

Central
Bedfordshire
Council
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Chicksands,
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**TO EACH MEMBER OF THE
SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

08 September 2010

Dear Councillor

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE - Monday
13 September 2010**

Following Chairman's Briefing which was held on Tuesday 7 September 2010, please find attached the following presentation and report :-

9. Urgent Care Strategy - proposed NHS Consultation

To consider commissioning an Joint Health Scrutiny Committee to review NHS Bedfordshire's public consultation for this strategy.

14. Report of the Task Force Review of the Charging Policy for Care Services

To review the report of the Task Force prior to the policy's consideration at the Executive on 28 September 2010.

Should you have any queries regarding the above please contact Democratic Services on Tel: 0300 300 4032.

Yours sincerely

Martha Clampitt,
Democratic Services Officer
email: martha.clampitt@centralbedfordshire.gov.uk

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Urgent Care Challenges

John Rooke
CEO



The Challenge



- Improving health outcomes and independence and experience
- ~£26.5m expenditure on non-elective admissions
- £4.6m spent on A&E
- ~30% or 3500 admissions among 65+
- Growing demand in urgent care
- Demographic challenges



Context



- National drivers
- Best practice, evidence based approach
- Locally attuned solutions
 - Demographic challenges
 - Local health needs
 - Service performance
 - Provider landscape
- Economic constraints



Aims of Reform



- Improve health and independence
- Improve satisfaction
- 5-year trajectory based targets
- Year 1 objectives
 - 7% reduction in A&E attendances
 - 6% reduction in non-elective admissions
 - 7% Increase in proportion of non-elective admissions with LOS less than 48hrs
 - 4% reduction in re-admissions among over 65 age group
 - Reducing delayed discharges
- Achievable and realistic



Principles for Change



- Pro-actively seek out people who are at risk of admission
- Packages of care that maintain good health and independence
- Care closer to home where it is safe to do so
- Integration: Joined up care (H&SC)
- Reducing hand-offs between teams
- Consistent approach to assessment, treatment and discharge
- Safe and effective transition between hospital and home

Key Strands



- Urgent Care Strategy
 - Admission prevention
 - Admission alternatives
 - Timely discharge
- Achieved through more integrated, proactive approach



Admission Prevention



- One integrated community team “Gateway Team”
 - Consultant-led community teams
 - Multi-professional approach
 - Case management focus
 - Social care integration
- Function
 - Proactive case finding (PARR)
 - Focus on admission prevention
 - Personalised care plans
 - Seamless provision
 - Single point of contact
 - Care home support
- Hospital presence (managing interface)
 - Discharge planning
 - Short stay wards



Admission Alternatives



- Primary Care involvement at ‘front door’ and short stay wards
- Step Up bed capacity created from reduced length of stay within community bedded units
- Integrated with the Community Gateway Team
- Creating a ‘pull’ system to community care
- Creating effective interfaces



Timely Discharge



- 1 integrated health and social care discharge team
- An extension of the Community Gateway Team
- 'pull' system to community care



Cash Releasing Savings



- £3.5million in Year 1 growing to £7million by Year 5
- Re-investment of savings in community care to yield year-on-year growth in proportion of community based care



HORIZON HEALTH

COMMISSIONING LTD

The journey so far



Strategy

Development

- Clinician-led draft strategy
 - Series of small, focussed workshops with local stakeholders
- PEC Dec 2008
- Presentation at Bedfordshire County Council OSC Feb 2009 (Recommended Full Public Consultation)
- NHS Bedfordshire Board May 2009
- OSC and PRD June 2009
- SHA Jun 2009
- National Clinical Assessment Team June 2010
- Office of Government Commerce Review July 2010



NCAT response



- Consider working with population to improve understanding of urgent care services i.e. A&E
- Evidence based approach
- Better streaming of patients at A&E should replace the need for a new 'Urgent Care Centre'



OGC Background

HORIZON HEALTH
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- Initiated by SHA on significant change projects/programmes
- Here to ensure project success
- ‘Critical friend’
- Independent whole life-cycle review
- Forward-looking
- Based on experience and best practice



OGC response



- Aims of the strategy widely supported
- Ensure that quality improvements are captured in revised strategy
- Strategy needs to better reflect the issues today i.e. QIPP
- What are you proposing to consult upon? (i.e. Is this just modernisation?)



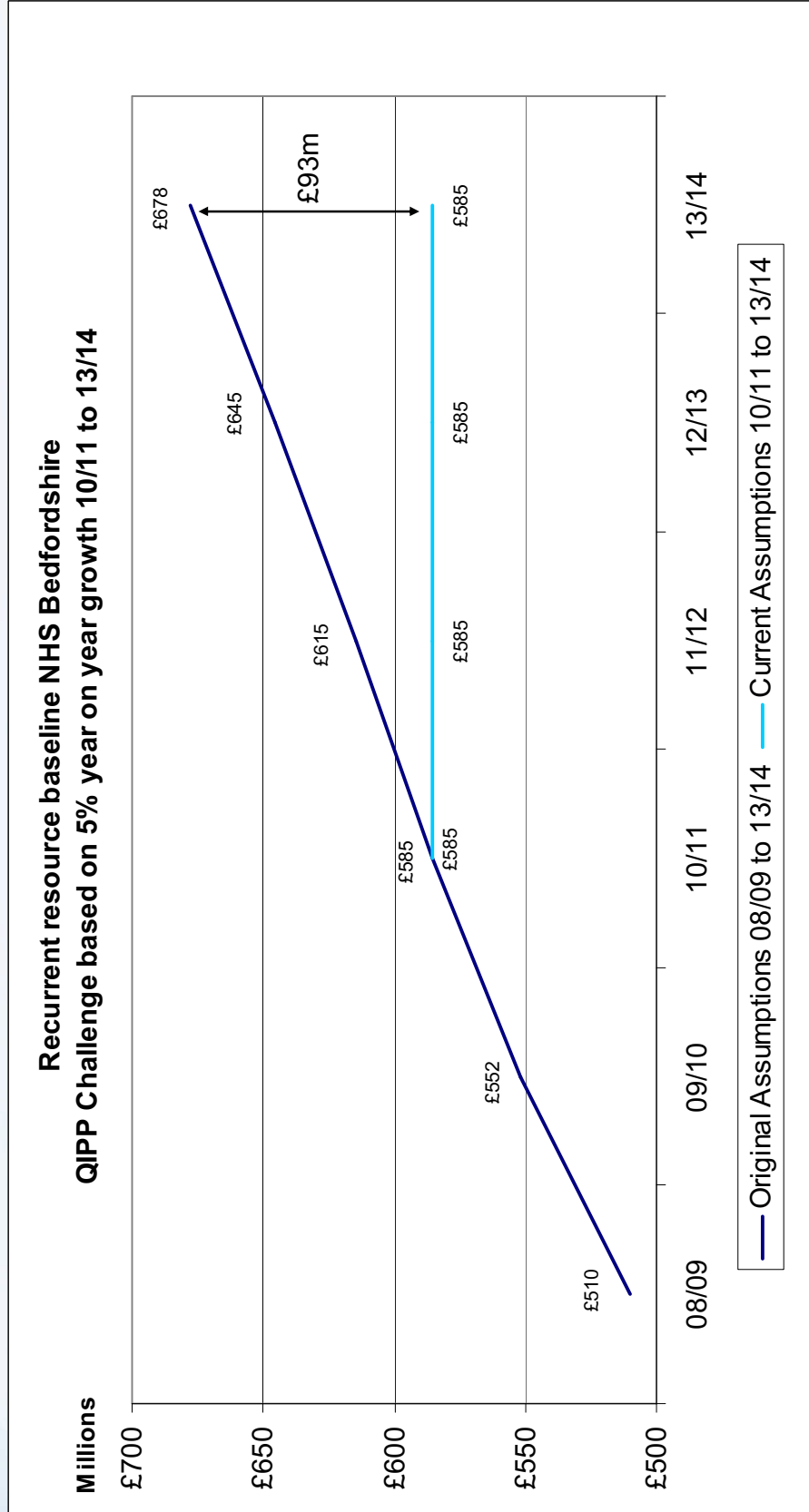
Strategy Refresh



- The world has caught up
 - Economic drivers
 - Evidence base and best practice
- Local Service Improvement
 - BHT recruitment of Acute Assessment Unit Consultants
 - Complex Care Team pilot
 - Introduction of 'hot clinics'
 - QIPP and local Projects



QIPP challenge



QIPP project



- Key Project led by Bedford Hospital)
 - cross section of clinical and managerial staff across health and social care
- Staff presented a ‘future state map’ coherent with the urgent care strategy
- Providers are considering how to implement integration of services



Complex Care Team



- Pilot based in North Beds
- More intensive care to patients in nursing and residential homes
- GP, pharmacist & nursing
- Focussing upon care homes with higher than average use of urgent care services
- Proactive care planning and risk identification



Complex Care Team

HORIZON HEALTH
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- 67% of respondents felt more confident in health services (33% slightly more confident)
- 67% of relatives felt that their loved one's health had improved significantly
- 89% felt that the service offered and enhanced form of care



Complex Care Team

HORIZON HEALTH
COMMISSIONING LTD

- 25% decrease in A&E attendances
- 38% decrease in hospital admissions
- Demand for OOH services fallen by 53%
- £7,800 savings in medication waste in 3 months



HORIZON HEALTH

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In a nutshell....



Our proposals



- Better range of and integration between agencies and professionals
- Increase in proactive case management and risk identification
- Same professionals working slightly differently and more collaboratively
- Using single point of contact (eventually national 3 digit number) which is already in place



Who is affected?



- Potentially everyone who accesses urgent care services but..
- Most affected by our proposals will be those at greater risk of hospitalisation (i.e. Care homes and those with long term conditions)



Recommendation



- Proposed intensive targeted user engagement with vulnerable and hard to reach communities
- Update our plans following engagement
- Work with providers and agencies to introduce integrated and collaborative working



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Meeting: Social Care and Housing Overview & Scrutiny Committee
Date: 13 September 2010
Subject: Task Force Review of the Charging Policy for Non-Residential Social Care Services

Report of: Cllr Peter Rawcliffe, Chairman of the Task Force

Summary: In April 2010, the Social Care Health and Housing Overview and Scrutiny Committee convened a Member Led Task Force to review the Council's Charging for Non-Residential Social Care Services. The Task Force has since considered a variety of best practice in the setting of its policy and made a number of recommendations to the Council's Executive in this regard.

Contact Officers: Cheryl Powell, Overview and Scrutiny Officer

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The Charging Policy for Non-Residential Social Care Services will contribute to

- Supporting and caring for an ageing population.
- Promoting healthier lifestyles

Financial:

The Charging Policy for Non-Residential Social Care Services could potentially increase income for the Council by reducing the subsidy of Meals on Wheels and lowering the DRE receipt threshold.

Legal:

None.

Risk Management:

Data on the profile of service users is required to attain a clearer picture of the affect the policy changes could have.

Staffing (including Trades Unions):

None.

Equalities/Human Rights:

An Equalities Impact Assessment (EIA) has been carried on accordance with the Council's equalities agenda, as the Charging Policy for Non-Residential Social Care Services impact on some residents and provides benefits to some people and communities & not others. The proposed policy will also have a significant impact on those residents accessing Council services that will affect their life or wellbeing

Community Safety:

None.

Sustainability:

None.

RECOMMENDATION(S):

1. that the

- (a) **Committee approves this report and accompanying recommendations for submission to Executive and Full Council**

Introduction

1. Central Bedfordshire Council is a new Unitary Authority, formed April 1st 2009 of the former Bedford County Council, Mid Bedfordshire District Council and South Bedfordshire District Councils. It is a necessity that this policy addresses the need to increase revenue in light of Central Bedfordshire Council's current financial situation. The Task Force has used this review as an opportunity to assess the proposed Charging Policy for Non-Residential Social Care Services with a view to suggesting a number of recommendations to seek the fairest method for Central Bedfordshire.
2. In order to investigate these issues, the Task Force has received presentations from a number of different officers from within the Council and have reviewed and amended the proposed policy, as well as taking account of best practice from the Centre for Public Scrutiny (CfPS).

Appendices:

Appendix A Report of the Task Force

Background Papers: (open to public inspection)

Section 17 of the Health and Social Services and Social Security Act
Section 7 of the Local Authority Social Services Act 1970

Location of papers: Priory House, Chicksands

Office of the Chief Executive

Task Force Review of Charging for Non-Residential Social Care Services

Central
Bedfordshire

**Social Care Health and Housing Overview
& Scrutiny Committee**



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Chairman's Foreword and Acknowledgements

In April 2010, the Social Care Health and Housing Overview and Scrutiny Committee convened a Member Led Task Force to review the Council's Charging for Non-Residential Social care services policy. The Task Force has since considered a variety of best practice in the setting of its policy and made a number of recommendations to the Council's Executive in this regard. The scope for the task force review is attached at Appendix (i)

The Task Force has received information from a number of officers within the council, for which we are grateful. I would specifically like to thank:

- Chris Hannan: AD Business and Performance
- Tim Hoyle: Head of Business Systems
- Elaine Quantick: Team Leader Welfare Rights & Anti Poverty
- Joanne Bellamy: Policy and Performance Officer

This Task Force has enabled us to understand a number of very complex issues and our research has helped us to identify what we feel are helpful suggestions for the Council. We trust that the Executive and senior officers find our efforts of assistance at what is a very challenging time for the organisation.

