

# Adult Social Care proposed new charging policy consultation report

Qualitative  
review

Herefordshire Council Citizen  
Engagement Team September 2012

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## Introduction

This report details the results of the qualitative feedback component of the Adult Social Care charging consultation. This document provides a summary of 'Free text' data received from the survey questionnaire with the full results being communicated separately to this report by the Research Team.

In addition to the survey questionnaire, service users, local groups/ organisations and stakeholders were contacted and officers from the Citizen Engagement Team and Welfare and Financial Assessment Team were made available to discuss the proposals and gain feedback in a comfortable, group environment.

Apart from two public events, the consultation activities focused on utilizing existing events and meetings to engage with as many interested parties as possible. The survey documentation asked groups and organisations to contact us and also offered a dedicated phone line number for people to discuss how the changes may affect them personally, and to provide feedback over the phone if they had difficulty with any aspects of the survey.

The meetings covered service users and organisations that would potentially be affected by the proposals, and took into consideration the rural demographics of Herefordshire as part of the consultation process.

In addition to the above feedback was also offered and collated via the following methods:

- Requesting a council officer to complete the form face-to-face in their home,
- Providing feedback over the phone
- Writing a letter or email feedback to the consultation address
- People could also write to their MP, councillor or council staff to raise their concerns

Table 1 Number of local meetings and number of attendee's

Method of completion	Number of meetings held	Number of attendee's
Council consultation events	2	21
Day Centres	7	126
Local groups/ organisations	6	180
Staff and professionals	1	17
<b>Total</b>	<b>16</b>	<b>344*</b>

*\*Please note some people attended more than one meeting, and are counted more than once*

## Overarching/ key themes

The purpose of the consultation activities was to gain feedback on the proposals, an opportunity to ask questions and, importantly, ask how the proposals may affect them. These comments are to be fed into the EA (Equality Assessment) so that decision makers are aware of the full impact of the changes on various, protected groups.

There was a small acceptance that in this current financial climate, proposals like these are inevitable, but most disagreed with increases and it is important for these to be considered and applied fairly. It also needs to be acknowledged that there was a large amount of confusion around the proposals, with many unaware of if they are currently full charge payers, have been recently assessed (means tested) or aware of their current circumstances. But the figures shown in the documentation as an example of full cost for the service made most feel they would be unable to afford these even though the majority, upon further discussion, were assessed to pay nothing currently and this would continue to be the case even if proposals were implemented.

*'It would lower my standard of living, put extra burden on my family and erode all my savings. Increasing cost is not sustainable when incomes are fixed, low and/or limited.'*

There was a general consensus that the current 'Panel' process isn't facilitating services user's payments and currently people and professionals are finding it a difficult and frustrating process. This is causing concern to those affected.

*'Far too much bureaucracy, getting a personal budget, assessments or additional care all seem to take far too long - panel judgements seem impossible to obtain.'*

The proposed charges and impact on family carers around paying for carers' services was a key concern. Many felt that charging carers for a respite was unfair due to the amount of savings they provide to social care services and the NHS with the care they provide free of charge.

*'The Council needs to see Carers as being in 'Partnership' with the Council and Social Care. They are not recipients of services. Carers, by providing the support they give, enable the county to work. By continuing this they won't cost the county any more, yet the proposals will probably increase the cost to the county.'*

A number of organisations raised the importance of undertaking an Equality Assessment (EA) to ensure people are not disproportionately affected by the proposal changes.

