

Final summary of consultation activity and responses

1. Consultation activity

1.1 Methodology

The consultation started on 25 June and closed on 10 September 2010.

The consultation primarily gathered views through a questionnaire sent to service users, organisations and residents. Consultees were provided with the draft Fairer Charging Policy, a consultation document explaining the proposed changes to the policy and a questionnaire to assess the extent to which consultees agreed or disagreed with the proposed changes.

The consultation was promoted at various events and meetings, a press release was sent to the local media and an article appeared in the Council's magazine News Central.

1.2 Mailings

More than 3,000 consultation packs were sent out either by e-mail or post to representative groups, service users, libraries, day centres and the Citizens' Panel. Members of the Healthier Communities and Older People's Partnership Board and their sub groups have been sent the consultation packs. This includes the Primary Care Trust.

Consultation packs were supplied 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 were also invited to take part in the consultation through internal newsletters.

1.3 Events and meetings

Social Care, Health and Housing officers attended a number of events and meetings to promote the consultation and gather views, this included:

Three sheltered housing open days in Caddington, Dunstable and Leighton Buzzard
Central Bedfordshire Access Group
Older People's Reference Group
Carers Forum
Four sheltered housing meetings in Dunstable and Caddington
Advocacy Alliance's Getting Involved meeting for people with learning disabilities
Learning Disabilities Delivery Partnership Group
Carers in Bedfordshire meeting

Officers met more than 400 people through these events.

2. Consultation responses

2.1 Diversity of respondents

In total 229 questionnaires were returned.

	No. of respondents (%)	% profile of Central Bedfordshire
Gender (Central Bedfordshire profile - 2007 Office of National Statistics (ONS) estimate)		
Male	58 (36%)	49.5
Female	103 (64%)	50.5
Age (2001 Census)		
Under 16 yrs	0 (0%)	21
16-19 yrs	1 (1%)	5

20-29 yrs	3 (2%)	11
30-44 yrs	16 (9%)	25
45-59 yrs	50 (27%)	20
60-64 yrs	32 (17%)	5
65-74 yrs	35 (19%)	8
75+	46 (25%)	6
Do you consider yourself to be disabled? (life-limiting long term illness – 2001 Census)		
Yes	52 (30%)	13.5
No	123 (70%)	86.5
Ethnicity (2007 ONS estimate)		
White British	170 (93%)	89
Black or Minority Ethnic group	12 (7%)	11

