

Call for Evidence: Commission of Care and Support

Response by Southampton Centre for Independent Living

Introduction

Southampton Centre for Independent Living is an organisation, founded in 1984, run and controlled by Disabled People which provides advice, information and support to Disabled People wishing to live independently.

For over 15 years, we have provided support to Disabled People using Direct Payments and have been heavily involved in both nationally and locally to transform to a more personalised adult social care system.

We welcome the call for evidence around this subject and appreciate the challenge being undertaken.

We believe that when considering how 'Care and Support' is funded in the future, it is important to view this in the context of equality and human rights.

For many Disabled people and Older people, the care and support they receive is fundamental to their ability to live within the community and be an active citizen.

Whilst demographic changes are important, we would urge the commission to ensure their recommendations do not merely focus on funding of care and support of older people, but reflect the needs of working age people and children who have support needs.

Many attempts to discuss this issue previously have portrayed older people and Disabled people as a 'drain' on society without recognising the valuable contribution they make to society, both economically and socially.

Personalisation

We believe that care and support structures must promote the move towards personalisation and schemes such as Personal Budgets and the Independent Living Fund already demonstrate that high quality care and support can be delivered in a very cost effective manner. Financial resources can then go directly to people needing care and support rather than being eaten up by maintaining buildings and facilities (e.g.

day centres, institutional care). This also means that funding requirements can be easily altered and flexible to meet the ever changing needs of the population.

Any funding system must ensure national consistency, so that care and support is maintained evenly across the country and so that one area of the country is not disadvantaged financially purely because it has a particular demographic profile.

Central funding of care and support needs also would assist Disabled people, who currently experience major barriers when trying to move from one area of the country to another, due to concern that provision of care and support will be different, either due to resources or differing eligibility criteria.

Social Care and Health Care

As previously stated, we believe 'care and support' is an essential human right and therefore should be paid by central taxation.

It creates massive barriers and confusion for social care to be funded in a totally different way to health care. The distinction between social care and health care are increasingly blurred and resources are often wasted due to a lack of these systems working together. This is of particular concern to Disabled People eligible for continuing health care, who often experience major difficulties as funding responsibilities shift between the two structures.

We would therefore like to see a funding system that works across health and social care. Free at the point of delivery is an important principle and should be reinforced. Funding could be provided by an extension of the National Insurance regime, although obviously this would place the burden mainly on working adults. To avoid this, we believe that an extension to inheritance tax may ensure the burden is spread across society and would mean that people would contribute towards their care and support following their death. This has got to be preferable to people being forced into poverty during their lifetime and would allay a lot of stress and anxiety that Disabled people and Older people feel due to worrying about how their care and support will be paid for in their later years.

Insurance

The commission is obviously considering 'insurance' type models around care and support. We do not have the expertise to comment in

detail on these models however we would like to make two points regarding this.

Firstly, Disabled people have often experienced discrimination with regards to insurance e.g. refusal of life insurance, higher premiums for travel insurance. This would suggest that if insurance was going to be the main source of funding the care and support system, it would have a major discriminative effect on people who experience ill health at birth or in their younger years who would then be refused adequate cover. There would then need to be a 'safety net' provided by the state which inevitably would lead to a two tier system and inequality.

Secondly, we are concerned that there would need to be tight regulation of any insurance products to ensure people are fully aware of what they are paying into and that is suitable for their needs. We would be concerned that insurance companies, particular in a new industry, would be interested more in profits rather than in providing customers with the most appropriate product to meet their needs.

Streamlining Funding and Assessment

Disabled people and Older people face a myriad of different funding streams with individual assessments for each. This not only causes confusion for the users but wastes precious resources in the duplication in assessments, reports, cross referencing. SCIL has been involved in the Common Assessment Framework for Adults funded by the Department of Health which is working on combining assessments and information sharing.

We also believe that the 'Right to Control' model that is being piloted in different areas of the country, may provide evidence on how different funding streams could be aligned to provide more flexibility for individuals but also ensure efficiencies in resources.

Conclusion

SCIL hopes this Commission will offer a viable way forward for funding future care and support that is not only sustainable but recognises all citizens' human right to receive personalised care and support to enable them to have active lives in society. Citizens who require care and support should not be forced into poverty due to their needs. Arbitrary barriers between health and social care should be removed and the

funding regime should ensure that both social and geographical mobility is facilitated. Funding should come from central government so that all citizens contribute to the system rather than the burden being placed mainly on the citizens, through no fault of their own, require this care and support.

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