

# Healthwatch Richmond Care Act Consultation June-August 2014



# Acknowledgements

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# Summary

Healthwatch Richmond conducted a multi-channel programme of community engagement to support the local council in responding to the Care Act consultation. We focussed on three sections of the Act; prevention, finance and eligibility. The results of our engagement are summarised in this report.

## Prevention

Participants highlighted the need for more support services for carers and service users. There was a call for improving and increasing access to services for social interaction and recreational activities to encourage the community to remain fit and healthy.

When asked about accessing information, participants identified the need for one point of contact to simplify the process. Most labelled their GP as the most important individual to go to for information. It also became clear that the local authority should make better use of networks of organisations, and that there was a need for better integration between services, carers and service users.

## Finance

Responses to question on renting out the home to cover the cost of care were mixed. Many participants said they would not want to rent their homes; others expressed the need for logistical support, good communication from the council and good management of the process.

## Eligibility

A separate survey on eligibility showed a high level of uncertainty about the eligibility criteria. Concerns were raised over a perceived lack of personalisation and flexibility affecting the ability to maintain the existing level of access to care.

The importance of personalisation was consistently repeated. Individuals want one point of contact, one social worker and information from the GP. Also repeated regularly was the need for the local authority to improve their relationship with the community through open, transparent and clear communication and to work in partnership with the NHS, carers and service users to coordinate care in a meaningful way.

# Introduction

Healthwatch Richmond is at the heart of the local community. As the independent local consumer champion for health and social care, we play a key part in enabling people to become active residents. We effectively engage and involve individuals, organisations, professionals and the wider public to facilitate genuine improvements in health and social care services in Richmond. Healthwatch Richmond ensures people are aware of the health and social care services available to them and how they can get the best out of these services.

The London Borough of Richmond upon Thames presented us with an opportunity to support them with their engagement around the Care Act Consultation.

We implemented a multi-channel engagement programme focussed on the Care Act working with key public stakeholders. The implementation period began on the 24th of July 2014 and ended on 12th of August 2014.

This response is based on the findings gathered from all the work we have done during this period.

# What we did

A number of methods were used to gather responses. Two online self-completion surveys on prevention and finance, and eligibility were conducted. We also provided the opportunity for the public to complete a free postal response survey. We received 64 responses to the surveys. A newsletter was produced explaining the Care Act in detail and was sent to the Healthwatch Richmond mailing list of 650 people.

Additionally, we contacted and sent information to 26 organisations and sent posters and flyers to libraries and pharmacies and provided posters to be placed in the community notice boards. We also placed an advert for the event in the Richmond and Twickenham Times.

We conducted 8 outreach sessions which involved around 150 participants in open-ended discussions about the Care Act. We also conducted a public event which engaged 65 individuals in a more in-depth explanation and discussion of aspects of the Care Act. Groups targeted through our outreach and engagement work included: carers, people over 65, service users, individuals with mental health needs and professionals.



# What we found

We asked the following questions to participants during the consultation period, June-August 2014. The findings below are summarised from 8 outreach sessions across the Richmond borough, the Healthwatch Richmond Care Act event and through answers from the two paper and online surveys accessed through [www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk).

## Prevention

**Q1A. What could help prevent, delay or reduce the development of care and support needs and enable people to remain in their own home or continue caring for as long as possible?**

This question was intended to provide clarity to the local authority about the range of preventative interventions, the kinds of people who may benefit and the circumstances in which a person may benefit.

The need for more support services for carers and service users was heavily emphasised. Community support was identified as a key support mechanism that needed to be increased in the borough.

This included:

- More and enhanced support services; some carers found looking after their homes in addition to full-time caring was too much for them. *“We need to be properly assessed, given the correct service for example, physiotherapy, meals on wheels, befriending, and help with housework.”*
- Increased support for accessing regular social interaction
- Better transport facilities like free bus passes
- Day care centres
- Encouragement to use leisure and recreation facilities
- Better quality, longer visits from paid carers
- Better monitoring of domiciliary care providers
- More accessible peer support networks

In addition, informal groups, networks and services which currently exist to support carers and service users were identified as needing extra help from the local authority in order to improve and continue their work.

A large number of comments from participants highlighted the importance of GPs in the overall structure of care in the community. They were identified as having the potential to predict care needs and to provide a ‘social prescription’ for activities to enhance prevention. It was also agreed that GPs need to provide better information and signposting about community activities and organisations.

Additionally, participants requested better integration between care services and the NHS and improved hospital discharge plans. Advocacy was also highlighted as an important service to have available, so individuals can access support and advice around their rights. The importance of personalisation was also drawn out of the responses to our engagement. Individuals want a single point of contact, one social worker, and information from their GP.

### **Carers**

Our engagement included a question focussed on carers. As the Care Act gives the same rights to carers as service users, it was important to ask what kind of additional services would benefit carers in the community.

### **If you are a carer, what services would help you to improve your wellbeing, remain healthy and able to continue caring?**

The majority of responses highlighted the need to be able to pursue personal interests, socialise and maintain active contact with support and peer groups. Having an opportunity to learn new skills was also identified as potentially contributing to their wellbeing.

Additionally the following services were suggested:

- Support for the mental wellbeing of carers
- More respite care services
- Carers need support and information and encouragement in keeping fit and healthy
- More accessible peer support networks



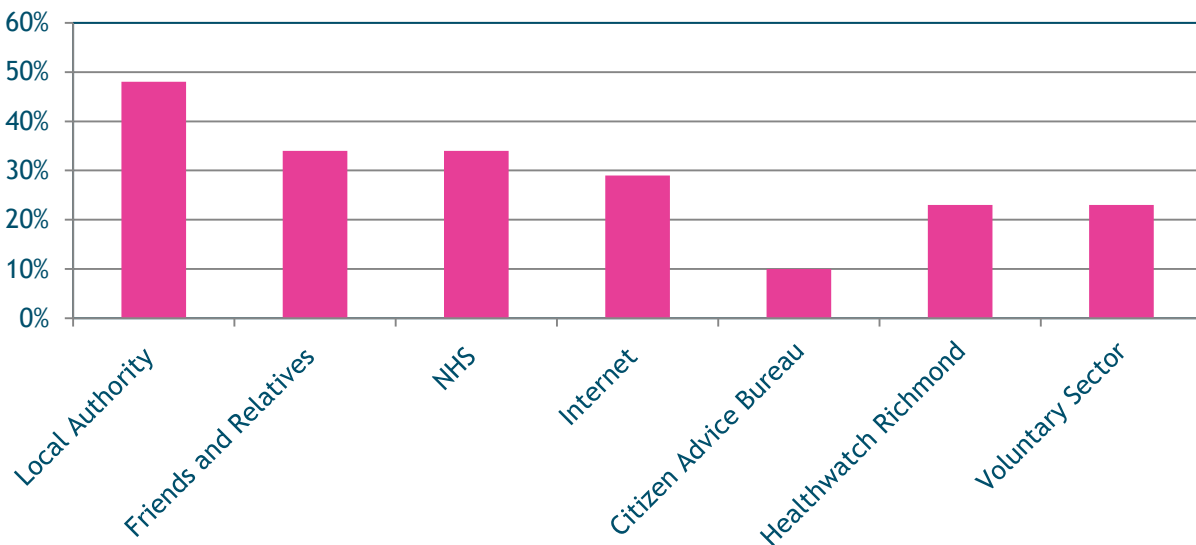
## Information and advice

Views were invited about how local authorities should co-ordinate and target information to those who have specific health and care support needs.