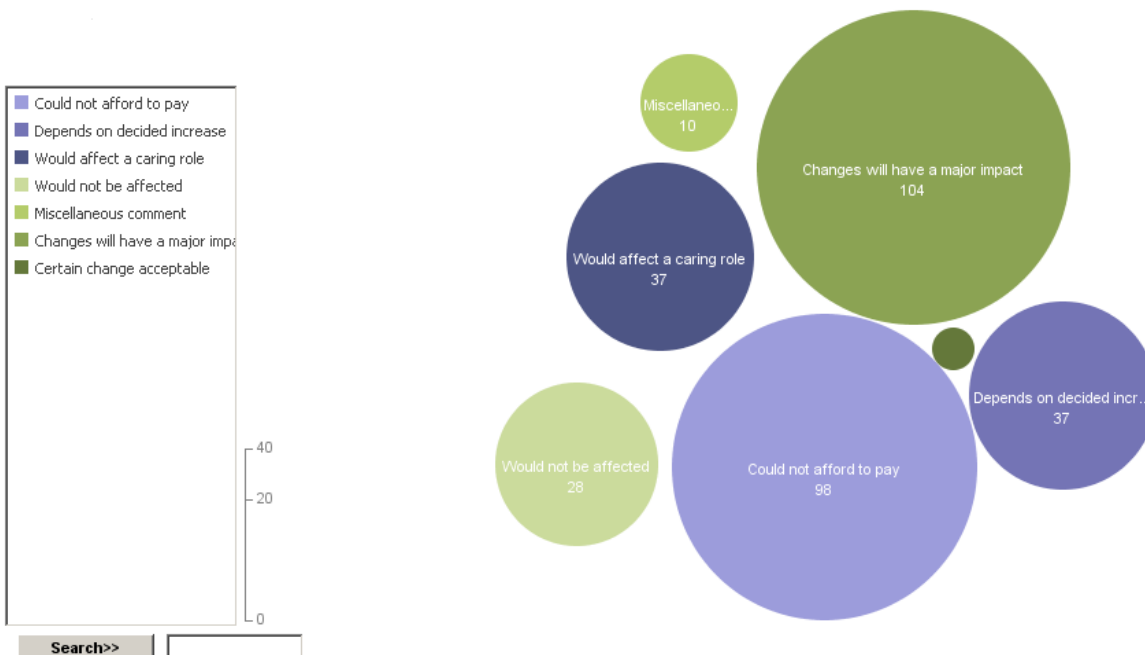
### Proposal 1 – Working out a fair charge for services

Two different ways for the local authority to work out how to set the charges for council managed services under the new system were given.

- Option 1- The actual cost would be charged. For example if someone needed less care at a day centre they would pay less and if they required more care at the centre they would pay more. For homecare provision this would mean that those in rural areas would pay more as the cost is more to the council higher than those in urban areas.
- Option 2- The average cost would be charged. For example this would mean that everyone would pay a flat rate for day centre services and be charged the same. In the case of homecare everyone would pay the same regardless of where they lived.

The first part of the question showed proposals for charges for each of the services and asked how the changes would affect them.

### Key themes



Significantly, many felt that any increased contribution towards social care costs would impact greatly on service users' quality of life. In particular, people felt that they could not afford to pay the proposed charges.

*'Increasing the cost on a person on fixed income simply means the council is putting me in a position where if I can't afford the care and day care services I have to look at cutting my own spend.'*

Some identified the risk that with the inclusion of extra charges and the associated anxiety and stress this may cause, that residential care may be a better option for themselves or relatives.

*'My mother is self funding so extra costs may mean the difference to living at home and having to go into residential care.'*