Cllr Peter Rawcliffe
Chairman of the Task Force

Recommendations from the Charging for Non-Residential Social Care Services Task Force

The Task Force met on 25 August to consider the officers' draft recommendations.

The Task Force were presented with proposals which if implemented would increase revenue by £186,000 in a full year. This was a lower figure than the original target of £250,000. It was considered that the shortfall could be made up at a later date following further investigations.

Consideration was given in turn to each of 12 proposals which had been consulted on as ways of increasing revenue:

i. Charging for Services to Carers

This involved considering reducing the direct payments to voluntary carers following financial assessment. If implemented it could potentially save £8,000 pa from 2012-13 after allowing for start-up costs. The Task Force was conscious of the very significant contribution to the overall delivery of care made by unpaid carers and of the dangers of alienating this dedicated body of people. It was also the most unpopular option among survey respondents. On this basis they supported the recommendation that this option should not be taken forward.

It was however noted that such payments currently totalled over £700,000 per annum and that the number of recipients was increasing rapidly at present. While the payment was prized by recipients as a token of recognition by society of the valuable role they were playing, nevertheless the potential scope for saving £35,000 per annum for each £1 by the payment was reduced had to be noted. For example £175,000 pa could be saved by reducing the payment from £20 to £15 per week. This was not an option for consideration at the present time.

ii. Charging for Transport to Day Centres

The proposal to charge £1.50 per journey was considered reasonable, it being noted that in practice only a few people would be likely to incur the charge.

iii. Decreased Subsidy for Meals on Wheels

The recommendation to increase the charge by 25 pence per meal to bring it to the average for the comparator group was supported.

iv. Charging for Re-ablement Services

The recommendation not to charge for re-ablement services was supported. It was noted that an estimated £5,000 income per annum might realistically be achieved by commencing the financial assessment process earlier in the re-ablement period.

v. Charging per Carer where two Carers are needed at the same time

This proposal was supported as equitable given that those on direct payments/self-funders already pay on this basis. An estimated £75,000 would be generated albeit from a very small number of customers with the means to pay.

vi. Charging for Telecare

There was support in principle for charging for the receipt of telecare. The proposal to work towards devising a scheme of charging for implementation next year was supported.

vii. Direct Payments not to be made until Financial assessment complete

The proposal not to proceed with this suggestion was accepted.

viii. Backdate Welfare Benefits to Date of Award

The proposal which could bring in £23,000 per annum was supported.

ix. Annual Re-assessment

It was agreed that this proposal be supported.

x. Charge Full cost where there is non-co-operation with Financial Assessment Process

It was agreed that this proposal be supported

xi. Disallow Payment to Close Relations as Disability-Related Expenditure (DRE)

This proposal was supported.

xii. £15 Threshold for DRE without Receipts

This recommendation was supported. Reducing the limit to £15 had been a relatively popular proposal among respondents. Members differed as to whether a further lowering of the limit would be acceptable (a £10 limit, for example, might produce further income of £20,000) but it was agreed that abolishing the limit entirely would be impractical.

INTRODUCTION

1. Central Bedfordshire Council is a new Unitary Authority, formed April 1st 2009 from the former Bedfordshire County Council, Mid Bedfordshire District Council and South Bedfordshire District Council. The Task Force has used this review as an opportunity to assess the council's proposed policy for Charging for Non-Residential Social Care services with a view to suggesting a number of ways to seek an optimum policy for Central Bedfordshire.

STATUTORY GUIDANCE ON CHARGING

2. Commonly known as Fairer Charging the Statutory Guidance adhered to is as follows:
 - i Section 17 of the Health and Social Services and Social Security Act
 - ii Section 7 of the Local Authority Social Services Act 1970

THE NATIONAL POSITION

3. Over the past few years, social services across the country have faced increasing pressure on resources. According to the Local Government Association¹ (LGA) "central government funding – which accounts for a significant proportion of a council's budget – has not kept pace with the needs of an ageing population". The ageing population has a triple impact on demands on social care providers. In essence:
 - there are more older people;
 - older people are living longer; and
 - They are living longer with more complex needs (due to advances in medical science).
4. This last point also applies to adults with physical disabilities, in that more people are living longer into adulthood with more severe disabilities that might in the past have limited their chances of survival beyond childhood. It is also the case that many adults with learning or physical disabilities are cared for by parents who are themselves reaching an age where they are finding it more difficult to cope and are in need of additional respite provision.
5. There is also an increasing desire and expectation that, as much as possible, people stay in their homes and communities, rather than, as in the past, receive permanent care in hospitals or specialist homes. There has been considerable investment in the NHS, which has enabled hospitals and other medical services to improve the health and longevity of the population. The NHS has also been encouraged, both by government and by public expectation, to aim for day treatment and early discharge to allow people to return to their homes after receiving medical

¹ [Funding for care of the elderly needs 'radical overhaul' LGA press release - 12th May 2008](#)

attention. This means that there is an increased burden upon those who provide care in the community for older people, for adults with disabilities and for adults with mental health problems. It is certainly the case that the increased funding has been squarely aimed at the NHS, and has not reached social care providers as yet. Because of the increased demand, local authorities are also struggling to find enough trained social care workers to deliver the services currently being provided.

6. Finally, preferences for community based models of care mean that statutory providers have to reconsider and review the way in which services are provided to make sure they are more flexible and user focussed. There is particular concern about “institutionalisation”, and widespread consideration is being given to methods of delivering care that avoids users being caught in a bureaucratic system that responds slowly to changes in need, and which perhaps encourages dependence rather than independence.

THE LOCAL POSITION

7. The Task Force were informed that
 - there are 1000 people in receipt of non-residential care services at any time in Central Bedfordshire
 - the Council's annual income from charging for these services is currently £785,000
 - there are 550 new Financial Assessments carried out each year
 - on average only 50% of customers are assessed to pay a charge
 - the average charge of those assessed to pay is £48.00 per week
 - there are approximately 400 people on Direct Payments
8. The Task Force were informed that Service Users in receipt of Direct Payments are responsible for the recruitment / procurement of services according to their level of need. For those in receipt of Direct Payments the Council stipulates the service users must have a separate bank account for accounting purposes. The Council will recover any unspent monies particularly, if the service users entire direct payment entitlement is not used.

PUBLIC CONSULTATION

9. The Task Force received an update of current consultation events as well as the position of the intended consultation arrangements, these included:
 - issue of over 3,500 consultation packs out either by e-mail or post.
 - consultation events and meetings listed below:
 - Transforming peoples lives road shows

- Sheltered Housing Open days
- Access group meeting
- Presentation at the Older Peoples reference group
- Presentation at the Carers forum
- Advocacy Alliance learning difficulties group meeting
- Information about the consultation has been published in the following sources:
 - Central Bedfordshire website
 - News Central
 - SCHH Connect staff newsletter
- The Task Force were informed that the current planned consultation would include the distribution of 500 leaflets to services users receiving Home Care Bills. The consultation results are collated on a weekly basis and a report of the outcomes from the consultation activity is received by the Policy and Performance Officer. The full report of consultation activity to the 18th August 2010 can be seen at Appendix iii.

10. The Task Force received the Council's position in respect of towards a range of equality implications for consideration throughout the development and implementation of the Council's Charging Policy for Non- Residential Care Services. Part of the Equality Impact Assessment's (EIA) remit is to highlight the services the Council provides for Carers and the Council must pay particular attention to this aspect. Should some services be reduced or even removed from the umbrella policy, the consequences of this was made apparent to Member of the Task Force. The areas for consideration are:

i. Disabled Residents

Members noted that the draft policy could effect residents with disabilities as the policy is considering the levy of an additional charge where more than one carer at a time is required. This could have a negative impact on what is considered to be the Council's most vulnerable service users who may not support this proposed change.

ii. Meals on Wheels Service

Although the Meals on Wheels service offers an element of social interaction to service users who are vulnerable and often isolated, the proposals contained in the draft policy could also impact the very group it was intended to assist. Members noted the proposals to reduce or eliminate the subsidy for Meals on Wheels regardless of their age or disability as this service is not means tested this could have a more significant impact on those on a low income

iii. Direct Payments

Members were provided with the significance of delaying the care received by Direct Payment (DP) customers until a financial assessment has been carried out. Members noted this option could place DP customers at a disadvantage compared to customers accessing traditional services. This would have an inconsistent affect on customers with learning disabilities as these customers are more likely to use DPs.

iv. Carers

Upon further investigation, Members noted that the draft policy would also have an impact on carers. The role of the carers often covers a wide spectrum of equality groups and socio-economic class. At present carers are entitled to free services such as Direct Payments and short break vouchers. In light of the Council's current financial situation the policy offers the option to consider charging for these services.

BENCHMARKING

11. The Task Force were provided with report of the benchmarking data received from 15 authorities. The information provides a comparison of Central Bedfordshire Council's Charging Policy for Non-Residential Care Services with its comparator groups and other neighbouring authorities. The authorities used for comparative benchmarking are:

- West Cheshire and Chester
- Bedford
- Cheshire East
- Warrington
- Stockport
- Wiltshire
- South Gloucestershire
- Solihull
- Bury
- Swindon
- Bath & North East Somerset
- Medway
- West Berkshire
- Milton Keynes
- Calderdale

The full report of benchmarking partners can be seen at Appendix ii

12. It was noted that in terms of the maximum cost applied to the Meals on Wheels service, Central Bedfordshire Council apply a charge of £3.25. On comparison with 11 similar authorities, The Task Force noted this was lower than the average cost of £3.57. The maximum hourly rate charged for home care services is £16.90. By comparison this amount is the second highest compared with 13 similar local authorities where the average charge for home care services is £14.32.

CHARGING OPTIONS FOR RE-ABLEMENT

13. The Task Force were informed of the assumptions that would need to be considered if the Council applied a charge for re-ablement services. This would be based on the same principles for Homecare and there was a need to consider the implications of charging for re-ablement and the associated risk of the potential loss of revenue. It was noted that re-ablement is not a static service. This is a service focussed on assisting the service user to remain independent and out of residential care by ensuring the correct aids and adaptations are installed in the service users current home.

CHARGING OPTIONS FOR TRANSPORT

14. The Task Force were asked to consider the implications of applying a charge for transport to and from day centres. Officers provided the reasoning that other local authorities in the comparator groups apply a charge for this service and it would be reasonable for the Council to consider this as an option going forward.
15. Officers informed the Task Force that any charge cannot be applied set at a “flat rate” any charge applied must be applied in conjunction with the Charging for Non-Residential Social Care Services. Due to this, the Council hasn’t always charged for transport as recovery of monies has always been challenging. It was also suggested that costs for transport should be incorporated into personal budgets. It was also noted that in the neighbouring borough of Luton, colleagues have stated that collecting monies for transport far outweighs any significant financial benefit.

CHARGING OPTIONS FOR MEALS ON WHEELS

16. The current contract is shared with Bedford Borough Council. The contract has been extended twice and is due for renewal or retendering in the coming year. The contract structure is based on the price per meal and the current cost per meal to the Council is £6.61, which includes the cost of delivery to the customer. It was noted that a frozen meal service is also available, provided by Wiltshire Farm Foods Frozen Ready Meal Delivery.
17. Officers provided the Task Force with a financial illustration of the potential effects of applying any additional charge to this service. The table can be seen at Appendix iv. It was felt that this type of illustration would need to be considered assuming that service users continue using the services despite any proposed increase in cost. For example, if the Council raised the current charge to match that of Milton Keynes Council (£3.80) there could be the potential of the Council receiving an additional annual income of £13,750.
18. Consumer resistance would need to be considered in this instance should the Council adopt this illustration. Officers noted the need for the Council to at least consider raising prices to £3.50 as this would equalise the charge the Council makes with its comparators and neighbouring authorities.

CHARGING OPTIONS FOR CARERS SERVICES

19. The Task Force noted the maximum amount of money received by carers of £20.00 per week. This amount could be used towards the carers' requirements for services such as respite or direct support. This is not means tested but is administered through the Direct Payments method and monitored accordingly (i.e. the carer must provide receipts to demonstrate how the money has been spent)

Officers explained that carers are often categorised in one of three ways:

- Adult looking after (adult) children
 - Son or Daughter looking after Mum or Dad; or
 - Spouse looking after spouse
20. The Task Force were informed that the application of the Charging Policy might not be a popular option for carers. The Council will be analysing a range of financial scenarios and this will need more investigation before any decisions will be made. Despite this being a difficult decision for the Council to make, the Task Force were asked to be mindful of carers being a group of people the Council should be actively supporting.