### Q1B. When you need information about services, where would you go for this?

A clear message from the outreach sessions was that the main sources of information on services were; GPs, libraries, social services, family, friends, Age UK, Citizens Advice Bureau and the local authority. For many participants, the internet was a less favoured method of gaining information.

The data presented below from our survey shows the spread of information sources.



Accurate information and advice was highlighted as crucial to ensuring people remained active parts of the community for as long as possible. The data showed that the community, despite looking for information through health and social care professionals, felt that these individuals needed training to improve their signposting skills and their understanding of the social care system.

Therefore, the overarching request was for more information about the services to be made available through efficient signposting, and access to information through professionals, such as GPs or nurses as well as the Council. In order to provide these services, participants highlighted the need for staff training for signposting and advice, particularly among Council staff and GPs.

Further suggestions included;

- A list of help/advice centres, so that the public are not just directed to a web site, which many people cannot access. Information should be tailored to each age group - not everything should be internet based.
- There should be a well-advertised 'one-stop-shop' with all the relevant knowledge. This should be advertised on the websites of the different GP practices- cooperation from GPs is needed.
- *"Children's services share information well -once you're in the system you get all the information that you need. Adult services should learn from this."*
- Information needs to be provided where people are when they first need it - this could be in hospital, in the GP practice, in A&E. *"We can use the internet to find anything we want but in a crisis we're in hospital by our mum's bedside and not looking online"*.
- *"We want to talk to a human being! We don't want recorded messages, or to 'Leave details' and have someone 'get back to you' - they don't."*

## Finance

The financial questions covered Care Accounts and Deferred Payment Agreements.

**Q2A: Do you think a member of the general public, if they needed social care and had enough money to pay for it, would approach the council for a care account?**

We provided the following information:

*From April 2016, the Government will place a cap on the amount a person will have to pay towards care and support in their lifetime, set at £72,000. Progress towards the cap would be monitored through a care account, for which you would need to approach the council for an assessment and support plan.*

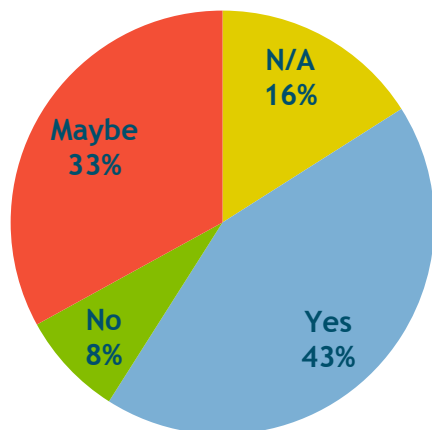
It was felt by several participants that, at this stage, there is not enough information or understanding about how this would work to give a definitive answer. The answers were therefore mixed.

It became clear that in order to fully understand the purpose of the care account, there needs to be good publicity and clear, simple, effective communication. After an explanation of the care account, most participants agreed there was a benefit to having one but they needed to have it explained clearly. Again, the request was made for this information to come from the GPs and by those who interact with those who are approaching a point where they need care, for example on hospital wards.

Beyond the need for communication, there was a clear call for the council to build trust. Many participants would not trust the council to manage their finances and felt that these accounts should be administered by more trustworthy bodies.

The chart below shows the survey responses to the question:

**‘If you needed social care and had enough money to pay for it (i.e. over £23,250 in savings, moving up to £27,000 in April 2016) would you approach the council for a care account?’**



### **Q2B. How could the council ensure assessments are as straightforward as possible for people with care and support needs?**

Respondents favoured an approach where the assessments were standardised and transparent, with clear timescales and guidelines to the stages of the process provided. Suggestions were also made around taking a personalised approach; avoiding legal jargon and ensuring the assessment was sensitive and flexible to various conditions. Additionally, assessments should be made short, simple and personalised with easy-to-understand forms using plain English, relevant questions and good administration.

Many respondents emphasised the need for medical and social care integration in the assessment process *“Having several avenues where you have to go to different places and have different people fill in forms is undesirable - it can take GPs ¾ of an hour to fill in one person's form. This is a waste of their time!”* Participants also felt that advocacy and legal support should be offered to help individuals through the process.

Standardising the assessment was requested to ensure every person going through the assessment has the same experience. Currently this can be heavily dependent on the social worker that carries it out. Training for staff carrying out the assessment was seen as a way of ensuring the assessment was a straightforward process.

## Deferred Payments

In order to answer the question, respondents were given the following information:

*Deferred payment agreements are designed to prevent people from being forced to sell their homes during their lifetime to meet the cost of their care.*

*If you moved into a residential care home, and have savings of less than £23,250 (excluding the value of your own home), you would be able to get a loan against your property from the council instead of selling your home.*

**Q3A: The council wants to avoid having lots of empty homes in the borough and encourage people to rent their home whilst in residential care. If you were in this situation, would you see this as an option?**

There were mixed responses from the community around whether renting their home was a viable option. Some felt that it would cause more problems, others thought that it was a socially conscious idea but seemed impractical. Most participants felt, to some degree, that the practical logistics needed to be carefully thought through. Many had anxiety around the terms and conditions attached to renting out a property to pay towards care.

There were also significant concerns around the practical logistics of renting as part of the Deferred Payment Agreement (DPA). Questions were raised over who is responsible and in charge of the overall management of the property, tenancy and what happens afterwards. One of the most significant barriers was the concern about becoming a landlord. Participants also wanted to know what happens when the person who owns the property passes away, and whether they can still leave the property to their children as inheritance. Other barriers faced included a fear of intrusion into the personal life, being put under surveillance, bureaucracy and storage of possessions. Concerns were also raised about whether this would devalue the property and what happens if the money runs out.

A few respondents would prefer an estate agency to manage their house, whereas others would prefer the Council. Other suggestions for property management included the housing association, local churches, and a not-for-profit organisation. Some respondents wanted reassurance that their home was going to be cared for, and others felt that renting would be a last resort. A few individuals would be more inclined to rent out their home if they received the right care, others would only rent it as social housing if it was well looked after. Finally, some would rather sell their home than rent, viewing that as an easier option, and others were concerned about

eventually being forced to sell their home as they were worried about this scheme not covering the costs of their care.