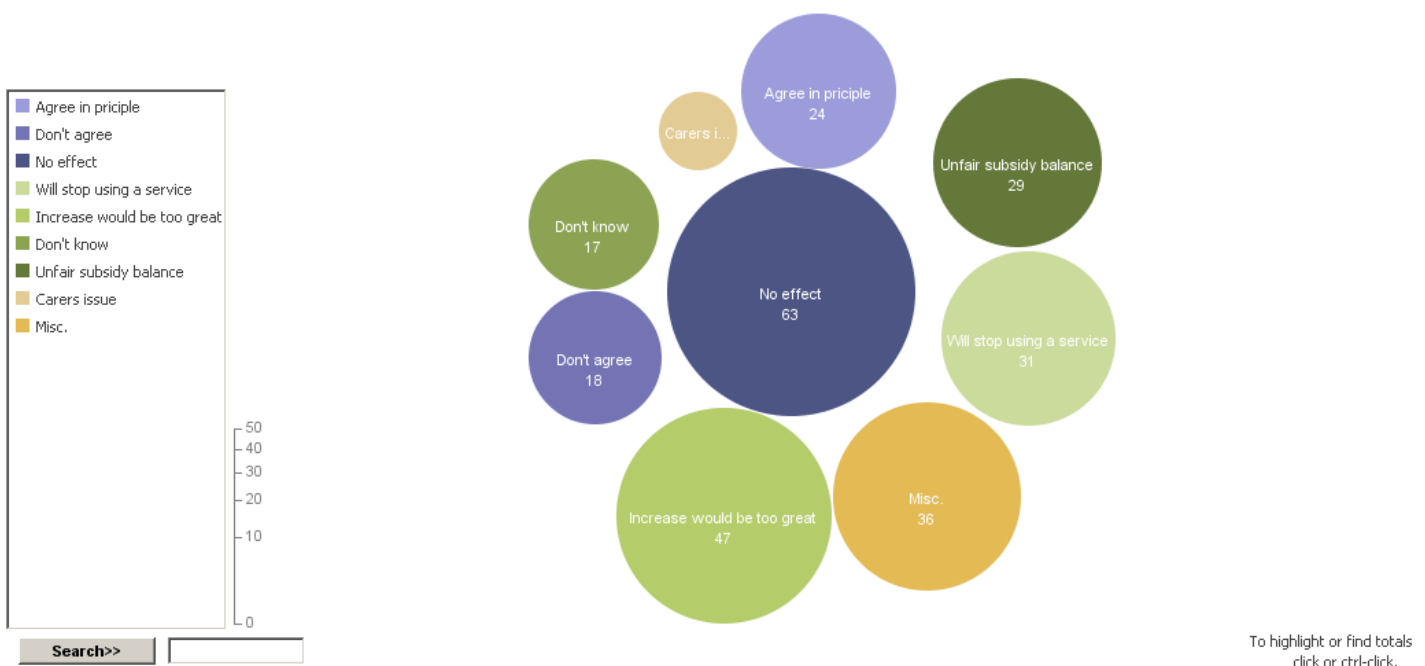
The feedback also identified that those living in rural areas felt that proposed increases to their costs were unfair.

*'Such increases do not take into account the ever spiralling cost of day to day living. Rural areas face pressures of poor public transport; therefore subsidies should remain the same or more.'*

The proposed increase in meal cost was touched upon in the consultation but in the case of Day Centre's most provide these on site. Whilst some the increase could be to great others felt the service was worth increase.

The second part of the question asked how the Actual cost / Average cost option would affect them.

### Key themes



A large number of respondents said that these proposals would make no change to them. Again it is important to note that while the proposals would not currently affect them, some people

commented that they have family who currently help them. This makes it difficult to quantify how these people would be affected in future should their current extra support diminish.

Again people believed that the proposed cost increase would be too much and would impact severely on their outgoings.

*"I would have less care and my illness would be compromised"*

*"We will use up most of our life savings within 18 months"*

Some specifically indicated that the proposed cost increase would prevent them from attending services. There were concerns about the affect of these people being isolated and having less social contact. This in turn has an impact on their carers.

*"I wouldn't go to day care and it was part of my rehabilitation plan"*

*"£38 a day is just not on. I would just stay at home..."*

Concerns were raised regarding the fairness of these changes. This centred around the scenario of both flat rate payments and actual cost payments. Flat rate proposals gave rise to concerns where one client group would be subsidising another (urban / rural service users and different client groups relating their level of care). Actual payment proposals had comments of unfairness due to differing costs between these client groups.