CONCLUSIONS

21. There is a significant problem with the funding of adult social services across the country. The way social care is funded simply means that social services authorities are not able to meet the increasing costs of care without significant changes to the way the service is delivered. The Council's financial reality means that difficult choices have to be made. The Task Force believe that the proposals offered within the draft policy for charging for Non – Residential Services are the best answer to a difficult question.
23. Finance is considered through the policy and its proposals. This does not need to mean a worse service but it should lead to a different service, where the money available is spent in the best way, and the Council can offer new and innovative ways of service delivery and internal ways of working. The Task Force are concerned that the people receiving care are amongst the most vulnerable in society, not just older people, but adults with physical and learning disabilities or with mental health problems.
24. In relation to communication and information, the council must talk to all the service users who are likely to be affected by this change, and must make sure staff are fully trained and supported both to give the right advice and to carry out the full assessment of needs required. There is a danger that the media reporting of the proposals could lead to confusion and fear. The council must strive to put across an honest, clear message, which acknowledges concerns, explains the reasons behind the decision, puts across the financial reality and promotes the positive aspects of the changes.

25. The Task Force has undertaken a significant amount of work for the Overview and Scrutiny Committee to consider and we hope that our investigations will support the Council to achieve its ambition of being one of the best Councils in region. The Task Force has been able to highlight a range of good practice which it offers as a means of assisting with the improvement of the council's Charging for Non-Residential Care Services policy.

Appendix (i)

TASK FORCE REVIEW OF THE CHARGING POLICY FOR NON-RESIDENTIAL SOCIAL CARE SERVICES

DRAFT SCOPE

1	SUBJECT	Task Force Review of the Charging Policy for Care Services
2	COMMITTEE	Social Care, Health and Housing Overview & Scrutiny Committee
3	TASK FORCE MEMBERSHIP	Councillor Peter Rawcliffe – Chairman Councillor Andrew Turner Councillor Ann Sparrow
4	AIMS/ OBJECTIVES/ OUTCOMES	To support the council to develop a charging policy for non – residential services To support the consultation process To make recommendations to the relevant Portfolio Holder
5	MEASURES OF SUCCESS OF REVIEW	The Executive acknowledge and support the review
6	SUPPORT OFFICER / ADMINISTRATIVE SUPPORT	AD Business and Performance Head of Business Systems Team Leader Welfare Rights & Anti Poverty Overview & Scrutiny Officer Policy & Performance Officer
7	METHODOLOGY	To meet during the lifetime of the review to assist and provide effective challenge of the council’s policy development process. <ul style="list-style-type: none"> • Desktop analysis to clarify the regime within which the council’s Charging Policy for Care Services is set in light of best practice available. • Varied consultation programme

- 8 EQUALITY IMPLICATIONS** A longer-term approach to the scrutiny of the council's Charging Policy for Care Services will mean that all of the implications of change, and their potential adverse impact on specific communities within the region can be identified and addressed as appropriate.
- 9 ASSUMPTIONS/
CONSTRAINTS** Change in Central Government Administration
- 10 REPORT AUTHOR** Cllr Peter Rawcliffe (Chairman)
Cllr Ann Sparrow
Cllr Andrew Turner
Cheryl Powell, Overview and Scrutiny Officer

Analysis of proposed changes to charging for non-residential care services

Below are analyses of the financial impact of proposed changes to the council's policy on charging for non-residential care services:

1. Charging for services to carers:

Proposal: Carers would be assessed under the Fairer Charging rules to pay a contribution to the carer's direct payment they receive.

Process: to assess the level of contribution payable the carer would need to be financially assessed under Fairer Charging. The outcome could be that: the carer is below the income threshold and pays no contribution, has income that would require them to pay a proportion of the cost, or has capital which would require them to pay the all of the cost.

Comparison with other authorities: 67% of neighbouring and comparator authorities do not means test carers services. However it should be noted that in this area the range of services may vary considerably. For example CBC has a maximum carers Direct Payment equivalent to £80 every four weeks but Buckinghamshire (the only neighbouring authority that means-tests carers services) has a wider range of support services and does not have a limit on the level of Direct Payment available to carers.

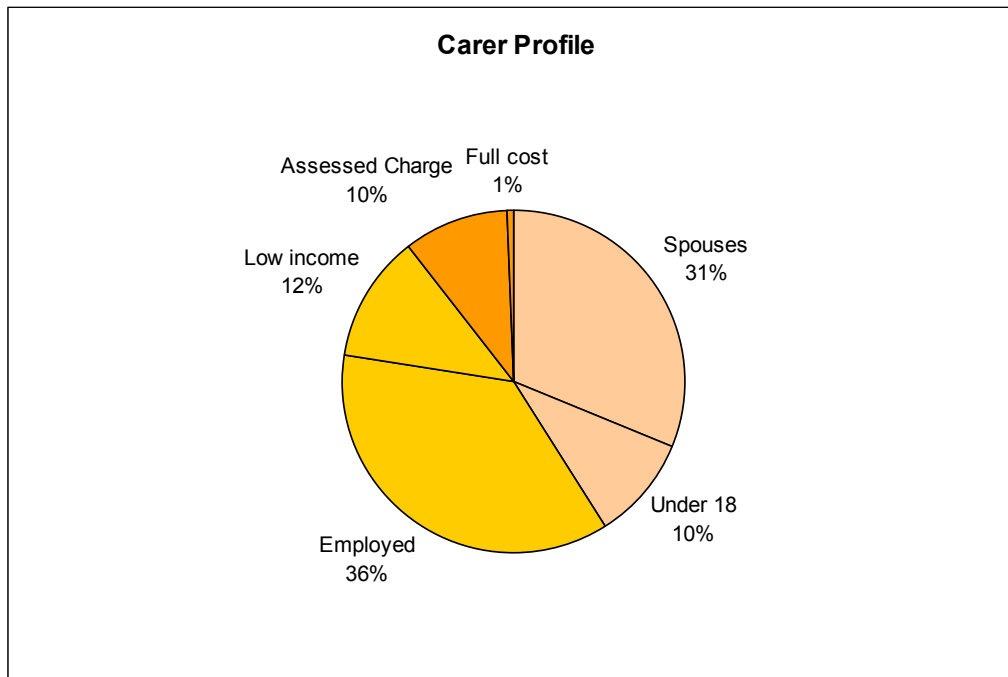
Analysis: There are currently around 228 carers in receipt of a direct payment. This number is currently increasing by a net 15 per month. The value of the carers' direct payment is normally equivalent to £80 per four weeks.

Introduction of charging for carers services would not affect the carers who are the partners of customers already receiving a service as effectively they are already financially assessed as part of their partner's assessment. This accounts for approximately 30% of carers. A further 10% are carers for a person under 18 and would not be chargeable.

Of the remaining group 60% are employed and it is therefore very likely that they would pay no charge (as income from employment is excluded from Fairer Charging). Of the remaining 40% is its estimated (using national figures for the characteristics of carers in terms of income amounts and sources) that 10% of those would be assessed to contribute the 'full cost' and 40% would have to contribute a proportion. It is also reasonable to assume that a lower proportion of those with the means which would indicate that they fell into the 'full cost' group would be in receipt of a carers Direct Payment. The net effect of this is that 10% of carers would pay a contribution. To assess this then 59% of carers would need to have a financial assessment. This is illustrated in the chart below.

If it is assumed that by the end of 2010-11 there are 300 carers receiving a Direct Payment then in a full year therefore it is estimated that the council could save £17,000 in reduced Direct Payments to carers by introducing means testing. However against this would need to be offset the cost of undertaking the financial assessments needed. In the short term there would be the need to assess 59% the 228 current carers and then there would be the need to assess the new carers as they apply for a Direct Payment. It is estimated that 140 new assessments per year would be required.

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It is estimated that 80% of carers could complete the financial assessment form without the need for a CFA visit and the remainder would require a visit. Using the figure of £175 for each assessment that requires a visit and £22 for each that doesn't then the cost of the annual assessments required would be £7000 in the first full year. This would increase in subsequent years as reassessments are required to an estimated £9000 per annum. There would also be the need to assess the current carers and this is estimated as a 'one-off' cost of £7100. This is summarised in the table on the next page.

It should also be noted that at present other carers receive vouchers each of which can be exchanged for an hour of 'sitting' provided by a care agency. A carer can receive up to 8 vouchers per month. This system is being gradually replaced by the Direct Payments system but there are still around 200 people who receive vouchers. Should means-testing be introduced then it would be necessary to also apply this to the voucher scheme.

	2010-11	2011-12	2012-13
Costs			
Assess current carers	-7100		
Assess new carers	-3500	-7000	-7000
Reassess existing carers		-2000	-2000
Total Costs	-10600	-9000	-9000
Income	4000	17000	17000
Net Income	-6600	8000	8000
Cumulative Income	-6600	1400	9400

This would have the same issues as the Direct Payments scheme (i.e. there would be a need to undertake additional Financial Assessments) but in addition there would be a need to agree the cash value of the vouchers, not to mention a number of administrative challenges (as the scheme is operated on the council's behalf by a third party). No analysis has been undertaken of the scheme but using the data around Direct Payments it is estimated that the introduction of means-testing would be approximately cost neutral (i.e. the cost of collection would equal the additional income).

Summary of feedback from consultation: This proposal was the most unpopular with over 75% disagreeing or strongly disagreeing with the proposal. This issue also received the largest amount of specific feedback in the consultation.

Issues identified in Equalities Impact Assessment: A number of issues were identified in the EIA and it concludes that implementation of such a policy requires careful consideration. If the policy is introduced then stringent monitoring of its effects is recommended.

Impact: There is no doubt that the introduction of means-testing would be unpopular with carers and may be counter-productive in terms of the 'goodwill' the council needs to develop and maintain with carers. The introduction of mean-testing may also result in pressure for an increase in the level of service provided by the council to carers.

Recommendation: It is recommended that means testing for carers' services is not introduced at this time. If an extension to the range and level of services offered to carers is being considered in future then it may be appropriate to revisit this option at that time.

Full year effect of recommendations: As the recommendation is for no change then the full year effect is nil. If the charging were introduced the net annual income would be £8000 from 2011-12 onwards.

In-year effect of recommendations: As the recommendation is for no change then the in year effect is nil. If the charging were introduced the net income in the current year would be -£6600 (i.e. a net cost).

2. Charging for transport to Day Centres

Proposal: The proposal is to introduce a charge for transport to and from day centres. There are various options for how to do this but the favoured one is a flat rate 'per journey' charge for those people who use the transport service provided by the council.

Process: Staff in the Day Centres would record use of transport with their current attendance records and this would be used to generate bills for chargeable customers.

Comparison with other authorities: A proposed charge of £1.50 per journey is comparable with the charges levied by other authorities. The total cost of attending day care is probably a better measure than looking at the cost of transport in isolation. Figures for this in our neighbouring and comparator authorities appear in the table below. It can be seen that our current charge is already at the upper end of the scale.

Authority	Older People Day Centre rates	Transport	Total (day centre + return journey)
Herts CC	38.40	2.00	40.40
Stockport	32.20	4.00	36.20
Bucks CC	30.00	0.00	30.00
Bedford	27.00	3.00	30.00
CBC	27.50	0.00	27.50
Warrington	19.48	3.20	22.68
Milton Keynes	15.40	0.00	15.40
Luton	13.50	0.00	13.50
Calderdale	10.33	4.70	15.03
Swindon	11.40	2.00	13.40
West Berkshire	10.20	2.40	12.60
Bury	0.00	3.80	3.80
Wiltshire	0.00	3.50	3.50
Bath / NE Somerset	0.00	3.30	3.30
South Glous	0.00	0.00	0.00
Medway	0.00	0.00	0.00

Analysis: The total number of day centre attendances per week is set out in the table below:

Day Centre	Number of people days per week
Amphill	187
Houghton Regis	118
Leighton Buzzard (COG)	22
Leighton Buzzard (excl. residential)	101
Meppershall	10
Parksiders	40
Silsoe	91
Townsend, Houghton Regis	184
Biggleswade	91
Total	844

However this change would only affect the full cost customers of which there are 28 attending day centres at present. The total number of day's attendance this group has is 41 per week (5% of attendances). If a charge of £1.50 per journey was introduced then the annual increase in income to the council would be £6000.

Day Centre users already have a financial assessment so no additional assessment will be required.