The responses to this question in our survey showed that 55% of people were resistant to the idea of letting their property.

### **Q3B: What would encourage you to rent out your home?**

There was a general feeling that attractive incentives should be offered. These should include cheaper care and the council covering the costs of checking the home to encourage people to let it. Many raised questions about the benefits of letting out the property through the council rather than a private letting company.

To be incentivised into renting out their homes, what participants requested most strongly was the need for good communication from the Local authority to understand the process and the benefits of renting out their home. This should include what happens to the home, whether it will be secure and whether it will be returned. Other incentives should cover a good set of terms and conditions, like a private letting, as well as assistance in packing up and moving. There was a clear need for advocacy and support services around renting through DPA. Logistical support through a regulated and trusted management service with good administration was also an important consideration for many when asked.

An additional question asked in the survey was

**Do you think that people moving into extra care housing should have the same option to avoid selling their home within their lifetime?**

60% of respondents answered 'Yes', 28% of respondents were unsure and 12% felt that this should not be an option for those moving into extra care housing.

## Eligibility

Healthwatch Richmond conducted a separate survey about the eligibility criteria to understand residents' views about the changes. The survey was available on the Healthwatch Richmond website for the duration of the consultation. Additionally we included the survey in the information sent to those on our mailing lists. We also conducted one outreach session with service users and carers to promote the survey. The response rate was low, due to the majority of our communications focusing on the Finance and Prevention survey. 6 people completed the questionnaire online. The answers submitted show a high level of uncertainty about how the Care Act will affect eligibility for care.

**Do you think that the eligibility criteria as set by the draft Care Act will allow service users to maintain the existing level of access to care and support in the Borough of Richmond?**

Respondents suggested that a lack of personalisation and flexibility, as well as the quality of paid care, would mean that the Care Act will not maintain the existing level of access to care.

**In your opinion, which services users will be mostly affected by the new eligibility threshold and how? If you are a service user do you think that the new criteria will impact on your eligibility to access the same services?**

Most of the comments received refer to respondents' personal circumstances. The answers show a lack of understanding on how the Care Act will affect personal outcomes and how it will impact on residents' eligibility. The assessment process and how it will be carried out is considered as fundamental to guarantee access to services.

**Are there any changes that you would like to see to these eligibility criteria? If yes, what?**

Respondents would welcome changes that would give higher priority to person's needs over budget concerns.

**The draft Care Act allows Richmond Council some discretion over how it is implemented. How could the council use the flexibility allowed to ensure that they maintain the same level of access?**

Responses highlighted the need to make provision for adequate funding as well to guarantee a high quality level of care which is simple and accessible to the more vulnerable members of the community.

## What Next?

The responses gathered and the data presented in this report were sent to Richmond Council as part of their Care Act Consultation. The data will be used to shape the way that the Care Act is implemented in Richmond. Alongside the Council, Healthwatch Richmond also fed this data into the Government's consultation to ensure that the community's views will be heard on a national level.

## Further information

If you have any comments about the content of this report, would like to know more about Healthwatch Richmond or get involved with our other work please contact [info@healthwatchrichmond.co.uk](mailto:info@healthwatchrichmond.co.uk) or call 020 3178 8784.



## Appendix 1: Healthwatch Care Act consultation Event

### Participant Satisfaction Responses

We held a Care Act Consultation event on the 31st July 2014. At the end we asked attendees to fill out a survey to measure their experience of the event and help Healthwatch Richmond plan for future events. We asked questions on how well they rated the event and what areas could have been improved.

Participants were asked questions, two of which invited participants to make comments specific to what Healthwatch Richmond could improve, and any concerns that they have about health and social care locally. The questions that we asked attendees are as follows:

1. How would you rate this event?
2. How did this event compare with your expectations?
3. Had you heard about Healthwatch Richmond before the event?
4. Is this the first Healthwatch Richmond event you have attended?

Of the 65 attendees, 28 participants filled out the survey giving a 43% response rate. This part of the report focuses on the results to the questions asked in the satisfaction survey. The results are shown below.

#### **1. How would you rate this event?**

For question 1, participants were asked to rate different aspects of the event from very good to poor in order to find out how successful the event was. They included the following:

- 1a. Information received before the event
- 1b. Speakers and group leaders
- 1c. Printed hand outs
- 1d. Content of the programme
- 1e. Venue and catering

1a summarises the results of what participants thought about the information they received before the event. It shows that the majority of attendees (14 out of 28 - 50%) said that the event was 'good' followed by 4 out of 28 attendees (14%) who rated the event as 'very good'. One participant did not respond to this question.

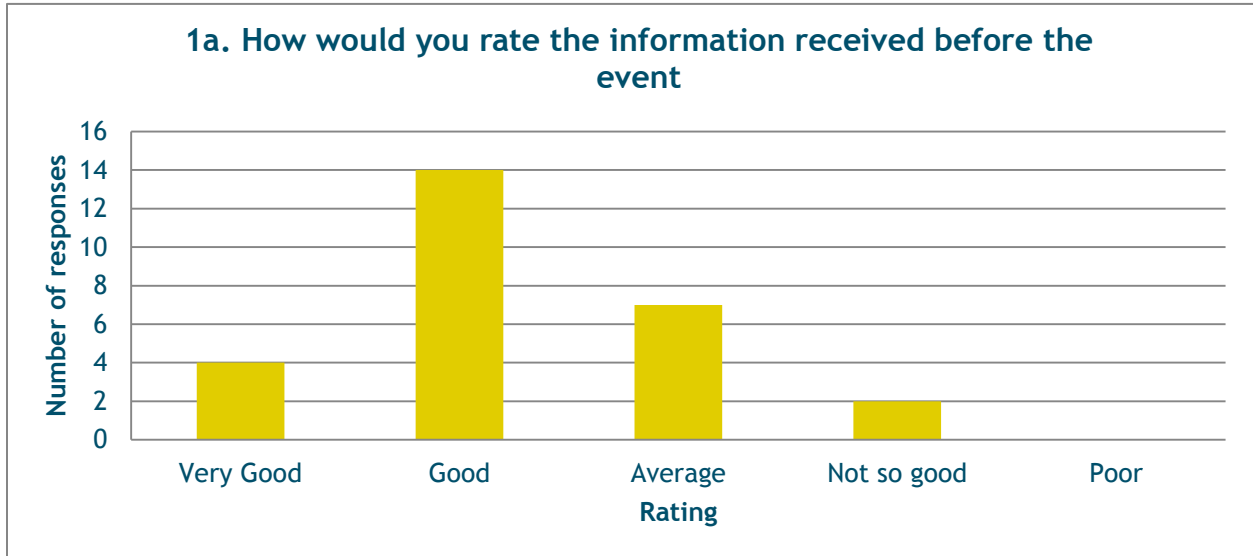


Figure 1b. summarises what participants thought about the speakers and group leaders at the event. It shows that the majority of attendees (15 out of 28 - 53%) thought that the speakers and group leaders were 'good', followed by 12 out of 28 participants (43%) who thought that they were 'very good'. One participant did not respond.