*"A person with one carer should not pay the same as a person with two carers"*

*"I live in a rural area and don't wish to be penalised for this"*

*"I live in a rural area but my income is the same as anyone living in town or city so don't see why I should pay more"*

*"I need less care than some and live in the city. I can't afford to subsidise others"*

*"I don't think people who need more help should pay more it isn't their fault they are ill"*

*"I live in the country and pay the same taxes so why should I be penalised?"*

*"It would be unfair to penalise service users by postcode and disability"*

*"My sister does not need 1-to-1 care so why should I have to pay more if some one else does?"*

*"Payment should be the same whether urban or rural - as a rural person charging more seems unfair"*

*"Some people need 1-1 care others need 1-4 care. Everyone is different. Assessment should be made on individual merit"*

Some responses indicated issues related to carers. Carers were concerned to the impact on their lives if the cared for person has a higher dependency on them. This increased dependency would be brought on from higher charges preventing the use of services. Also the cost of providing caring services being too much.

*"If the charges went up to minimum £16 per day, then on principle I would probably stop going to Day Centre. Thus giving my carer a bigger burden"*

*"I would have to help my husband and not go out to work as I have carers get him up"*

*“...Perhaps you'd like to pay full time carers up to £20 per hour 24/7 365 days a year”*

It was also noted that in order to meet these rising costs, that personal budgets would have to be increased.

*“I would need additional; costs reflected in my personal budget”*

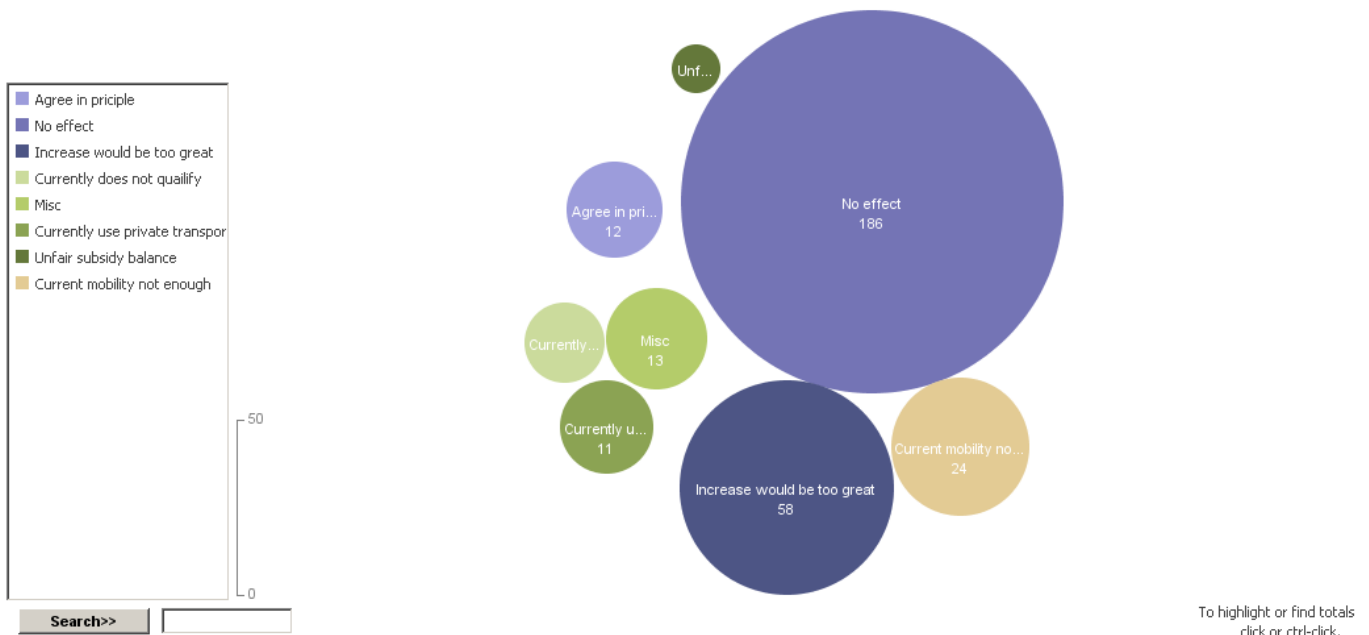
Some of people agreed with the proposals but stated that they must be fair

*“Should only be allowed in line with inflation and benefits increase - not extortionate increase”*

## Proposal 2 – Paying for transport

It was proposed not to pay transport costs for people how already receive the mobility component of the Disability Living Allowance.