As a result of this work it has also been identified that there are a number of smaller day centres operated on our behalf by other providers for whom we may not be getting information about attendance and therefore are not charging. This will be investigated further but as only 5% of day centre attendances are chargeable it does not seem likely that resolution of any anomalies would yield significant additional income.

Summary of feedback from consultation: This proposal was not popular with just over 50% disagreeing or strongly disagreeing with the proposal.

Issues identified in Equalities Impact Assessment: No specific issues were identified in the EIA.

Impact: Although the additional income from charging for transport is not great the view is that it will be helpful to introduce a separate charge as it will provide for greater equity with those who attend Day Opportunities (and may fund their own transport) and also facilitate the introduction of personal budgets (although it is accepted that the proposed charge does not reflect the true cost of providing transportation).

Recommendation: It is recommended that charging for transport to day centres is introduced at a rate of £1.50 per journey. The policy should apply from 1st October 2010 and be introduced for existing customers after giving them a reasonable notice period.

Full year effect of recommendations: The full year effect is estimated to be an additional £6,000 income for the council.

In-year effect of recommendations: The in year effect is estimated to be an additional £2,000 income for the council.

3. Decrease subsidy for Meals on Wheels and Meals at Day Centres

Proposal: It is proposed that the charge for meals on wheels is increased and at the same time the charge for meals taken at Day Centres is also increased by the same amount.

Process: Recipients of meals on wheels pay the provider directly at a rate determined by the council. Customers who have a meal at a Day Centre pay directly to the centre.

Comparison with other authorities: The average charge for meals on wheels is £3.50 per meal compared with £3.25 in CBC. The highest charge in the comparator group is Swindon (£5.00) and the lowest is Warrington (£2.95)

Analysis: An increase of £0.25 pence per meal would save the council £6000 per year on Meals on Wheels and net an additional £8000 of income from Day Centres.

Summary of feedback from consultation: This proposal the third most unpopular with just over 60% disagreeing or strongly disagreeing with the proposal.

Issues identified in Equalities Impact Assessment: No specific issues were identified in the EIA although monitoring the impact of this change on the take up of the service is recommended.

Impact: Higher increases would yield higher savings but may deter people from taking the meals with consequent health effects in some cases.

Recommendation: It is recommended that the charge for Meals on Wheels and Meals at Day Centres is increased to £3.50. The policy should apply from 1st October 2010 and be introduced for existing customers after giving them a reasonable notice period.

Full year effect of recommendations: The full year effect is estimated to be an additional £14,000 income for the council.

In-year effect of recommendations: The in year effect is estimated to be an additional £4,000 income for the council.

4. Charging for Reablement Services

Proposal: Reablement services would be charged for on the same basis as home care.

Process: In order to charge for this service then a financial assessment would need to be carried out as early as possible in the reablement process. In practice this may prove difficult. There may also be difficulties with the charging administration as the level of service is likely to vary considerably from week to week during the reablement period.

Comparison with other authorities: 88% of authorities that provided information on reablement said that they did not charge for the service.

Analysis: Reablement is currently being developed within the council so it is difficult to estimate what the service will look like when fully implemented. However if it is assumed that in a given year the council will undertake 300 periods of reablement lasting on average 4 weeks (based on 60% of new customers going through reablement) and that Financial Assessments are completed within 2 weeks then there is the potential for the council to receive on average £48 per customer. This would deliver additional income of £14,000 per annum. However this income would be halved if a Financial Assessment was not carried out for 3 weeks and reduce to zero if it was 4 weeks. In addition there would also be some additional administrative cost to calculating the charges which is estimated at £5000 per annum.

However if the introduction of charging acted as a disincentive for customers to participate in reablement then this may prove counterproductive. A 2007 study for the DH's care services efficiency delivery (CSED) network found that up to 68% of people no longer needed a home care package after a period of reablement, and up to 48% continued not to need home care two years later.

In Shaping the Future of Care Together Green Paper (July 2009) the last government stated "You will receive free support to stay well and as independent as possible. We think that people who are leaving hospital and need care and support for the first time should have the right to the reablement help they would benefit from at home..." The Coalition Government has since stated that "the government was right to be reconsidering parts of the legislation which dealt with reablement and carers' breaks, given the importance of promoting people's independence and more effectively supporting carers". Thus it is entirely possible that legislation will be introduced in the near future to make reablement a free service.

It is considered that the development of reablement offers the opportunity to identify those customers who will need an ongoing service as early as possible during the reablement process and to commence the financial assessment so that it is completed prior to them starting to receive

ongoing services such as day or home care. It is difficult to assess the impact that this would have but it would not seem unreasonable that integrating the financial assessment process with reablement should be capable of delivering an additional £5,000 income in a full year. This would be the equivalent of bringing 2/3rds of the people who go through reablement into the charging regime a week earlier than they otherwise would have.

Summary of feedback from consultation: Around 60% of respondents supported the proposal to charge for reablement.

Issues identified in Equalities Impact Assessment: No specific issues were identified in the EIA although monitoring the impact of this change on the take up of the service is recommended.

Impact: Introducing a charge for reablement may act as a disincentive for customers to fully participate in the reablement process and this may be counterproductive to the aim of the service which is to ensure that customers are living as independently as possible with the consequent long term impact on the need for residential and non-residential care services.

Recommendation: It is recommended that the draft policy is amended to exclude reablement from charging and to require the customer to cooperate with the financial assessment process during the period of reablement. In addition it is recommended that further work be undertaken to better integrate financial assessment with reablement.

Full year effect of recommendations: Although the introduction of charging for reablement could net the council an additional £9000 in a full year this is not what is being proposed. The full year effect of the recommendation above (to integrated financial assessment more with reablement) is estimated to be an additional £5,000 income for the council.

In-year effect of recommendations: The in year effect is estimated to be an additional £2,000 income for the council.

5. Charging for carers where two carers providing care at the same time ('double-ups')

Proposal: The charge that customers pay would be based on the total carer hours received not the periods of time during which care is delivered.

Process: There would be no change to the financial assessment process but billing would be changed to base charges on the number of carer hours received.

Comparison with other authorities: Of the comparison authorities 42% charge for 'double-ups'.

Analysis: This change is only likely to impact people who pay full cost. At the time of writing this applies to 7 customers plus it is likely to apply to another 2 who are in the process of being financially assessed.

Analysis of the care packages of the 7 current customers gives an additional charge of £64,000 per annum. If the other two customers are factored in then a this rises to £83,000 for a full year. In reality this is unlikely to be fully achieved as customers may opt to reduce care packages and/or revert to self-funding. However it is reasonable that the total savings to the council by introducing such a policy would be in the region of £75,000per annum.

Summary of feedback from consultation: This proposal the fourth most unpopular with just over 50% disagreeing or strongly disagreeing with the proposal.

Issues identified in Equalities Impact Assessment: It was noted that this proposal could be perceived as unfair but that in fact self-funders and people on Direct Payments already pay for 'double-ups' so the proposed change would be fairer than the existing system.

Impact: This policy change is fairer than the existing policy as, under the current policy, people receiving Direct Payments already pay for care on the basis proposed. However it has been fed back via the consultation that some customers do not appear to have been consulted about whether they receive two carers or one so it would be important to ensure that this change of policy is only implemented with affected customers after their need for two carers has been reviewed with them.

Recommendation: It is recommended that charging based on the number of care hours delivered is introduced for all new customers from 1st October 2010. For existing customers

it should be introduced when their care plan has been reviewed or 1st January 2011, whichever comes first.

Full year effect of recommendations: The full year effect is estimated to be an additional £75,000 income for the council.

In-year effect of recommendations: The in year effect is estimated to be an additional £20,000 income for the council.

6. Charging for Telecare

Proposal: It is proposed to retain the charge for the Community Alarm service and to introduce similar charges for Telecare system monitoring.

Process: Further work needs to be undertaken to agree the best way to administer charging.

Comparison with other authorities: No formal comparison was undertaken as authorities are at different stages in the implementation of Telecare.

Analysis: Telecare equipment provided as a result of a needs assessment must be provided free of charge. It is possible for the council to make a charge for the ongoing monitoring service and at the moment it does this for the Community Alarm service but not for Telecare. The service is currently being developed and a new contract specification is being written. At present there are 700 users of Telecare and this is increasing by about 30 per month. These customers do not currently contribute towards the cost of the service.

Further work needs to be done on the options for introduction of charging therefore no estimates have been incorporated into this report.

Summary of feedback from consultation: Over 70% of respondents were in favour of charging for Telecare services.

Issues identified in Equalities Impact Assessment: No specific issues were identified in the EIA.

Impact: There is no impact at this stage.

Recommendation: It is recommended that further work is done on the options for charging for Telecare with the target date of 1/4/11 set for the implementation of charges. It is also recommended that the policy is amended to reflect the intention to charge for Telecare services.

Full year effect of recommendations: As the recommendation is for no change then the full year effect is nil. However it is anticipated that proposals will be brought forward in the current year to introduce some charging from 1/4/11.

In-year effect of recommendations: As the recommendation is for no change then the in year effect is nil.

7. Direct Payments not made until Financial Assessment completed

Proposal: The policy proposes that Direct Payments are not paid until the Financial Assessment is completed.

Process: A process would be put in place to ensure that a Direct Payment was not commenced until a Financial Assessment had been carried out.

Comparison with other authorities: No comparison has been undertaken.

Analysis: Further consideration of this proposal has led to the conclusion that such a policy would be unfair as it treats recipients of Direct Payments differently from other customers.

Summary of feedback from consultation: This proposal was quite popular with 70% of respondents agreeing or strongly agreeing with it.

Issues identified in Equalities Impact Assessment: It was noted in the EIA that this policy is unfair to people on Direct Payments as the policy for those receiving traditional services is that they do not start to be charged until they have been financially assessed and notified of the charge.

Impact: Aside from this review, work is underway to ensure that the Financial Assessment process is carried out quickly in all cases and the intention is that in future assessments will have been completed before the other requirements for receiving a Direct Payment (such as having set up a separate bank account) have been met. Thus the policy as proposed should be unnecessary. It should also be noted that in the majority of cases, should such a policy be implemented, the customer would need to receive 'traditional' service(s) until the Direct Payment commenced and this would be at a cost to the council which could not be charged to the customer.

Recommendation: It is therefore recommended that this proposal is removed from the policy but that the sections about non-disclosure of financial information and non-co-operation with the financial assessment process are changed to make clear that they apply to recipients of Direct Payments as well as 'traditional' services.

Full year effect of recommendations: As the recommendation is for no change then the full year effect is nil.

In-year effect of recommendations: As the recommendation is for no change then the in year effect is nil.

8. Backdate welfare benefits to date of award

Proposal: Where a customer claims a welfare benefit as a result of a Community Finance Adviser (CFA) visit then when this benefit is awarded its value would be taken into account from the date of the award when calculating the customer's contribution. The current policy is only to backdate for six weeks.

Process: The assessment process would be modified to take into account the revised policy and customers would be advised at the time of claiming what proportion of any backdated award may be payable to the council.

Comparison with other authorities: No comparison has been undertaken.

Analysis: Each year CFA's assist with the claiming backdated disability benefits for approximately 100 customers and the average additional award is £48 per week. It is estimated that this change of policy would allow on average an extra 7 weeks benefit per customer to be taken into account. If it is assumed that £15 of this extra benefit will be retained by the customer as DRE then the additional income to the council is £231 per new customer (£33 x 7) which is an additional £23,000 per annum.

Summary of feedback from consultation: This proposal was quite popular with 70% of respondents agreeing or strongly agreeing with it.

Issues identified in Equalities Impact Assessment: No issues were identified in the EIA.

Impact: This policy should have little adverse impact on customers.

Recommendation: It is therefore recommended that from 1st October 2010 the 'date of award' of disability benefits is taken into account when calculating all new financial assessments.

Full year effect of recommendations: The full year effect is estimated to be an additional £23,000 income for the council.

In-year effect of recommendations: The in year effect is estimated to be an additional £11,000 income for the council.

9. Annual Re-assessment

Proposal: Each customer would have an annual re-assessment of their finances and their contribution. This would be done as a 'desktop' exercise and no customer visit would be required.

Process: Customers in receipt of welfare benefits would have their assessment automatically updated when benefit rates increase in April each year and would be sent a revised assessment

and asked to advise us of any relevant facts that had changed or confirm that their circumstances remain as previously advised.

Comparison with other authorities: A similar policy is in place in other councils although no detailed comparison has been undertaken.

Analysis: Although customers should advise us when there is a change to their circumstances there is evidence from the reassessments undertaken that this is not always the case and that the council loses income as a result. It is estimated that the cost of undertaking the 'bulk reassessment' would be low (in the region of £2000 per annum) and that the additional income would be at least £3000. Although the cash benefit is not high there would be other benefits such as reduced numbers of customer queries and complaints and higher customer satisfaction.

Summary of feedback from consultation: This was the most popular proposal. Around 90% of respondents supported it.