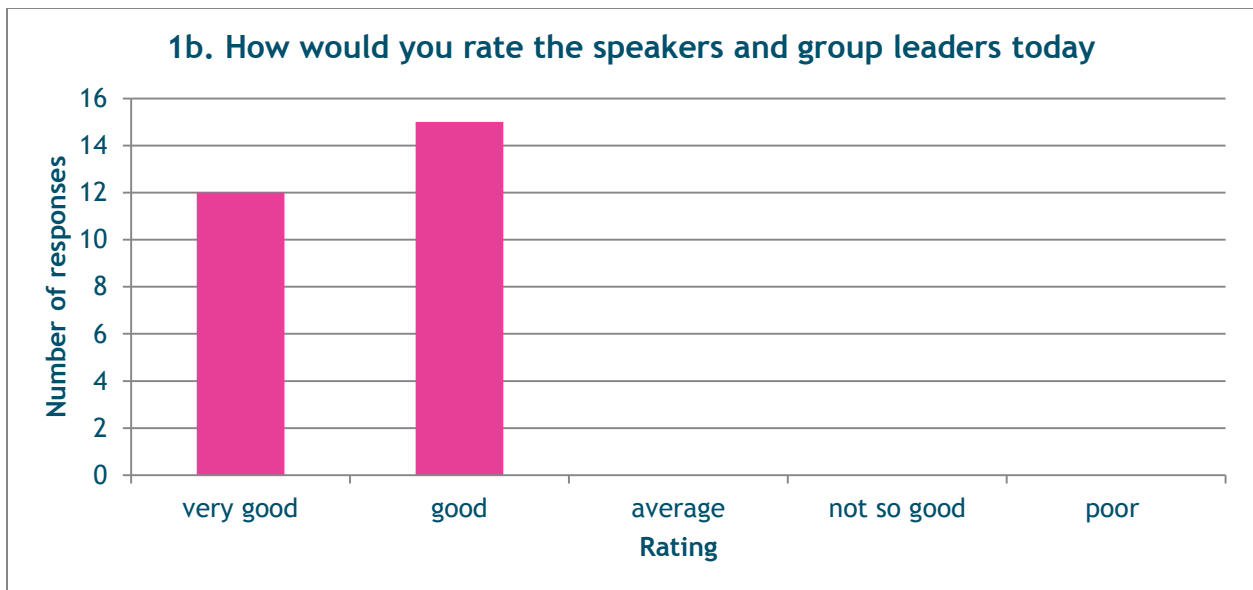


Figure 1c summarises how participants rated the printed materials at the event. It shows that the majority (13 out of 28 participants- 46%) thought that the printouts were 'good' and 'very good' whereas 7 (25%) thought that they were 'not so good' or 'poor'. 4 (14%) rated the materials as 'average' and 4 (14%) did not respond.

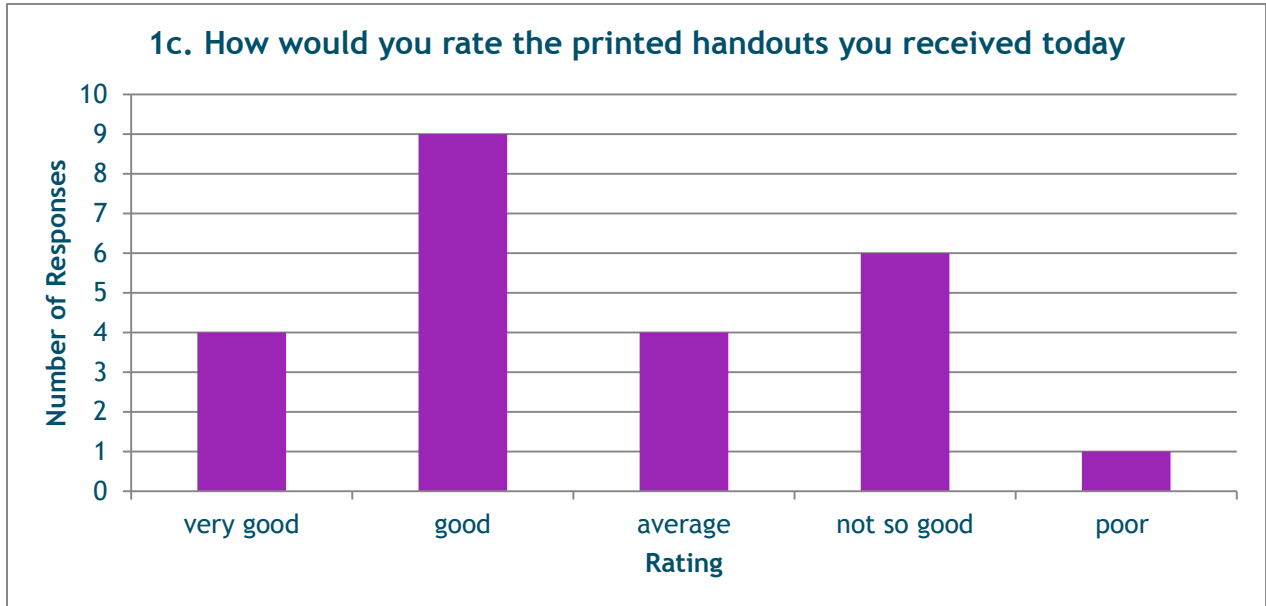


Figure 1d shows how participants rated the contents of the event. 13 (46%) thought that it was very good, 8 (28%) thought that it was good and 6 (21%) rated it as average. One did not respond.