### Key themes



The highest response to the free text to this question was that this proposal would have no effect on the respondent currently. This is because currently they do not receive mobility or that at present they have transport provided by a family member.

It is important though to take into account that a change in someone’s circumstances could easily see them suddenly being affected by this proposal if a carer or member of the family was suddenly unable to provide transport.

*‘(Name removed) gets lower rate mobility component. He is reliant in me to get him to Houghton Project pick up/drop off point.’*

A large number commented that any increase in transport charges would be too great. There were a number of examples how this would affect individuals circumstances.

*'With all the other proposals I would be severely limited in using these services. I would have to engage with them less and this would affect my mental health.'*

*'What about the rest of us in poor health and not mobile? Hundreds of old people do not get Disability Living Allowance but that doesn't mean we can go on trips unaided and certainly not get on many trains where the platform does not meet the step. Waiting and getting on buses is not easy for the elderly even if they are not classed as disabled. Many are disabled but not to the extent that they can get a disability car badge. You are stopping free things for the elderly already which did help them to be more active and get about a bit. There are no free swimming passes now either.'*

People also commented on not being able to attend doctor's appointments or hospital visits due to the increased cost.

*'This would affect me greatly as I have GP appointments at least x3 a week, monthly hospital appointment. I will be left with no service and no health care.'*

It should also be noted from the events held at the Day Centres that transport and cost of transport greatly affect people's ability to attend. It was an overriding concern that if cost of transport would increase they would no longer be able to go.

*'Transport is a hurdle for people coming here. If more people could get here and were eligible to come then it would increase numbers. We really have to pick and choose who can come – also cannot find any volunteers for transport'*

There were a number of people already receiving DLA that commented that the current allowance they receive is not or will not be adequate to cover the cost.

*'What about other journeys that are needed if Mobility is used for Day Centres? There would be none left for weekends and evenings'*

*'DLA mobility should not be considered as they may use it to run/rent a disability scooter/wheelchair & need transport as well. there are two rates £54.05 & £20.55 which mean inequality - the government is in the process of carving up DLA & benefits in any case.'*

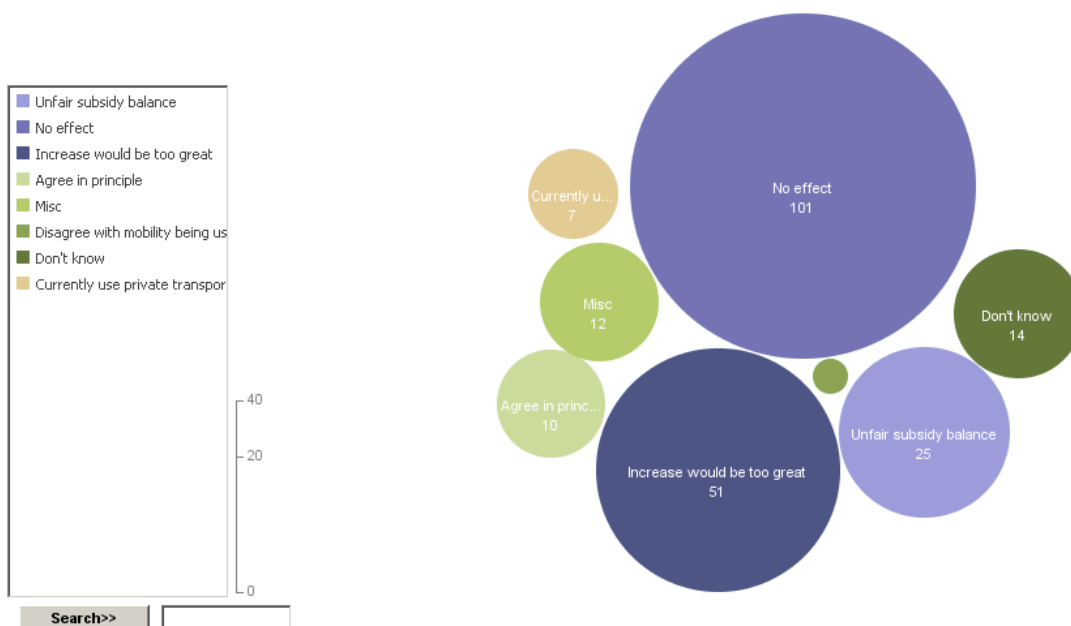
A small number commented that currently certain conditions, for example dementia, do not currently receive DLA. This was seen as discriminatory and unfair.