Issues identified in Equalities Impact Assessment: No specific issues were identified in the EIA.

Impact: This policy should have no adverse impact on customers and should lead to reduced numbers of customer queries and complaints and higher customer satisfaction.

Recommendation: It is therefore recommended that from 1st October 2010 each customer is reassessed annually. It is also recommended that the draft policy is modified to clarify that this reassessment will not normally require a customer visit. It is also recommended that appropriate clauses are added to the policy which clarify how changes to customers' capital, income and expenditure which occur between reassessments are treated to state that the change can be 'backdated' for up to a year.

Full year effect of recommendations: The full year effect is estimated to be an additional £1,000 income for the council.

In-year effect of recommendations: As this policy would be implemented in earnest from April 2011 the in year effect is estimated to be nil.

10. Charge full cost where customer does not co-operate with Financial Assessment process

Proposal: The full cost charge will be payable by any customer who does not co-operate with the Financial Assessment process.

Process: Should a customer not co-operate with the process then invoice(s) for the full cost of service(s) would be raised until such time as the customer provided the required information.

Comparison with other authorities: A similar policy is in place in other councils although no detailed comparison has been undertaken.

Analysis: This policy change will act as an incentive for customers to co-operate with the Financial Assessment process. It is estimated that without this policy in any one year there will be 30 customers who would be likely to be uncooperative with the process and for each this on average adds 6 weeks to the period during which the council is unable to charge. Given the average contribution is £34 per week (and it is likely that those most motivated to be un-cooperative will be at the upper end of the charging range) then the additional income of approximately £10,000 in a full year is a reasonable expectation.

Summary of feedback from consultation: This proposal was quite popular with 70% of respondents agreeing or strongly agreeing with it.

Issues identified in Equalities Impact Assessment: No specific issues were identified in the EIA.

Impact: The proposed policy has clear and reasonable criteria for cooperation and also allows for exceptions where there is good cause so no customer should be adversely affected by this policy.

Recommendation: It is therefore recommended that this policy is implemented as written with effect from 1st October 2010.

Full year effect of recommendations: The full year effect is estimated to be an additional £10,000 income for the council.

In-year effect of recommendations: The full year effect is estimated to be an additional £4,000 income for the council.

11. Disallow payment to close relatives as Disability Related Expenditure (DRE)

Proposal: This proposal would clarify that only where specifically stated in the customer's support plan would payment to a close relative be allowable as DRE.

Process: Where a customer wishes to claim DRE for payment to a close relative this will be discussed with the customer and the need validated with the care manager.

Comparison with other authorities: Practice on treatment of DRE varies considerably but other authorities have similar policies to the one proposed.

Analysis: This proposal will only impact on a low number of customers and as a result it is difficult to estimate the financial impact for the council. However if it is assumed that this applies to 40 customers at an average rate of £10 per week then the net increase in income to the council is £20,000 per annum.

Summary of feedback from consultation: Around 70% of respondents supported this proposal.

Issues identified in Equalities Impact Assessment: It was identified that employment of relatives may be appropriate to meet specific cultural needs in some circumstances. This should not be prevented by the policy as written as specific cultural needs should be incorporated into the customer's care plan.

Impact: This proposal should not adversely impact anyone who has a genuine need. Indeed it may act as a factor in identifying and combating financial abuse of customers by their close relatives.

It would not be realistic to re-assess all customers who make payments to close relatives over a short period of time so it is proposed that the policy would be introduced for new customers from 1st October 2010 and applied to existing customers when their care and/or finances are reassessed.

Recommendation: It is therefore recommended that this policy is implemented as written with effect from 1st October 2010.

Full year effect of recommendations: The full year effect is estimated to be an additional £20,000 income for the council.

In-year effect of recommendations: The full year effect is estimated to be an additional £5,000 income for the council.

12. £15 threshold for DRE without receipts

Proposal: The threshold of allowable DRE without receipts will be lowered to £15.

Process: The assessment process would stay the same but the customer would be required to provide receipts for items of expenditure if they wished to claim more than £15 per week.

Comparison with other authorities: Practice on treatment of DRE varies considerably but other authorities have similar policies to the one proposed..

Analysis: In the last year 171 customers had DRE capped at the current rate of £20 per week. Reducing the threshold by £5 for this number of customers would result in an increase in income of £40,000 for the council in a full year assuming that this change of policy would prompt a proportion to obtain receipts.

Summary of feedback from consultation: This was the second most popular proposal with around 80% of respondents supporting it.

Issues identified in Equalities Impact Assessment: No specific issues were identified in the EIA.

Impact: It would not be realistic to re-assess all 171 customers who have DRE capped at £20 per week so it is proposed that the policy would be introduced for new customers from 1st October 2010 and phased in for existing from the period 1/10/10 to 31/3/11. These customers would be advised of the change of policy and offered the opportunity to have a financial re-assessment or to simply pay the additional charge after a reasonable notice period.

Recommendation: It is therefore recommended that this policy is implemented as written with effect from 1st October 2010.

Full year effect of recommendations: The full year effect is estimated to be an additional £40,000 income for the council.

In-year effect of recommendations: The in year effect is estimated to be an additional £15,000 income for the council.

Summary of Financial Impact of Recommendations

The proposals are summarised in the table below

Proposal	Would Additional Financial Assessments be required?	Would there be an additional cost of collection?	Full year financial impact if final recommendations adopted	In year financial impact if final recommendations adopted
Carers Services	Yes	Yes	£0	£0
Day Centre Transport	No	No	£6,000	£2,000
Meals of Wheels and Meals at Day Centres	No	No	£14,000	£4,000
Charge for Reablement	No	Yes	£0	£0
Integrate Financial Assessment with Reablement	No	No	£5,000	£2,000
Double-Ups	No	No	£75,000	£20,000
Telecare	No	No	£0	£0
Direct Payments	No	No	£0	£0
Benefits Backdate	No	No	£23,000	£11,000
Annual Reassessment	Yes	No	£1000	Nil
Non-cooperation	No	No	£10,000	£4,000
Disallow DRE for payment to relatives	No	No	£20,000	£5,000
£15 DRE threshold without receipts	No	No	£40,000	£15,000
Total			£194,000	£63,000

Fairer Charging Benchmarking Data

1.0 Summary

1.1 This report provides an overview of the benchmarking data received from 16 authorities. The information provides a comparison of Central Bedfordshire's Fairer Charging policy with its comparator groups and other neighbouring authorities.

2.0 Background to Comparator Groups

2.1 Metropolitan Districts and Unitary Authorities – Comparator Group

2.1.1 The table below shows our 15 comparator authorities. Of these 15, we have received benchmarking data back from 14 authorities.

2.1.2 West Cheshire & Chester have recently consulted on their fairer charging policy. The final proposed changes to the policy are awaiting executive approval.

	Authority	Region
1	West Cheshire and Chester *	North West England
2	Bedford	East of England
3	Cheshire East	North West England
4	Warrington	North West England
5	Stockport	North West England
6	Wiltshire	South West England
7	South Gloucestershire	South West England
8	Solihull	West Midlands
9	Bury	North West England
10	Swindon	South West England
11	Bath & NE Somerset	South West England
12	Medway	South East England
13	West Berkshire	South East England
14	Milton Keynes	South East England
15	Calderdale	Yorkshire and Humber

2.2 Neighbour authorities – Comparator group

2.2.1 The table below shows our 5 neighbouring authorities. We have benchmarked our services against this group to try to ensure our service users are being charged consistently with others in the local area.

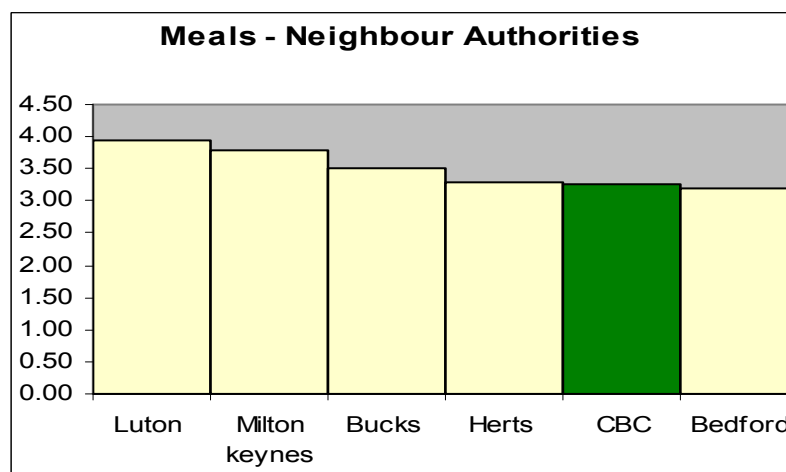
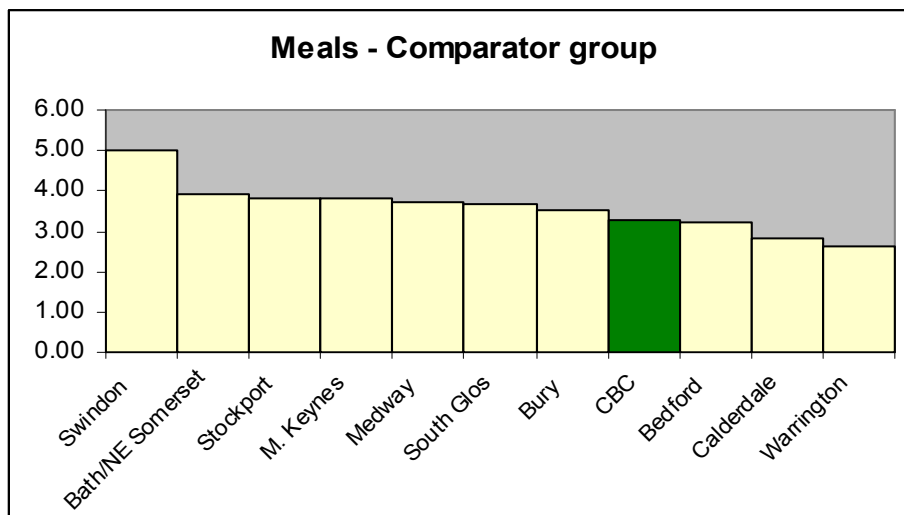
	Neighbour Authorities
1	Luton
2	Bucks CC
3	Bedford
4	Herts CC
5	Milton Keynes

3.0 Benchmarking Data Analysis

3.1 Meals on wheels

3.1.1 Central Bedfordshire charges a maximum of £3.25 for the meals on wheels service. This amount is low compared with 11 similar authorities where the average charge is £3.57.

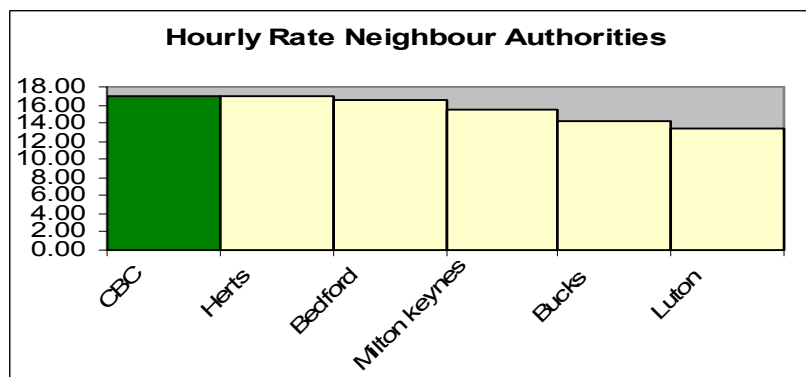
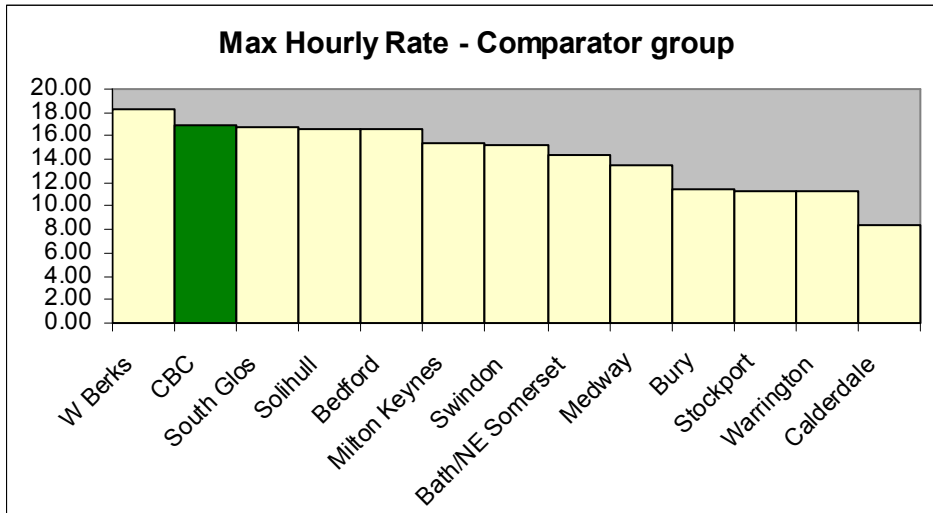
3.1.2 The average charge across the 5 neighbour authorities is £3.50. There is scope for Central Bedfordshire to consider increasing its charges to at least £3.50 to bring the charges in line with other authorities.