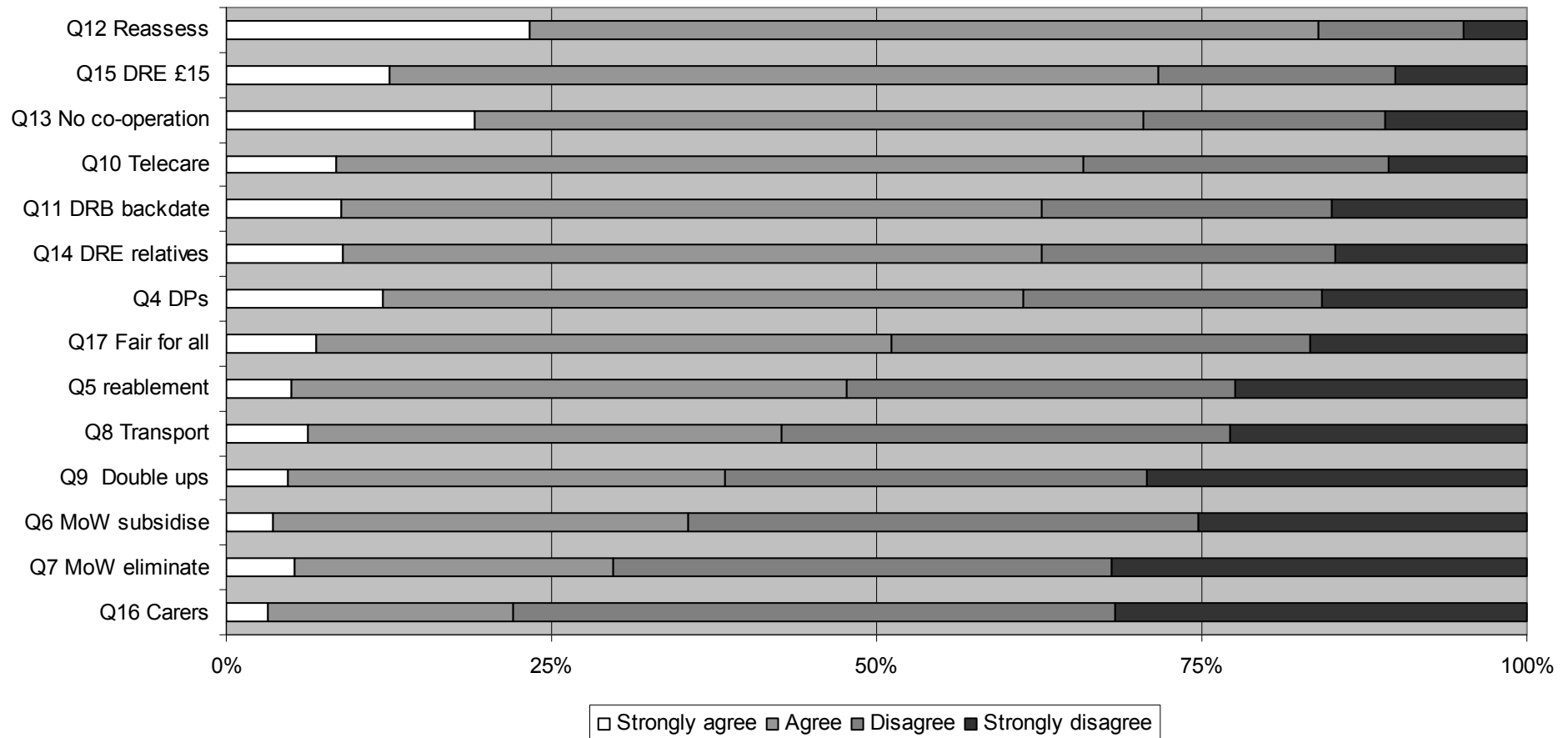
2.2 Type of respondent

	No.	%
Central Bedfordshire resident not currently receiving services provided by Adult Social Care	93	41
Other	23	10
A carer of someone who receives services provided by Adult Social Care	36	16
Representative of group/organisation	19	8
Social worker	5	2
A current user of services provided by Adult Social Care	49	21
Professional carer	1	<1
Health professional	3	1

Analysis of where respondents live shows an even and representative spread across the Central Bedfordshire authority area.

2.3 Level of support for proposals

Comparison of consultation responses 13/09/10



2.4 Direct Payments not made until Financial Assessment completed

51% of respondents agreed with this proposal. The respondents who disagreed with the proposal were concerned with the effect of delays in the financial assessment process. A respondent felt that this proposal conflicts with the personalisation agenda.

2.5 Charging for Reablement Services

37.1% of respondents agreed with the proposal to charge for reablement services and 40.6% of respondents disagreed. 50% of those who provided comments felt that reablement should not be charged for as it is an important service; it is preventative and saves money. A summary of other comments regarding reablement is provided below:

- Charging may prevent access to services for those unable to afford
- Clarity is required around financial assessments for those leaving hospitals

A large percentage of respondents (17%) did not know whether these proposals were fair. A number of respondents were unable to answer this question as they did not understand reablement. One respondent asked for clarification of the difference between intermediate care and reablement.

2.6 Decrease subsidy for Meals on Wheels

Only 30.2% of respondents agreed with this proposal. 54.6% of those disagreed with the proposal; of which 21.4% of respondents strongly disagreed.

2.7 Eliminate the subsidy for Meals on Wheels

Only 24.5% of respondents agreed with this proposal. 57.6% of those disagreed with the proposal; of which 26.2% of respondents strongly disagreed.

56% of those who provided comments felt that increased costs may mean people stop using the service, causing a negative effect on people's health and wellbeing.

A summary of the other comments related to Meals on Wheels is provided below:

- Meals on Wheels should only be reserved for certain client groups – e.g. The poorest and/ or widows and/or the most vulnerable – 18.7%
- People should be able to pay for their own food – 6.2%
- A small increase would not be too bad - 6.2%
- Does the Meals on Wheels contract offer good value for money? – 6.2%
- Meals on Wheels can be a poor quality service and does not warrant its full cost – 6.2%

2.8 Charging for Transport to Day Centres

Only 38.5% of respondents agreed with this proposal. 51.5% of those disagreed with the proposal; of which 20.5% of respondents strongly disagreed. A summary of the comments relating to transport to day centres is provided below:

- Transport costs could put people off from going to day centres
- People should not be charged for day centres because of the positive benefits gained from the service. Examples of positive benefits are improved health, wellbeing and social aspects
- Conflict with policy on free / concessionary bus passes
- Day centre costs are already high
- Free transport should only be reserved for certain client groups such as the over 70s.
- The client group is already vulnerable, it is not fair to charge them for transport

2.9 Charging for carers where two carers are providing care at the same time ('double-ups'):

Only 35% of respondents agreed with this proposal. 56.3% of those disagreed with the proposal, with 26.6% of these respondents strongly disagreeing.