*'This is discrimination. Dementia patients don't receive these benefits.'*

### **Proposal 3 – Paying for transport**

Transport costs vary depending on the length of the journey and where you live. To make sure charges are fair, we could either charge the actual cost of each trip, work out an average charge or flat rate for everyone, or set banded rates based on the distance to the nearest service to where you live.





Again a large number felt these proposals were not going to affect them in their current circumstances. But as previously stated this could change and caution should be taken when considering that as a response.

A large number mentioned that the increase in cost would be too great. This was also fed back consistently at the talks with various groups and day centres.

*'Reluctant to tick any. We are in "Catch-22", need the care, cannot move house, can't afford costs as it is. Like the previous question, home imprisonment is the result of all the proposed charges.'*

*'The fairest option would be one that is affordable. £1.35 is affordable and a lot lower than £15.25 which isn't and would probably mean that I would not be able to go to day care.'*

*'I for one, and I know of many others, will not use transport if the cost goes up.'*

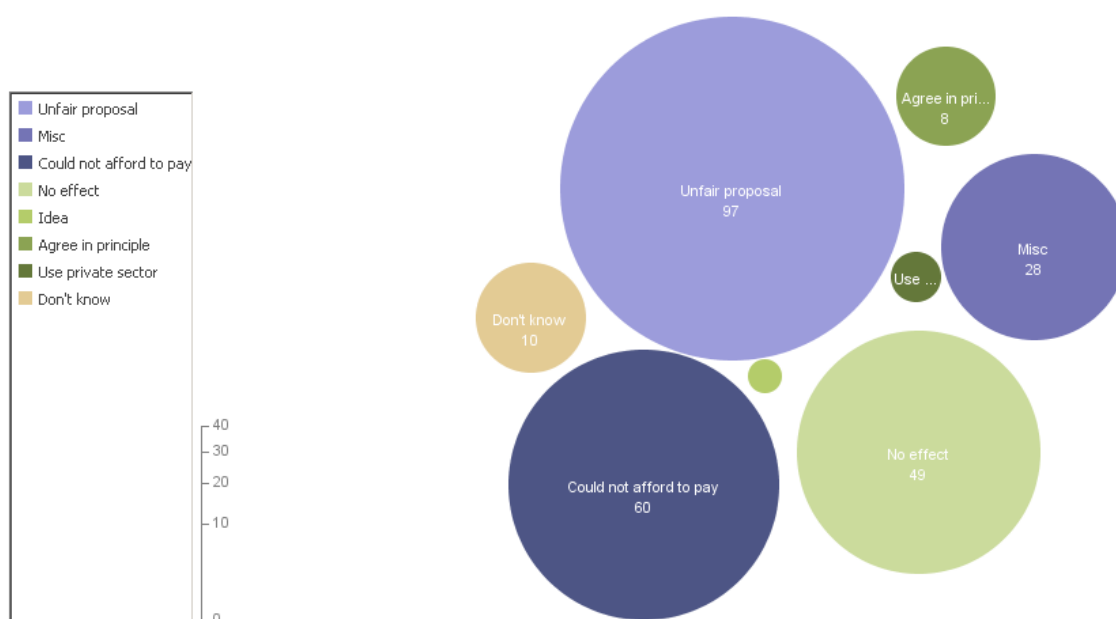
Again a large amount of feedback received felt that the proposed changes could result in an unfair balance of payment between rural and urban areas. Many commented on the lack of services in their local area which would increase costs.