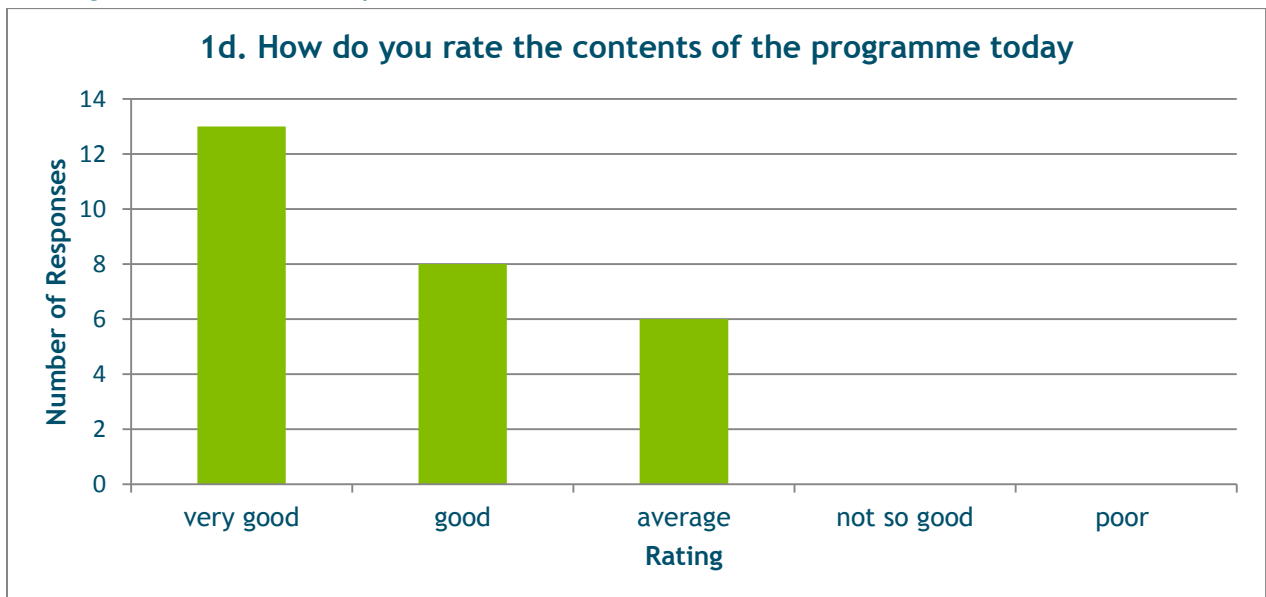
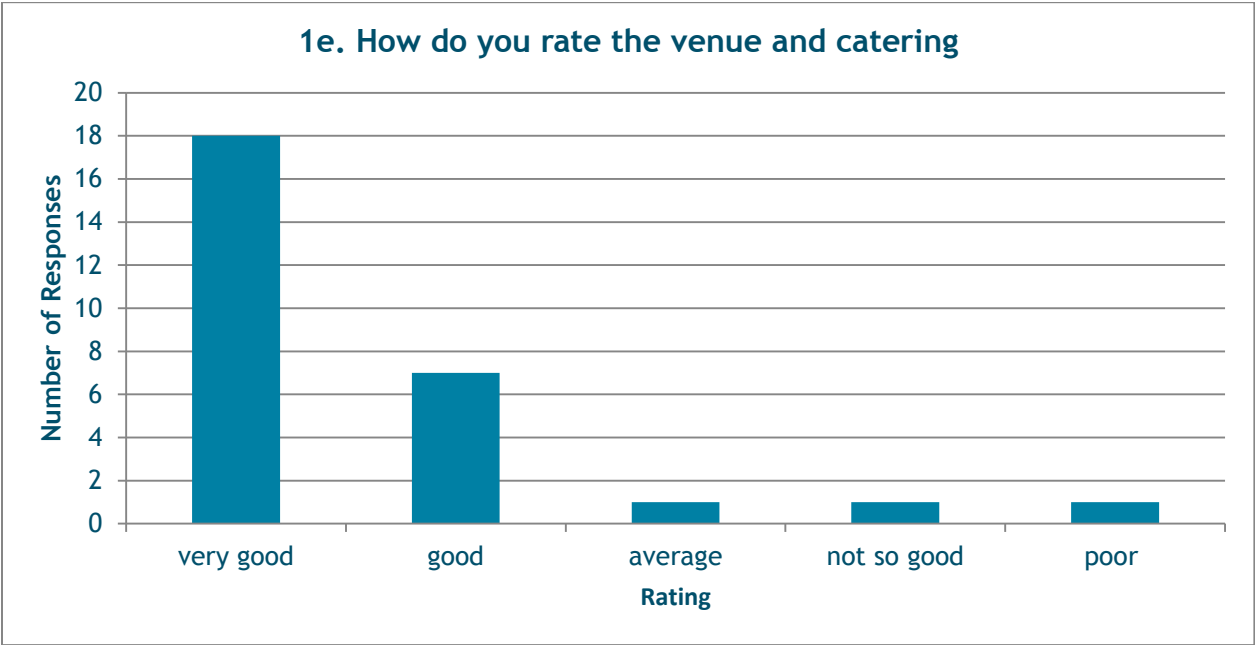


Figure 1e shows how participants rated the venue and catering. 64% (18 out of 28) rated it as 'very good', 25% (7 out of 28) rated it as 'good' and 10% (3) rated it as 'average' 'not so good' or 'poor'.



**2. How did this event compare with your expectations?**

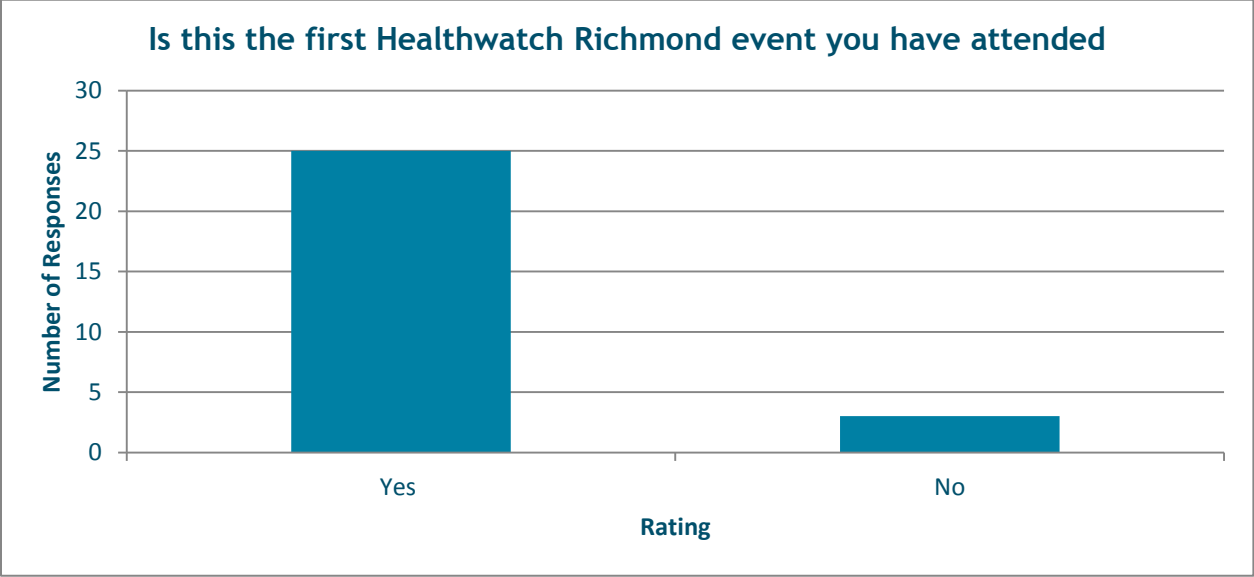
The graph below shows the percentage of responses to question 2 'How did this event compare with your expectations?' The results to this question are positive. It shows that 16 (57%) of attendees said that the event was 'as expected' and 10 (35%) said that it was 'better than expected', compared to 1 (3%) who said that it was

'disappointing'. One person did not respond.