3.2 Max hourly rate charge

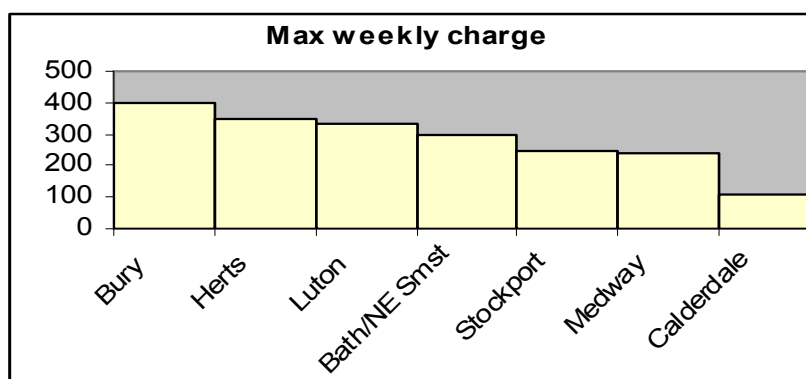
3.2.1 Central Bedfordshire charges a maximum hourly rate of £16.90 for home care services. This amount is the 2nd highest compared with 13 other similar authorities where the average charge is £14.32.

3.2.2 Central Bedfordshire has the highest maximum hourly rate across the 5 neighbour authorities where the average charge is £15.58. There is little scope for Central Bedfordshire to increase its maximum hourly rate for home care charges.



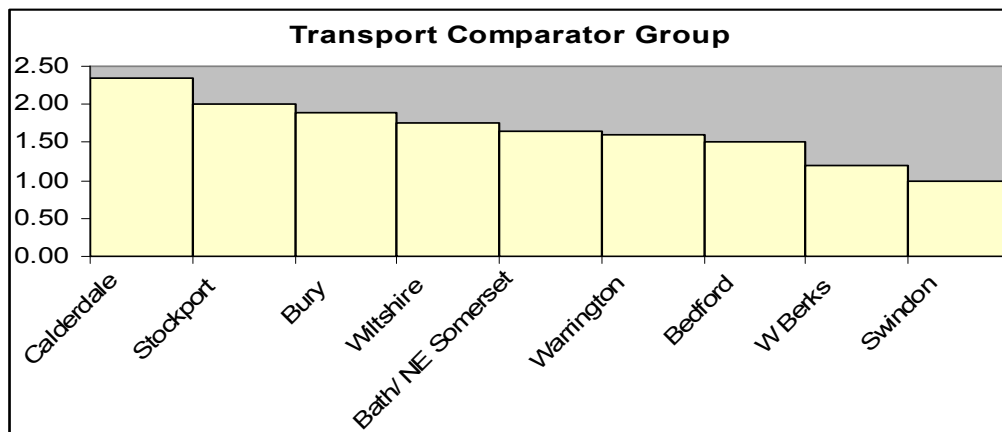
3.3 Max weekly rate for home care

3.3.1 Central Bedfordshire does not currently have a maximum weekly rate for home care charges. Only 13 authorities provided a response to this question; 7 of these authorities apply a maximum weekly rate for home care charges. The maximum weekly rate for home care charges applied ranges from £108 to £400.



3.4 Transport Charges

3.4.1 Central Bedfordshire does not currently charge service users for transport to / from day centres. The transport charges levied by the comparator group authorities range from £1 to £2.35 for each single journey. Solihull and South Gloucestershire do not charge for transport.



3.4.2 The neighbour authority transport charges are detailed below:

Neighbour Authority	Transport
Milton Keynes	No charge
Bucks CC	No charge
Bedford	£1.50
Herts	£1.00
Luton	No charge

3.5 Day Centre Charges

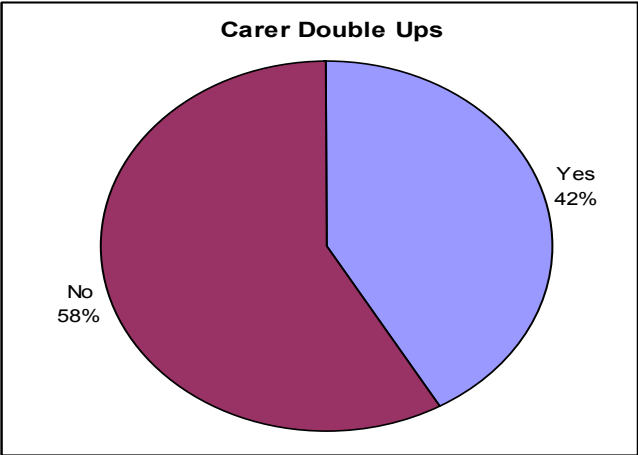
3.5.1 Central Bedfordshire currently charge £27.50 for older peoples day centres.

3.5.2 A comparison of other authorities day centres charges is included below:

Authority	Older Peole Day Centre rates	Transport - one way	Transport - Return journey	Total (day centre + return journey)
Herts CC	38.40	1.00	2.00	40.40
Stockport	32.20	2.00	4.00	36.20
Bucks CC	30.00	0.00	0.00	30.00
Bedford	27.00	1.50	3.00	30.00
CBC	27.50	0.00	0.00	27.50
Warrington	19.48	1.60	3.20	22.68
Milton Keynes	15.40	0.00	0.00	15.40
Luton	13.50	0.00	0.00	13.50
Calderdale	10.33	2.35	4.70	15.03
Swindon	11.40	1.00	2.00	13.40
West Berkshire	10.20	1.20	2.40	12.60
Bury	0.00	1.90	3.80	3.80
Wiltshire	0.00	1.75	3.50	3.50
Bath/ NE Somerset	0.00	1.65	3.30	3.30
South Glous	0.00	0.00	0.00	0.00
Solihull *	0.00	0.00	0.00	0.00
Medway	0.00	0.00	0.00	0.00

3.6 Carer Double Ups

3.6.1 Central Bedfordshire currently charges service users for the number of hours care is received and does not take into account the number of carers. Only 12 authorities provided a response to this question; 5 of these authorities charge for carer double ups.

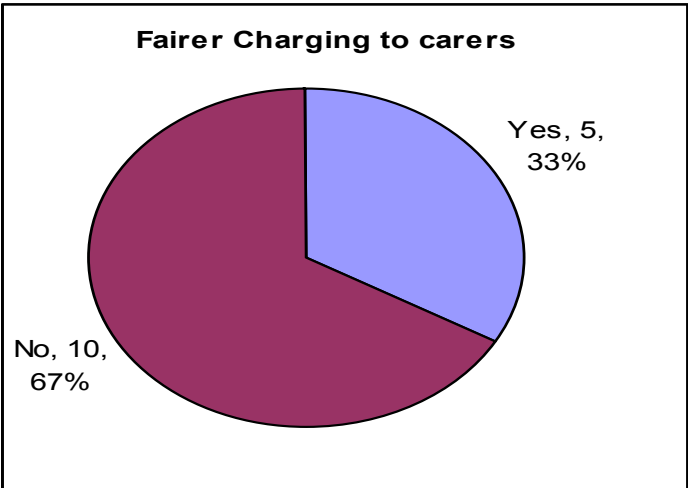


3.6.2 The neighbour authorities who charge for carer double ups are listed below:

Neighbour Authority	Carers Double Ups
Bucks CC	Yes
Luton	No
Herts	No
Bedford	Yes
Milton Keynes	Yes

3.7 Applying Fairer Charging to Carers

3.7.1 Central Bedfordshire does not apply fairer charging to carers. 15 authorities provided a response to this question; 5 of these authorities apply Fairer Charging to carers.



3.7.2 The neighbour authorities who apply fairer charging to carers are listed below:

Neighbour Authority	Fairer Charging to carers
Milton Keynes	No
Bucks CC	Yes
Bedford	No
Herts	No
Luton	No

3.8 Reablement

3.8.1 Information on the reablement service was received from only 8 authorities, 7 of these authorities provided a free service for 6 weeks. Calderdale Charged £25 a week for its reablement service.

3.9 Disability related expenses

3.9.1 The chart below provides an overview of the different rules that 8 authorities apply to the calculation of DRE.

Authority	Disability Related Expenses
Warrington	Standard weekly DRE allowance based on a service users disability related benefits income as follows: 1. No disability related benefits - Nil 2. Lower Rate DLA - £ 3.00 3. Middle Rate DLA/Lower Rate AA- £ 7.00 4. Higher Rate DLA/Higher Rate AA- £10.00 Individual assessment if insufficient.
Stockport	Automatically assume £10.50 per week for DRE. Individual assessment if insufficient.
South Glos	Individual assessment of expenditure with receipts required.
Bury	Automatically assume £15.00 per week for DRE. Individual assessment if insufficient.
West Berkshire	Individual assessment with receipts
Bucks	Automatically assume £28.00 per week for DRE. Individual assessment if insufficient.
Bedford	DRE should be in care plan. Receipts required for Personal assistance/ laundry /cleaning. Don't allow payment to family / friends.
Herts	Currently takes into account 'reasonable' expenditure.

Summary of consultation activity and responses²

1. Consultation activity

1.1 Mailings

Consultation started on 25/06/2010. Since then we have sent nearly 3,500 consultation packs out either by e-mail or post to representative groups, service users, libraries, day centres and the Citizens' Panel. Members of Healthier Communities and Older People's Partnership Board and their sub groups have been sent the consultation packs. This includes the Primary Care Trust.

We have also given a number of copies to a variety of front line staff working with older people, people with learning disabilities, physical disabilities and staff carrying out the financial assessments.

Staff have also been invited to take part in the consultation through internal newsletters.

1.2 Events and meetings

We have attended a number of events and meeting including:

3 sheltered housing open days in Caddington, Dunstable and Leighton Buzzard
 Central Bedfordshire Access Group
 Older People's Reference Group
 Carers Forum
 4 sheltered housing meetings in Dunstable and Caddington

We have also been invited to one of Advocacy Alliance's meetings for people with learning disabilities on 26 August at 10.30am. Finally we will be attending a carers group meeting hosted by Carers in Bedfordshire on 7 September from 10.30am at the Town meeting room, Northbridge Street, Shefford.

2. Consultation responses

2.1 Diversity of respondents

As of 18/08/2010 we had received 153 responses.

	No. of respondents	% of respondents	% profile of Central Beds
Gender (2007 estimate)			
Male	45	43	49.5
Female	60	57	50.5
Age (2001 Census)			
Under 16 yrs	0	0	21
16-19 yrs	0	0	5
20-29 yrs	0	0	11
30-44 yrs	13	11	25
45-59 yrs	39	34	20
60-64 yrs	22	19	5
65-74 yrs	22	19	8
75+	19	17	6
Do you consider yourself to be disabled? (life-limiting long term illness - 2001)			
Yes	22	20	13.5
No	91	80	86.5

² Consultation results to the 18/08/10

Ethnicity (2007 estimate)			
British	114	96	89
Black or Minority Ethnic group	5	4	11

2.2 Type of respondent

	No.	%
Central Bedfordshire resident not currently receiving services provided by Adult Social Care	82	53
Other	18	12
A carer of someone who receives services provided by Adult Social Care	14	9
Representative of group/organisation	14	9
Social worker	4	3
A current user of services provided by Adult Social Care	18	12
Professional carer	1	1
Health professional	3	2