*'It terrifies me, we live 50+ minutes from Hereford. we have NO local facility, so would not be able to pay to attend essential appointments.'*

*'This feels unfair as only day care appropriate is outside of town.'*

#### **Proposal 4 - Paying for carers services**

It is proposed that carers will be charged for the full cost of the service, although anyone needing financial support will be given a financial assessment to work out how much they can afford to pay.



The highest proportion of feedback received was that this was deemed as an unfair proposal. Many felt that carers save the local authority a large amount of money by providing a caring role in the home. Without this, it was stressed on a number of occasions, the health of both the carer and the cared for could suffer significantly.

*'I am main carer for my husband with severe mental illness. I get 3hrs a week respite, a real life saver. Without this, as I am disabled myself, I would not be able to cope. Will you pay me for the 165hrs a week I care for him. My husband will end up in Stonebow Unit and me in long term care, saving you how much money?'*

*'I am in my 80's and receive 4hrs break a week from looking after my disabled son. HC are now begrudging me this break. I support my son for the remaining 164 hours a week. It will cause me a breakdown and my son will have to be cared for which will cost HC much more money in the long term. Will HC pay me for caring for the 164hr job?'*

*'This is absolutely preposterous. Carers are there ALL THE TIME. We have not even had a weekend away in the last 11 years, never mind a holiday'*

There was a large amount of cross over with the second highest proportion of comments. Again people stated that this cost would be too much, care would suffer and for some the health of both the carer and the cared for could suffer significantly.

*'Lifestyles come 4hrs once a fortnight to relieve my wife who cares for me 24/7 - we could not afford top pay for it and my wife's health would suffer as a result.'*

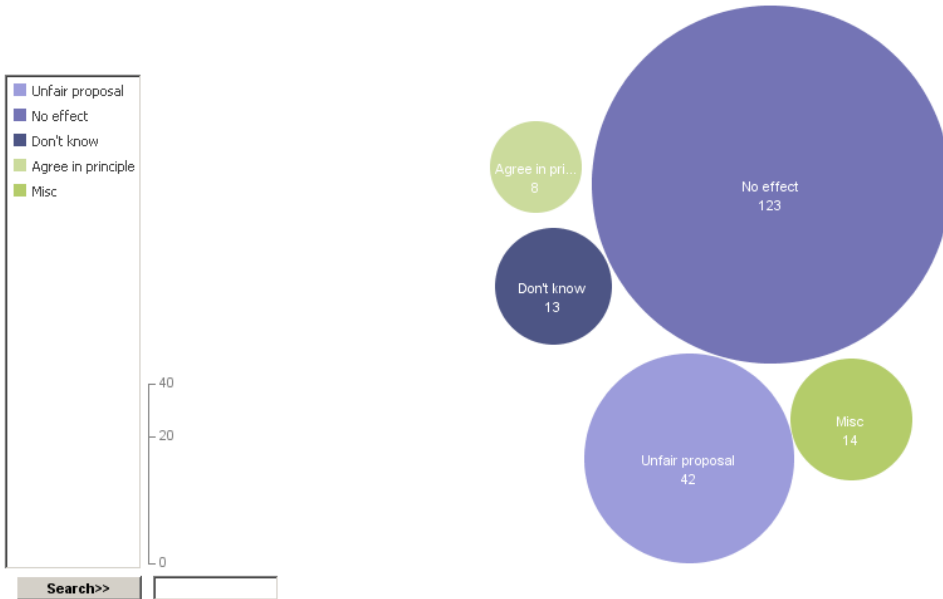
*'My husband has Alzheimer's and very limited mobility. Currently receive 4hrs per month sitting service to allow me to go to ladies lunch club. I could not do this if charges applied. I was about to ask to be assessed as his needs are greater now and depends totally on me for everything.'*

*'I would not pay. I would rather suffer loss of break.'*

One suggestion was received about the use of a voucher system for respite breaks instead of a monetary system.

