money to improve standards across adult social care.
- One table discussed the option of increasing income tax by 0.5%, which has been suggested by other sources. While this would not raise as much funding, it was seen as a good option to consider.

1% on national insurance:

- Most people saw the maximum figure achievable as an attractive option as it would fill the funding gap and ensure Councils are able to meet rising demand. People felt there were several benefits to raising national insurance contributions:
 - a. It raises enough money to make a real impact on social care.
 - b. The mechanism for taxation already exists and so would create relatively little confusion or cost of administration.
 - c. It can be equitable across all ages if NI is extended post 65. This would ensure older people who receive care are part of the funding solution and working age people are not paying for the care of older populations alone.
- Other people felt that an increase of national insurance was a tax on the poor and that taxing people over 65 years of age who are most likely to need services was unfair.
- Some people felt that increasing existing taxes would be favourable to introducing new taxation.
- Most people said they would only support this option if there was a guarantee that additional funds raised would be ring-fenced for social care.

1% increase to council tax:

- There was general agreement that this option does not raise enough money to meet the current funding gap. However, people felt that it could be part of a combination of funding streams.
- Several people raised concerns about local differences in council tax rates and how it would be managed, some likened it to a “postcode lottery”.



- Some people were concerned about people's ability to pay more council tax, who are asset rich but cash poor.

Charging for accommodation costs:

- There was general agreement that this would feel morally wrong as it would affect people with some of the highest level and long-term needs.
- Some people felt that means testing is fair as it ensures that those who can afford to pay do so. However, people would only agree to means testing if there were material net gains.

Do you have any other suggestion as to how adult social care could be funded?

- Several people felt that rather than increasing tax rates, the government should find different ways to tax the largest organisations and deal with those seemingly avoiding paying tax in the UK, such as Amazon. Some people suggested introducing a so-called "Robin Hood" tax or a tax at point of sale.
- Making it easier to adapt existing homes and requiring accessibility standards in all new homes would help people to stay in their own homes for longer.
- Several people felt that there are significant inefficiencies across the system and health services in particular, which offer an opportunity for decreasing bureaucracy and administrative costs.
- Several people commented that the government should look at how other countries are funding social care.

Do you have any other suggestions for how adult social care and support could be improved in your area?

- Several people mentioned the importance of effectively supporting family carers and ensuring they take up the offer of having an assessment in their own right.
- Several people felt that transitions between Children's and Adults' services could be improved to ensure greater clarity and continuity of care.



- Several people felt that it was important the general public took more responsibility for their own health and lifestyles to prevent issues later on in life.
- Some people noted the importance of supporting people with common mental health problems and improving access to mental health services and self-care options.
- One table discussed how the local voluntary sector could potentially play a bigger role in supporting people.
- Some people felt that the Council should be more honest about the available funding as well as gaps in services and that further local discussion would be helpful.



3. Event feedback

3.1 Demographic profile of attendees

Gender

| | |
|--------|-----|
| Male | 16% |
| Female | 84% |

Age

| | |
|-------|-----|
| 25-49 | 22% |
| 50-64 | 30% |
| 65-79 | 30% |
| 80+ | 19% |

Ethnicity

| | |
|-----------------|-----|
| British | 84% |
| Indian | 5% |
| Irish | 3% |
| Other white | 5% |
| White and Asian | 3% |

Sexual orientation

| | |
|--------------|-----|
| Heterosexual | 73% |
| Bisexual | 3% |
| Other | 3% |
| Not known | 22% |



Do you hold religious beliefs?

| | |
|-----------|-----|
| Yes | 46% |
| No | 38% |
| Not known | 16% |

Do you consider yourself to have a disability?

| | |
|-----------|-----|
| Yes | 24% |
| No | 73% |
| Not known | 3% |

Are you currently in employment?

| | |
|---------------|-----|
| Full time | 27% |
| Part time | 5% |
| Self-employed | 5% |
| Unemployed | 8% |
| Retired | 38% |
| Other | 11% |
| Not knowns | 5% |

Are you a...

| | |
|----------------------------|-----|
| Service User | 5% |
| Carer | 24% |
| Member of the Public | 35% |
| Councillor | 5% |
| Social Care Professional | 3% |
| Representing another group | 16% |