2.3 Least popular proposals

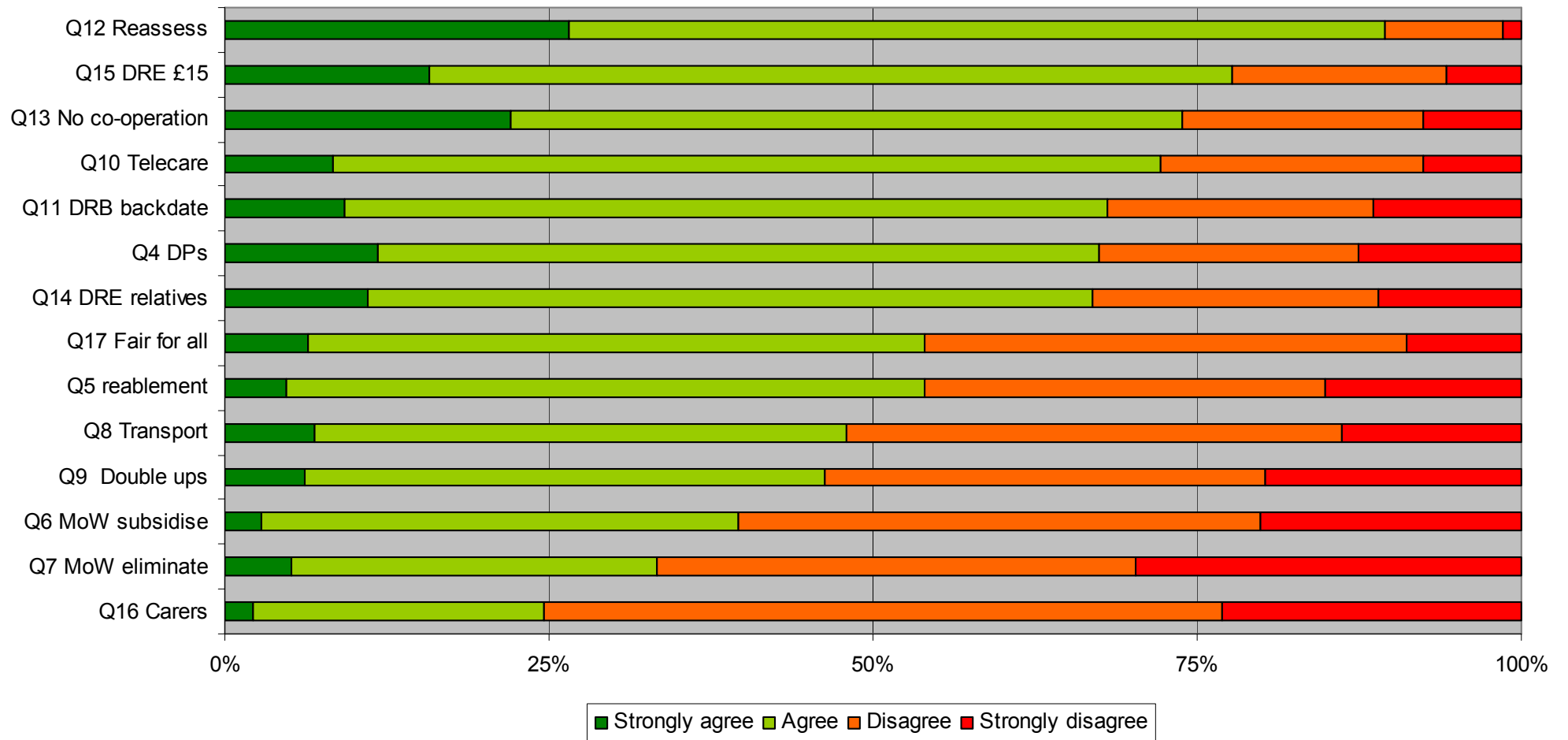
	Q16 Carers	Q7 MoW eliminate	Q6 MoW subsidise	Q9 Double ups	Q8 Transport	Q17 Fair for all	Q5 reablement
Strongly agree	3	7	4	9	10	8	6
Agree	30	39	51	59	59	59	62
Disagree	70	51	56	50	55	46	39
Strongly disagree	31	41	28	29	20	11	19

2.4 Most popular proposals

	Q11 DRB backdate	Q4 DPs	Q14 DRE relatives	Q10 Telecare	Q13 No co-operation	Q15 DRE £15	Q12 Reassess
Strongly agree	13	16	15	11	32	22	38
Agree	83	75	76	85	75	86	90
Disagree	29	27	30	27	27	23	13
Strongly disagree	16	17	15	10	11	8	2

2.5 Level of support for proposals

Comparison of consultation responses 18/08/10



2.6 Comments

Q4 Direct Payments

- 1 How will this effect emergency care/hospital discharges
- 2 Claimants may need interim financial assistance before an assessment is made, particularly if this is delayed. I can understand the Council's desire to deduct their charges before a direct payment is made, but the individual should be in control of their own resources. That is what 'personalisation' is about
- 3 . I disagree that a direct payment is withheld from someone who needs the services as yet again they will be left at risk whilst waiting for an assessment which could take up to 6 weeks. Don't withhold services aim to get a better Financial assessment time limit.

Q5 Reablement

- 1 Reablement should not be charged for provided if it is effective as it sounds like it maintains independence for those who have physical or mental health issues
- 2 A person who needs such a service is most unlikely to afford. Mental disabilities need help not hindrance.
- 3 Reablement service should not be charged for as it gives people with mental and physical health problems skills for daily living.
- 4 Clarity required between intermediate and enablement to avoid confusion.
- 5 It is helpful for reenablement to be free of charge for that short period otherwise it might deter needy people from seeking help if they also have financial concerns.

Q6 & 7 Meals on wheels

- 1 I think you will have to be careful about eliminating charges for meals on wheels as this may have a significant effect on some of the considerably older people (i.e. 80+), particularly those who live alone and do not bother to feed themselves correctly. They need the nutrition and the daily, if brief, contact with another human being to ensure health and safety. There will be some people who will say 'Oh well I don't need a hot meal every day as I need the money to keep my home warm or buy other items of choice' whilst not realising the significance of this change in their lifestyle
- 2 Yes, I feel that if meals on wheels are not subsidised many people will become malnourished and /or ill as they can not afford a hot meal.
- 3 Such a subsidy must be maintained for the poorest candidate. Those who can afford to pay some of the cost providing its reasonable should be asked to do so
- 4 It is a service that those, particularly widows should expect. National Insurance should subsidise this service nationwide
- 5 This is the main for our most vulnerable customers
- 6 It is widely understood that costs for services will be stretched, particularly in present economic climate, however some charges should be made, and particularly meals on wheels as older people attending a day centre or receiving care in their own home should be able to pay for their own food, in line with many other people on fixed incomes.
- 7 It is important that the charge for Meals on Wheels is not fixed so high that people stop using the service. This could have a severely adverse effect on vulnerable people
- 8 The meals on wheels services is vital providing at least one hot meal a day. It would be a false economy to charge for this as older people may choose to spend

their personal budget on other things. If, however, the budgets are updated to allow for a meal (doubtful) then no savings will be made.

- 9 Charging more "meals on wheels" could also deter people from using this service and would in turn affect their health and wellbeing
- 10 Meals on wheels can be a poor quality service and does not warrant its full cost which is an insult to vulnerable people

Q8 Transport

- 1 People will become isolated if they have to pay high costs for transport especially as old people can take public transport free but as buses don't stop close enough to day centres etc couldn't use them.
- 2 Encouraging people to use day centres prevents loneliness and thus contributes to their health and wellbeing. For many it is the highlight of the week and a chance to socialise
- 3 I think regarding transport to day centres, it is difficult as bus passes are free so if was possible to get a bus to the day service it would be free but if no bus runs and the person has a bus pass then I think it should be free
- 4 Two totally different concepts, day centres are a one off taking the elderly to a meeting point for a chat. Other day opportunities will be for a specific requirement and part of an agreed budget. The cost of visiting a day centre is expensive enough already.
- 5 Day Centre attendance should be free for those over 70. Though they should still pay the cost of transport if needed to get there
- 6 People who attend daycentres are usually already at great disadvantage in life and it's most unfair to make vulnerable pay for this service.

Q9 Charging for two carers

- 1 If vulnerable people are going to be charged extra (i.e. two carers charged for instead of one etc.) Then the Council must ensure the staff are employed as efficiently and effectively as possible. Who is going to monitor this? How?.
- 2 If a person needs 2 carers at the same time then that person is very dependant on such help. If it is really necessary then it won't be long before all savings will be gone. You will be paying the lot then. Why do you want to drive everyone to dependency on what social care can afford.
- 3 Again discrimination against the most vulnerable customers
- 4 It should be free for all users

Q10 Telecare

- 1 Providing the charge for Telecare is not increased
- 2 Concerned about charges for telecare service - this should remain a free service regardless of financial circumstances. The whole system is inherently unfair and the better off should not have to subsidise the system for poorer older people
- 3 should be free for all users

Q11 DRE Backdate

- 1 If benefits are not back dated people will receive less money as officials at benefit offices do make mistakes which can lead to delays and this can effect the person
- 2 Is it ok to use DLA for means testing? If someone has been claiming disability

related benefit for a while and the Council are not aware they could be liable for a huge bill. This is fair as it makes sure that people pay what they should.

Q12 Annual reassessment

- 1 Annual re-assessments might prove to be very costly in administrative terms
- 2 These reassessments will create more pressure on service users and confusion caused by the complexity of the forms. Are there resources to cope with the number of annual reassessments on top of the new assessments? Do you know the number of people involved in this?
- 3 Annual assessment - should be done in April after yearly building society and bank interest statements are in.

Q13 No cooperation with financial assessment

- 1 Time limits 28 days. If one was caring for a sick person they wouldn't have ample time to communicate possibly not even open the letters. Caring is a 24 hour business and one cannot always be alert 24 hours a day.
- 2 Given that this applies mostly to older people, who are often confused and slow to respond, this seems draconian. There is only a 3 week gap between the closing date for the consultation process and your implementation date for the proposed changes in charging. This does not seem long enough for responses to be considered and possible adjustments to your proposals as a result of what your consultees are saying
- 3 This is fair as it makes sure that people pay what they should. There was concern that some customers could be seen to be failing to co-operate when in fact it is because the process is overwhelming and difficult to engage in.

Q14 DRE relatives

- 1 It is generally felt that this proposed change was fair.
- 2 A list of the most common DRE should be made available

Q15 DRE limit

- 1 Feel you should take receipts for all expenses
- 2 I think receipts should be provided for all monies not just above £15 as proposed.
- 3 I agree but time must be allowed for this requirement to be assimilated by the elderly, it might take time for present recipients to get used to the change over

Q16 Carers Services

- 1 Carers only receive up to £80 every 4 weeks as a Direct Payment but save £000's through the support they provide to vulnerable people. Charging them on top of a system they already feel is too bureaucratic may cause some carers to stop caring which could cost more in the long run or continue caring without seeking support - as carers are twice as likely to develop emotional & physical health needs of their own because of the caring role this could again cost more in future. The vision for Transforming People's Lives relies heavily on carers continuing to provide the support that enables vulnerable people to exercise Choice & Control and independence. Has consideration been given to the extent to which providing free services to carers are actually and investment to save money in the longer term?
- 2 This is stabbing the carer in the back. One would hope that such help, which is obviously a necessity otherwise it would not be done, must be taken into account

- 3 Disgraceful. Have not seen the policy. I am very concerned given that two customers I have reviewed had been wrongly financially assessed causing one customer to cancel her care and become poorly. Lets get the basics right.
- 4 I think the Family Assessment is the vital clue for making this work as if a family member has to give up well paid employment to care for a relative they should not be penalised for having to pay for a Carer Break or Direct Payments. This could well be 6 monthly than annually as if savings are depleted in a short while they have nothing to fall back on.
- 5 Charges should never be made imposed on carers who provide 24/7 care and support, saving LA's a huge amount of money. To charge for this is a slap in the face to all carers.
- 6 To assess Care DP's/Vouchers is disgraceful. We offer precious little to carers without whom public services would collapse. Currently we support with £20 a week! This is a pittance in itself without a contribution coming out of it! How much is this 'consultation' costing?
- 7 Do you know how many people this will effect because if the short break vouchers are the same as those provided by BRCC then there was very poor take up? Is it worth removing something that is free and people appreciate and earns goodwill just to save a small amount of money. Being a carer is difficult enough as it is, to then have to ring up for help and be told that you may be charged and that you have to go through a financial assessment to check what you need to contribute to pay for the respite care is too much and will stop people ringing up in the first place. Carers can't earn enough money so it will be difficult to ask for this help if there could be a charge. It will be viewed badly as just another thing that carers have to pay for. Will this lead to a cost saving or will the cost to implement this outweigh the savings? The carer will be far more affected by the cuts than the service user. You are making the whole process for carers more bureaucratic and more difficult for them to ask for help in the first place. It feels like the process is sending the message out to carers that the Council does not want to help them. The Government said that they would do more for carers not taking the help away. The Council should be trying to keep as many vulnerable people away from hardship as much as possible. There is the perception that the quality of service is not as good because it is not as easy to access the service.
- 8 I understood that carers breaks and direct payments are not subject to a financial assessment - It would be a disgrace to take these very small amounts away from carers (many of which do not qualify for any carers allowance as they get a pension). This is only a small award as it is and without some kind of appreciation the carers will get burnt out and the client will end up in a home, costing you more. BEDFORD B.C. give more generous amounts and are more flexible with the amount of carers direct payments they pay out - if Central Bedfordshire decide to take this away, you are in danger of a postcode lottery!
- 9 I think it is a bit of a joke to propose to charge for direct payments/ carers vouchers for those people that save you money in the first place. I think the council needs to look at other areas to save money rather than cut back on services that are needed. In the majority of cases families are on low income and struggling to get by as it is. Don't penalise the people that need the most help.
- 10 Carers desperately need some respite both for their own sake and for those they care for. Often they are unable to take up significant paid employment because of their caring duties so cannot afford to take a break. All carers need support.
- 11 Carers who receive a direct payment should not have to pay for this service. They are already giving so much to help society by caring for their own loved ones (hands on) on a 24/7 basis, saving the Government billions long-term, surely this should be recognised by giving this payment free.
- 12 Exceptions for dementia patients as a carer. A few hours on my own is much

appreciated; therefore a larger increase in charges would not be welcome

- 13 Many carers already suffer from financial hardship due to their current situation and do not need any further stress or additional anxieties regarding charges for services provided.
- 14 Charging carers who already save the council thousands of pounds is a disgrace.

