

## **Shaping the Future of Care Together – Green Paper Response by Cllr N R G Clarke**

Sir,

Firstly, thank you for the opportunity for commenting on proposals that address a critical & foreseeable aspect of our society as we collectively age & my goodness parts of the New Forest are some 10 years ahead of national demographic trends.

Secondly, I will comment on your questions to the best of my ability but those asking for comment on delivery are not my forte; I can only deal with general principles.

Question 1:

- A) No, the massive challenge will be to achieve the admirable ambitions of such comprehensive co-ordination involving so many partners. I am not sanguine of success & would favour a strategy of incrementalism & major pilot exercises;
- B) I can offer no comment save that the focus must be the individual, their capability & their engagement with their community & its links with specialized support functions. The solutions must grow upwards based on the satisfaction of certain minimum needs necessary for a person live a 'good life'. A key one is access to all those activities & facilities that go to make up the 'good life' that we take as granted when we are hale & hearty.

That means solutions need to be tailored to person specific locations which will involve generally very different solutions for our urban masses & wide spread rural communities. Deprivation is masked & often desperate in rural communities as access to the attributes of a 'good life' are often inaccessible, expensive, time consuming to deliver & hard to identify.

Question 2:

- A) In principle but see my earlier comment. I would also say that achieving consensus on the implicit questions raised in the question – joined up, choice & high quality, will be very difficult as a monopoly supplier unless the individual is given a ring fenced budget for personal care to make their choice in an open market. The comparison is do I shop at The Co-Op or Waitrose or go to a state grocer?
- B) A mixed market solution is my option involving a blend of DH, Local Authorities, Private Companies & the Voluntary Sector providing a menu of options & services. That said there needs to a robust, vanilla option available for most of the populace as choice of this nature is not something that will come easily to the bulk of the population; see evidence on levels of financial awareness & the consequences, despite decades of good advice, of poor life style choices.
- C) People, politics & organizational inertia. The changes proposed are very far reaching & need a level of political & personal commitment that currently is not present. This field of concern abounds with ignorance & a sad lack of understanding of the fundamentals of how this element of government funding is actually funded on a pay as you go basis, which demographics is imperiling along with most developed & some developing countries.

Question 3:

- A) I prefer reluctantly the third option – Comprehensive - as I fear most people left to their own devices will not either assess their life risks accurately or make sensible provision early enough in their life to make a significant contribution. It has taken legislation to make Car owners have a minimum insurance cover & even then there is an element who do not. The structure & quantum necessary must be crystal clear to avoid the scandals that have dogged the mis-selling of life policies & self certification of mortgages.
  
- B) Local government within a framework set by national government moderated by feedback from open market transactions. In practice there could be quite significant variations due to geography, demography & demand intensities that national yardsticks would find hard to reflect fairly. There would be a role, public or private, for the collection, analysis & forecasting of care cost factors for the information of corporate & private decision makers. An example from my background is the service provided by the RICS Building Cost Information System which over time has expanded to cover capital & revenue costs of most building types across the UK, such that it is the bible for cost comparisons across the sector.

Lastly, a few thoughts:

This is a major initiative that will shape all our futures & needs cross party political support, & concentrated & prolonged public messages: it is your life & future happiness & your actions now will have a material effect on your future standard of care. There are many myths to be laid & a vast task in trying to get all the interested parties pointing in the same direction, let alone acting in concert. Above all consensus on the scale, personal responsibility & means of provision must grow from the bottom upwards, along with leadership clearly articulating what the options are & there cost too.