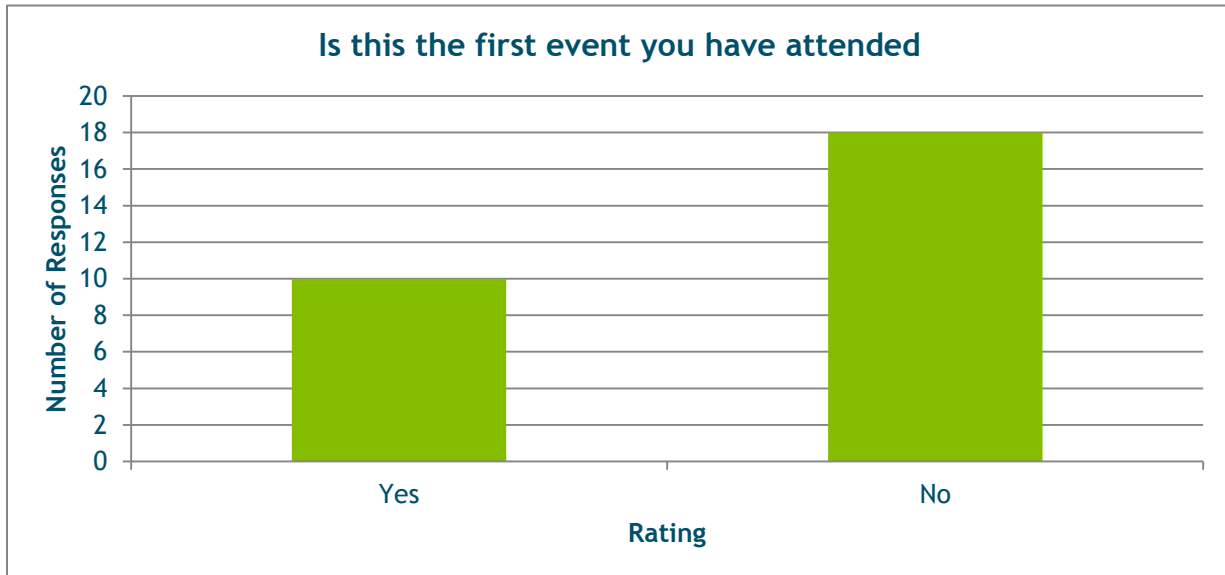
**3. Had you heard about Healthwatch Richmond before the event?**

Analysis of the results to this question shows that of the 28 attendees who completed the survey, 25 (89%) reported that they had heard about Healthwatch Richmond before the event compared to 1 (3%) who said that they had not heard about Healthwatch Richmond before the event. A summary of the results are presented below.



#### 4. Is this the first Healthwatch Richmond Event you have attended?

Answers to this question show that only 10 (35%) of the respondents had been to a Healthwatch event before, whereas 18 (64%) had. The results are shown below.



Participants also made some suggestions for ways that we could have improved the event.

Suggestions included:

*“It would have been much better if we had had printed copies of the power-point presentation”*

*“It would be a good idea to let people know that catering will be provided before the event”.*

All comments have been gratefully received will be put into consideration for us to improve on aspects that need more attention for future events.

Overall, all participants who attend the event described it as informative and that the information provided and the discussions were useful.

## Appendix 2: Care Act Event Facilitation Question Route

*Whether you are a user of social care, a carer or a member of the public who might use social care in the future, the Care Act is the biggest change to social care in 60 years.*

*At this stage the Care Act is in draft form, and this is the consultation period for the draft. Your feedback is essential to improve it.*

*Richmond Council have said that they want to know how they can best implement the requirements of the Care Act to benefit Richmond residents. Your voice is important and will feed into the national as well as local consultation.*

### Introductions

“Please give your name and say which of the following best describes you or the people you represent?”

Carer

Care user

Member of the public

Health or social care professional”

### Question 1: Prevention

Prevention is one aspect the Care Act focusses on. Services will be provided to help residents prevent, delay or reduce the development of needs for care and support. Such services will also consider the needs of carers and support them to continue caring.

***1a) What could help to prevent, delay or reduce the development of care and support needs and enable people to remain in their own home or continue caring - for as long as possible?***

Be aware that this includes both carers and users - listen for answers relevant to both.

***1b) When you need information about services, where would you go for this? Who would you ask?***

### Question 2: Care Accounts

Currently there is **no limit** on the amount a person will pay towards the cost of their care. From April 2016 no one will have to pay more than a maximum of £72,000 - and many people will not have to pay this much.

In order to benefit from this, residents will be required to register and open a care account with the council before their care costs start to count towards the cap.

***2a) Do you think a member of the general public, if they needed social care and had enough money to pay for it, would approach the council for a care account?***

***2b) How could the council ensure that assessments are as straightforward as possible for people with care and support needs?***

For carers - "thinking about the people you support..."

### **Question 3: Deferred Payment Agreements**

Most people living in a residential care home have to pay something towards the cost of their care.

Under the Care Act people will be able to 'defer' paying the costs of their care by taking a loan from the council against the value of their house to cover the costs of their care. This means that no one will have to sell their home within their lifetime. One result of deferring care costs this way might be an increase in the number of empty homes in the borough.

The council wants to avoid having lots of empty homes in the borough and so would like to support people to rent out their homes instead to cover the cost of their residential care.

***If you were in this situation, would you consider renting your home out to cover the costs of your care?***

***What would encourage you to rent your home?***

Whom would you trust?

Please remind people to fill out our Satisfaction Survey and see the next page to prepare for the plenary session.

### **Feedback & Questions**

At the end of the event facilitators will be invited to come up to the stage and give one key message and ask one question that the council should answer.

You will have no more than 30 seconds each for this so please keep it short!

***If the Council could give one message about implementing the Care Act, what should it be?***

***If you could ask just one question about the Care Act, what would it be?***

We would be very grateful if you could type out your notes and send them to [myvoice@heathwatchrichmond.co.uk](mailto:myvoice@heathwatchrichmond.co.uk) by Tuesday 2th August. If this is not possible please hand your written notes to a member of staff.



## Appendix 3: Analysis of Event Participation

We held a public event on the 31st of July 2014 called 'The Care Act Consultation', 63 people attended the public event.

	Attendee percentage	Attendee Count
Carer	20.6%	13
Member of the Public	36.5%	23
Service User	12.6%	8
Health/Social Care/Voluntary Sector Professional	30.1%	19

29 people completed the Demographic Survey. The questions asked were around whether attendees classified themselves as carers, service users and healthcare professionals. We also looked at ethnic background, gender and age of attendees. This gave us a general overview of how representative the attendees were.