Other general feedback

Alternative charging proposals

- 1 Most services should be charged at full rate with minimal exemptions except serious hardship.
- 2 I think that all services should be charged at cost. I think the assumptions you are going to make about anyone's ability to pay e.g. is it a proportion of their income that is fair to pay for social care? Or assets or savings? And how do you set proportion on housing or food. The fairest and cheapest to run would be where the law allows, everything is charged at its true cost, but means tested support should be available up to a limit. People can choose what they pay for and true value for money can be easily seen
- 3 Try looking at services that are repeated by health and social care, such as OT - amalgamating the service can save money for both NHS and LA instead of charging for care & support which caused increased anxiety especially amongst those who have diligently saved all their lives to see it taken away in later life whilst being aware that their neighbour receives a free service because they have no savings and had no intention of ever saving for their old age because they relied on the state to provide.
- 4 Perhaps have a request service that is charged for to allow those with declining capabilities to go for a "booster" session. E.g. a worsening tremor may benefit from assistance with cutlery and self feeding techniques.
- 5 Those receiving benefits from the State and Local Authority should they be charge for services defined in the Fairer Charging policy.
- 6 No further charging
- 7 Has it been considered that using one standard charge that everyone pays would be a fairer option - particularly for day care.

Suggestions for other areas of charging

- 1 Car Parks
- 2 I feel that it could be useful to charge an annual fee, albeit minimal, for the issue of disabled parking licences.
- 3 Yes, take into account the persons previous contributions and changes they have made in the well being.

Financial Assessments/ Charging calculations

- 1 Capital threshold is too low
- 2 Someone's assets should be taken into account in the financial assessment. Someone could have enormous amount of assets but no liquid assets. The value of someone's home should be taken in to account. Charges should relate to the quality of the service.
- 3 What is not clear in the policy is which people's income is taken into account when determining the contribution level. It mentions the term 'couple', but we have had a case where the family's child, in their early 20's income was taken into account. This I don't feel is fair in the slightest. If the person was in their 30's or 40's I can

understand, but a young adult just starting out, should not be asked to contribute towards their parents ongoing care

- 4 Re. policy tem 14.5 This should be decreased to 50p per £250 or £1 per £500 due the very low interest rates and dividends No mention of where investments saving Bonds which carries a 1% of insurance which was invested quite some time before the need was required This should not be deprivation of assets but only after the need occurred.
- 5 I think the current charging aspect is too high and at the moment put people off from accepting a service.
- 6 A lot of money is being lost due to poor policy and practice as many financial assessments are not being completed from over 6 weeks of a service going in. Before taking more money from those already paying I think the council needs to sort out where money is being lost in the first place from poor practice

Consultation process

- 1 I am appalled that this consultation form has been hidden away on the website and was purely found by accident. This should be sent to all current users and carers of the services as it will directly affect them. One might think that you are trying to slip these changes in without them being noticed.....

Suggestions re. Implementation

- 1 The policies should be explained fully to carers; many do not know to what they re entitled.
- 2 All policies should when reviewed should include the cost of implementing the policy nothing that costs more than 10\$ of the expected savings to implement should be considered the reduction in Bureaucracy in local government should be the main priority and the path to real savings
- 3 Having had past experience with another council on elderly care I feel that direct family should be included in the reviews of care.

Principles of charging

- 1 A couple that have worked all their lives and struggled to purchase a home, and save should NOT be penalised if they have under £30,000 in savings. That could soon be eaten up by say a stair lift, adjustamatic bed, adjustamatic chair, a wet room, wheelchairs, ramps, and a prepaid funeral.
- 2 Just because someone has worked hard all there working life and built up a savings fund does not mean that they should be financially penalised next to someone who has spent there income on cars, holidays etc and been irresponsible in not providing for the later life
- 3 Charging based on income is a difficult area to be fair in. Someone who has been thrifty all their life and not relied on handouts will be penalised if they are an owner occupier. Another person could have earned more during their working life spent their money on luxury good and services and gone into retirement relying on benefits will be supported. Care needs to be taken so this scheme does not encourage people to spend, spend and go into retirement with no assets knowing they will be supported whilst the thrift person ends up by contributing and then paying again for services that are not free to him or her
- 4 If people have not paid National Insurance, they should not receive payments. They should not expect to receive benefits if they have not contributed towards them.
- 5 To make the system fair it should apply to all who require social care. What this

government approved scheme ensures is that we spend all our savings and eventually end up in the same condition as those on benefits. The system as you propose will be fair for those who can fully take advantage of it. For those with savings it will not.

- 6 I am deeply concerned that charging appears to be equated with fairness. There is a significant difference in the percentages of income that are consumed by these charges. A small charge for one person could be a significant percentage of weekly income to another... this is not fair and therefore I cannot concur that your proposed changes are fair. This drives poorer people into even greater hardship as indicated by all the Dr Foster health markers and a number of the previous governments social exclusion markers. I can't support such a policy. I would also wish to ensure that changes to date of payment take account of the significant delays in central government processing benefit claims. There is often an income gap for the most needy when they have neither state benefits of access to local services and support. This isn't fair either.
- 7 Are you mad? Have you ever needed to care full time for another human being who is unable to do things for themselves? Fairer for all? It isn't a level playing field. The daily struggle to do anything, the joy of some help arriving, I can only imagine. I have chronic fatigue, receive no help whatsoever, and nursed my husband for 30 years until his death 3 years ago. Charge people to not even really do what is effortless for most, heap cost on the when they are unable to even provide their own food - have some sense of dignity. I cannot believe that you really mean this appallingly crass document. I hope you are ashamed of yourselves. There is a poor political notion around that people in need are cheats when in fact they are trying to maintain some shred of hope and a little less futility in their lives. How dare you even think that 'fairer for all' is a financial consideration only. Fairer for those who can do nothing for themselves is to have help to do things for themselves. I am actually disgusted by this approach and tone.
- 8 I think that no charges should be made. the population is an aging one some elderly don't have enough to live on at present with charging them it means that they will barely be on the bread line also they may not want to have the services to help if they pay for them. They would be socially isolated and their health may deteriorate as many have no relatives and live alone. In fact I believe that the unemployed should be made to work and those families' on long term benefits should come off and free up the extra income for the more vulnerable.
- 9 Surely 'fair for all' should mean that the charge for services should be based (a) on need - everyone should be able to access the type of care and support they need, without having to resort to extortionate private providers. This, in turn, would force private providers to reduce their charges, giving clients a fairer choice.
- 10 Most pensioners are living off a small budget, they've paid taxes their whole lives, and they deserve to be helped.
- 11 do not know enough about existing policy
A misnomer - not a fairer charging policy but an extra charging policy. I know cuts have to be made but does it have to be at the expense of the elderly and often vulnerable. Costs are rising quicker than income and this especially applies to elderly people.
- 12 We are exposing the elderly to the most rigid examination of their personal finances to a level they have never experienced in their lives. Means testing erodes their last their last bastion of dignity, so vital in old age. Applies a stress factor not conducive to age
- 13 We understand the need for economy but why oh! Why must it always be at the expense of the elderly frail.
- 14 Care should be free to the elderly. Not means tested

- 15 I support the principle that individuals / families should provide for themselves, or buy provision of services they need. Whilst it is fair to charge for things that people would normally pay for (food, transport etc), it does not seem fair that only recipients of social care have to pay in addition to payments by income tax, national insurance and council taxes. Aren't these taxes supposed to fund those in need? So are you planning to charge for school lunches and transport, school crossing staff, libraries for instance? How is the distinction made between standard services free to all and chargeable services, depending on ability to pay?
- 16 I think I have paid my NI, Paye contributions. I have worked and saved and made alterations to my property, which enables me to stay in my home, with no help from services. Now because all of the above I shall have to fork out extra for my care in time of need.

General feedback

- 1 Sounds like more clerical work and hence additional costs.
- 2 I am not part of the carer system - I am sure there are extremes at either end that will not be happy with the changes but the overall majority will accept them.
- 3 Whilst trying to charge fairly across the spectrum of financial groups it must not detract from the service that people get. It would not be right that people were afraid to ask for help because of the cost involved. This would be a retrograde step in our purported caring society
- 4 Only to stress again that it is so important to ensure that those really in need do not miss out, and those that have plenty (and there are a lot!) pay their fair share. We are all in this together, and unfortunately we all have a price to pay due to overspending in the past
- 5 I believe that the cost savings looked for in this re-adjustment of provision of free services could probably be found elsewhere within the authorities' remit, if the willingness were there. For example, the authority should have a stated three year freeze on re-organisation that is not at least cost neutral and a freeze on any re-branding. Opportunities for cost savings against individuals who are in a position of influence over their lives should also be looked at before affecting provision to those who are not necessarily so fortunate, for example, senior management remuneration
- 6 Most answers depend on knowing the level of contribution required and the financial criteria used. As these are not detailed it is difficult to know the overall effect. In general to achieve overall fairness it is probably better to give blanket benefits
- 7 These answers are given in the context of ignorance of the system in practice, save for the outline of current and proposed policy in your pdf
- 8 The policy does not capture patients who have multiple disorders/conditions. If you are considering a budget which is the same for all then I do not agree. People do not choose to be ill. Another possible area is to look at is the litigation process---If you wish to use our service you have no automatic right to compensation. Make the care patients receive linked to say a points system which takes a holistic view of the conditions a patient may have. For example if a patient have Parkinson's and another significant illness that their Budget should reflect this.
- 9 I am not familiar with the services provided that were not mentioned in the document
- 10 All and any benefits and services should be properly and fully means tested but the level of means used in assessment must be 'sensible' - many in the benefits system are far too low eg NHS dentistry and glasses etc.
- 11 Not really, but just hope that any changes will indeed be fair for all. So many people who can afford to pay don't, and others who can't afford it find it extremely

difficult, and may possibly decline to ask for help!

- 12 Not really, i think the disability people should be entretuaed to several benfits
- 13 The Government is suggesting we all save for our old age. Such a charge as you suggest will not promote saving the very opposite in fact. A charge would be fair but not at the upper limits that you propose
- 14 I do not think that people requiring services of this type should be penalised for needing them. This almost seems discriminatory. People do not require these services by choice. Many have paid Income Tax and National Insurance for all their working lives and should not be forced to pay for such services
- 15 Clarity between services and care needs to be made, currently the policy refers to services and the guidance and the proposed changes refer to care needs/ costs of the individual. What will stay the same? 1 Currently legislation does not allow for ADL under £1000 to be charged for so it is unfair to say council is leaving this the same. I think it relates to community & hospital discharges. There should definitely be an upper limit for chargeable services.
- 16 Take this away and the frail and elderly have nothing.
- 17 There needs to be a thorough review of the fairer charging policy to ensure that there is a balance of having wider communities. There is currently emphasis on "affordable" housing but this does not take into account people will to downsize to more suitable housing, usually bungalows. So many bungalows are being extended into houses or being pulled down to make way for more houses, thus reducing suitable housing for a growing older age or growth within a community in which they currently live and feel comfortable in.
- 18 Charging could lead people to neglect themselves or the people they care for if they believe they cannot afford it. Therefore consideration should be given to ways to ensure that the services needed do indeed reach those who need them. I am happy that to pay for certain services, providing they are provided effectively. I cannot emphasise how confusing and overlapping (and, one would assume, therefore inefficient and costly) these services are. If the provision of services was thoroughly reviewed and restructured i feel sure that the savings made could ensure that services were available for those who needed them - whether they paid for them or not.
- 19 As in all things the situation is not black and white. Fairer Charging for services is obviously equal however many people will not be aware of benefits and entitlements therefore there needs to be joined up working.
- 20 I think that people who are living in this country now should pay for things or their family's for the first 5 years
- 21 This is grossly unfair to the most vulnerable members of society who are the least able to defend or understand their position or manage a complex system of payments.
- 22 When you talk about a fairer charging policy the thought that comes to my mind is does this policy really mean fairer charging or is it really just to make cuts because of cuts in budgets and also to who is it to be fairer?

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