72% of those who provided comments felt it was unfair to charge double ups as these people often had high support needs and are amongst the most vulnerable and /or disabled. A summary of other comments regarding double ups is provided below:

- This service should be free for all users – 11%
- Carer double ups may push people into the charging threshold earlier and deplete savings quicker - 11%
- This policy change needs to be monitored to ensure staff are employed as efficiently and effectively as possible – 6%

2.10 Telecare

54.2% of respondents agreed with the proposal not to charge for Telecare services and to continue to charge for the community alarm system. 75% of those who provided comments felt that Telecare should remain free. Many sheltered housing residents visited during the consultation expressed concerns about the discrepancy between charges. Many were unsure whether Telecare charges for sheltered housing residents would continue at the current fixed charge.

2.11 Backdate welfare benefits to date of award

52.8% of respondents agreed with the proposal not to backdate disability related benefits from the date of the award. A summary of comments relating to this question is provided below:

- Benefit offices can make mistakes which can lead to delays, this can affect the person
- 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.
- Extra charges should never be back dated as this could cause great hardship

2.12 Annual reassessment

These proposals were very popular with respondents. 75.6% agreed with these proposals, of these 21% of respondents strongly agreed. A summary of other comments regarding annual reassessments is provided below:

- This may have a high administrative cost
- CBC need to consider the resource implications of this
- Will social work / carers assessments also be carried out annually?
- Constant reassessment of people is unnecessary; circumstances do not change as frequently
- Social workers should be trained about new assessments
- Annual assessment should be done in April after yearly building society and bank interest statements are in.

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

These proposals were very popular with respondents. 64.7% agreed with these proposals, of these 17.5% of respondents strongly agreed. Some respondents felt the proposals were fair, ensuring people pay what they should.

Respondents felt that a degree of flexibility should be given in special cases as some customers may appear to be avoiding financial assessment when there may be a genuine reason why they are unable to cooperate. It was felt that financial assessments following discharge from hospital needs to be dealt with differently.

Some of those disagreeing with these proposals felt that 28 days was not enough time.

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

51.9% of respondents agreed with this proposal. It was generally felt that this proposed change was fair. A list of the most common DRE should be made available in the new policy to provide additional clarity.

2.14 £15 threshold for DRE without receipts

These proposals were popular with respondents. 62% agreed with these proposals, of these 10.9% of respondents strongly agreed. Many respondents felt that receipts should be taken for all expenses. A summary of other comments regarding these proposals is provided below:

- Any change should be phased in to give people time to get used to collecting receipts
- How much does it cost the council to review the receipts?
- How much money does the council expect to save by dropping the DRE limit for receipts?
- Producing numerous receipts just places extra burden on carers and causes more bureaucracy
- Felt it was penny pinching to drop the DRE level

2.15 Charging for services to carers

Only 17.9% of respondents agreed with this proposal. 63.4% of those disagreed with the proposal; of which 25.8% of respondents strongly disagreed. Many carers felt this proposal was disgraceful as they save the council money by caring for loved ones.

A large volume of comments were received in relation to these proposals, these have been summarised below (please see appendix for all comments)

- Charging may mean carers may stop caring, what would CBC do then?
- The amount paid to carers is very low; carers only receive £80 every 4 weeks
- The cost implementing will outweigh any savings
- Other local areas offer more generous support to carers – CBC are in a danger of creating a postcode lottery
- Carers may suffer financial hardship, many are unable to take up significant paid employment because of their caring duties
- Carers are unable to cope without a short break from caring duties
- There is a discrepancy between the amount received for carers vouchers and direct payments

2.16 Overall is the policy fair for all

38.8% of respondents felt that overall the policy is fair for all. 37.2% of respondents disagreed and 12.2% did not know whether the new policy was fair.