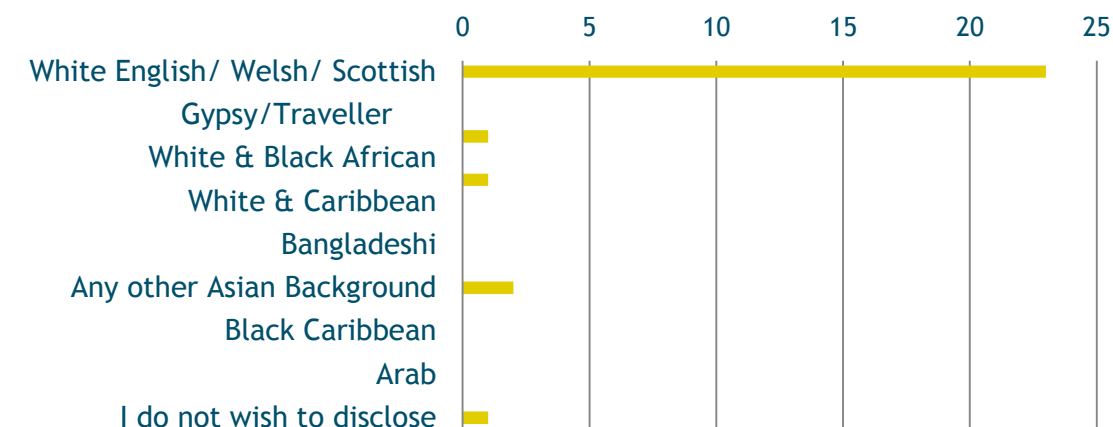
Approximately 197 people participated in a focus group or attended an outreach session.

Outreach sessions and focus groups took place with a number of relatively small groups. As a result of the groups' sizes, we are unable to disclose the demographics without compromising the anonymity of participants. Consequently we recorded whether the participants fell into one of four groups. This is represented in the table below. It should be noted that the informal and public nature of some of these sessions made it difficult to accurately record and as a result the figures below present minimum participants:

Target Group	Session Held	Participants
Carers	5	86
Older People	2	70
Service Users	10	197

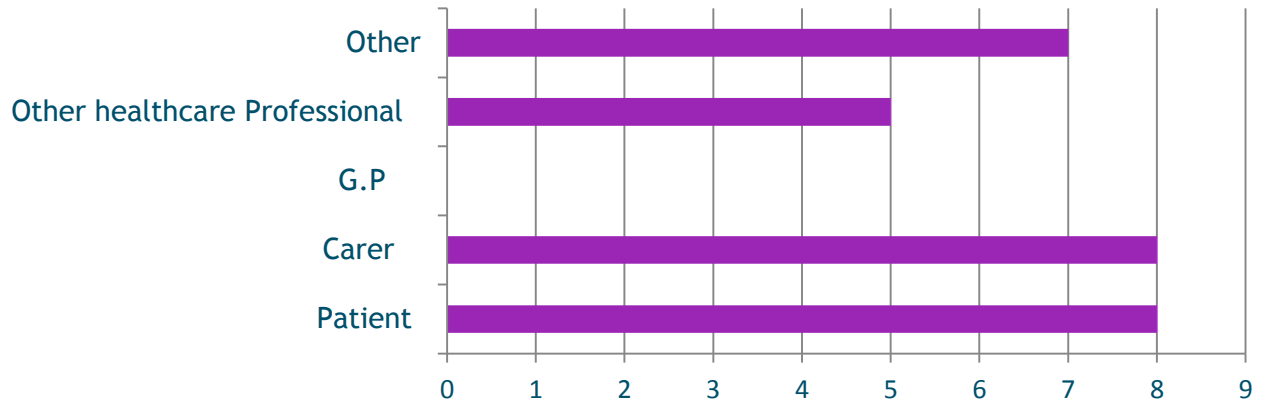
People with Mental Health needs	1	4
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### Ethnic Background of Attendees



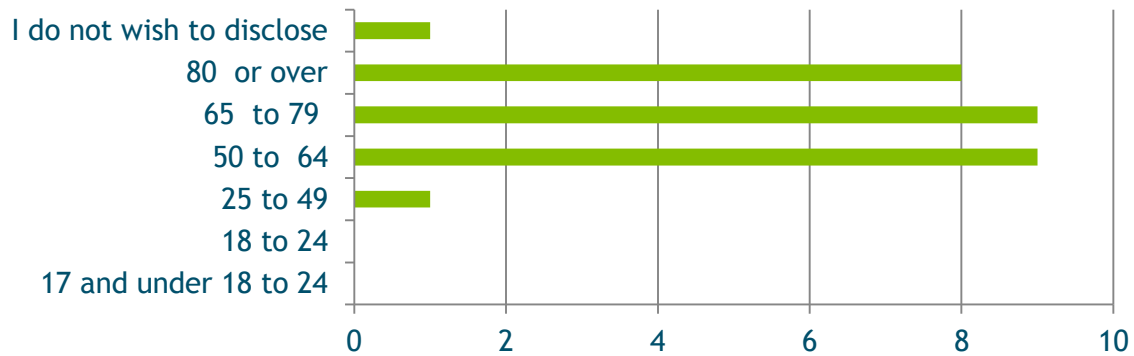
Ethnic Background	Count	Percentage
White English/ Welsh/ Scottish	23	82%
Irish	0	0%
Gypsy/Traveller	0	0%
Any other white background	1	4%
White & Black African	0	0%
White & Asian	1	4%
White & Caribbean	0	0%
Any other Mixed Background	0	0%
Bangladeshi	0	0%
Indian	0	0%
Any other Asian Background	2	7%
Black African	0	0%
Black Caribbean	0	0%
Chinese	0	0%
Arab	0	0%
Any other Ethnic Background	0	0%
I do not wish to disclose	1	4%

## Representation of Attendees



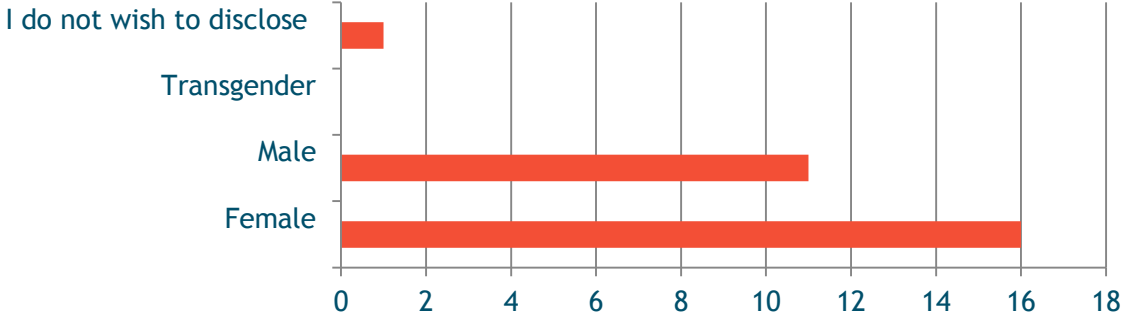
Patient	8	28
Carer	8	28
G.P	0	0
Other healthcare Professional	5	19
Other	7	25

## Age of Attendees



17 and under 18 to 24	0	0
18 to 24	0	0
25 to 49	1	4
50 to 64	9	32
65 to 79	9	32
80 or over	8	29
I do not wish to disclose	1	4

Gender of attendees



Female	16	57%
Male	11	39%
Transgender	0	0%
I do not wish to disclose	1	4%

## Appendix 4: Healthwatch Richmond Surveys

### Care Act Survey: Finance and Prevention

Please complete this form and send it to FREEPOST RTGU-HGEX-BHGR, Healthwatch Richmond, 20 Mortlake High Street, Richmond, SW14 8JN.

Whether you are a user of social care, a carer or likely to use social care in the future, the Care Act is the biggest change in social care in a generation.

The Care Act sets out when the local authority has a responsibility to meet someone's care and support needs. It also says what must happen next to help the person make decisions about how their needs should be met and gives local authorities a new legal responsibility to provide a care and support plan (or a support plan in the case of a carer).

The London Borough of Richmond upon Thames wants to know how they can best implement the Care Act requirements to the benefit of Richmond residents.

By taking our short survey, your views will be used to help shape the implementation of the Care Act in Richmond.

\*Required

What best describes you or the people you represent? \*

- |  |  |
|--|--|
| <input type="checkbox"/> Care User                   | <input type="checkbox"/> Carer                           |
| <input type="checkbox"/> Health or Care Professional | <input type="checkbox"/> Care Provider or Organisation   |
| <input type="checkbox"/> Local authority             | <input type="checkbox"/> Educator or Trainer             |
| <input type="checkbox"/> Researcher/Think Tank       | <input type="checkbox"/> Voluntary/User led organisation |
| <input type="checkbox"/> Other (Please Specify):     | <input type="text"/>                                     |

## Prevention

The Act requires local authorities to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support. The prevention duty extends to all people in a local authority's area, including carers, regardless of whether they have needs for care and support, or whether someone has had a needs or carer's assessment.

A key element of the Act is for the local authority to support the person to make the most of the resources available to them in their community - for instance, local support networks or voluntary services - as well as to build and develop their own strengths and capabilities. This should apply whatever needs the person has.

The Council are interested in knowing what support systems are currently being used and what would be of help in the future to be able to adequately plan prevention services.

- 1) What kind of services and support would help people to remain in their own home for as long as possible before developing a need for social care? \*

- 2) If you needed social care support, where would you go to find information about services? Whom would you ask? \*

- |  |  |
|--|--|
| <input type="checkbox"/> Friends or Relatives    | <input type="checkbox"/> The Internet                                      |
| <input type="checkbox"/> The NHS                 | <input type="checkbox"/> Citizens Advice Bureau                            |
| <input type="checkbox"/> Local authority         | <input type="checkbox"/> Healthwatch Richmond                              |
| <input type="checkbox"/> Other (Please Specify): | <div style="border: 1px solid #92d050; width: 450px; height: 25px;"></div> |

- 3) If you do not use the internet, would you have a friend or family member use it for you to find services?

- Yes                       No                       Maybe

- 4) If you are a carer what services would help you to improve your wellbeing, remain healthy and able to continue caring?

## Deferred Payment Agreements

Deferred payment agreements are designed to prevent people from being forced to sell their home in their lifetime to meet the cost of their care.

If you moved into a residential care home, and have savings of less than £23,250 (excluding the value of your own home), you would be able to get a loan against your property from the council instead of selling your home.

- 5) The council wants to avoid having lots of empty homes in the borough and encourage people to rent their home whilst in residential care. If you were in this situation, would you see this as an option? \*

Yes

No

- 6) What would encourage you to rent your home? \*

- 7) Do you think that people moving into extra care housing should have the same option to avoid selling their home within their lifetime? \*

Extra care housing is sometimes referred to as very sheltered housing or housing with care. It is social or private housing that has been modified to suit people with long-term conditions or disabilities that make living in their own home difficult, but who don't want to move into a residential care home.

Yes

No

Unsure

## Care Accounts

From April 2016, the Government will place a cap on the amount a person will have to pay towards care and support in their lifetime, set at £72,000. Progress towards the cap would be monitored through a care account, for which you would need to approach the council for an assessment and support plan.

- 8) How could the council ensure that assessments are as straightforward as possible for people with care and support needs? \*

- 9) If you needed social care and had enough money to pay for it (i.e. over £23,250 in savings, moving up to £27,000 in April 2016) would you approach the council for a care account? \*

Yes

No

Maybe

N/A

Thank you for completing the survey.  
More information on the Care Act can be found on our website  
[www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk)



## Eligibility Survey

Please complete this form by Friday 6<sup>th</sup> August and send it to FREEPOST RTGU-HGEX-BHGR, Healthwatch Richmond, 20 Mortlake High Street, Richmond, SW14 8JN.

Whether you are a user of social care, a carer now or likely to use social care in the future, the Care Act is the biggest change in social care in a generation.

The Care Act sets out when the local authority has a responsibility to meet someone's care and support needs. It also says what must happen next to help the person make decisions about how their needs should be met and gives local authorities a new legal responsibility to provide a care and support plan (or a support plan in the case of a carer).

The Eligibility Criteria are the way that local authorities will determine who qualifies for social care and so are of key importance to how the Act will affect you. Healthwatch Richmond is looking at how the changes to eligibility criteria are going to affect Richmond residents.

The Eligibility Criteria for **adults who need care and support** and **carers are** at the back of this survey and you may wish to review these before you respond to the survey.

\*Required

Do you think that the eligibility criteria as set by the draft Care Act will allow service users to maintain the existing level of access to care and support in the Borough of Richmond?\*

Yes

No

Maybe

Other (please specify)

If not, please explain your reasons

The draft Care Act allows Richmond Council some discretion over how it is implemented. How could the council use the flexibility allowed to ensure that they maintain the same level of access?\*

In your opinion, which services users will be mostly affected by the new eligibility threshold and how? If you are a service user do you think that the new criteria will impact on your eligibility to access the same services?

Are there any changes that you would like to see to these eligibility criteria? If yes, which?

Thank you for completing the survey.  
More information on the Care Act can be found on our website  
[www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk)

NB. Along with this survey, we also provided lists of the eligibility criteria.