## Proposal 5 – Paying for supporting people into employment

It is proposed that the council charges for services that support people into employment. However, we will ignore any earnings and working tax credit payments that people get in the financial assessment.



It is important to note that the uptake of this service in Herefordshire is very low and this can therefore explain the high proportion of 'No effect' responses to the question.

A large proportion of people did feel that these charges were unfair. In particular people thought that the inclusion of a charge would be a deterrent to service users to take up or continue this service.

During the group discussion with those in receipt of supported employment both service users and their families saw this not only as a positive experience for the service user but also a valuable break and respite.

*'In my opinion, to ask someone to pay to access supported employment opportunities is to ask them to pay to be in work. This demeans their contribution to the workplace and subtly suggests that their work is economically redundant, or less valued than that of their co-workers. Fair access to paid employment and employment opportunities, supported or otherwise, should not be assessed on the ability to finance the workplace from personal income or capital.'*

*'People with disabilities and special needs are being cut so much. There is a lack of support employment for them now and just because a person has a disability why should they be charged. You are implying that being disabled is a "privilege" and we should be punished for it.'*

**Communicated risks and effects of the charging proposals on service users**

Below are risks identified from the consultation activities to service users and carers on the proposed changes

Affected service	Risk	Further effect
Transport	<ul style="list-style-type: none"> <li>• ‘Actual cost’ favours those living close to services and facilities and could affect those living in rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• Can be seen as discriminatory to those living in Rural areas or further away from current services</li> <li>• Rural service users may face difficulties in attending regular appointments (G.P/ Hospital) Important appointments may be missed.</li> <li>• Rural public transport is currently a problem for many and current policy proposals e.g TPG transport plan may increase this issue</li> <li>• Some rural transport routes pick up a number of service users from a wide catchment area making billing for the service potentially unfair due to extras distance travelled</li> </ul>
	<ul style="list-style-type: none"> <li>• ‘Flat rate’ cost favours those living further away from services and facilities but could affect those who only travel short distances</li> </ul>	<ul style="list-style-type: none"> <li>• Those who live close to a service or facility could potentially be paying a large amount for a short trip</li> <li>• People may choose private companies for this, service could then potentially become expensive to run with falling numbers using it</li> </ul>
	<ul style="list-style-type: none"> <li>• People may stop using transport services, people become isolated, have no social interaction</li> </ul>	<ul style="list-style-type: none"> <li>• Detrimental effect on service users, could impact on increased need for health and social care services</li> <li>• For some Day Care transport is the one visit during the week to their house. This can be the first alarm for many if something is wrong.</li> <li>• Services such could be affected with falling numbers due to increased transport costs and rising costs of attendance leading to closure. Again leading to a detrimental effect on the user.</li> </ul>
	<ul style="list-style-type: none"> <li>• Current DLA contributions</li> </ul>	<ul style="list-style-type: none"> <li>• Some service users have identified that even the current DLA money is not enough to cover specially modified vehicles or current journeys</li> <li>• Staff identified that DLA may not be here by 2017. This may increase the financial burden on the local authority to provide this</li> </ul>
	<ul style="list-style-type: none"> <li>• Current service provision/ internal issues</li> </ul>	<ul style="list-style-type: none"> <li>• The transport setup is not managed well – there are numerous different taxi firms, bus companies, private cars etc. All seem to be able to charge</li> </ul>

		<p>what they want. Journeys are not shared where there is scope to do so.</p> <ul style="list-style-type: none"> <li>• Transport currently do not work with social care about transport issues to look at solutions</li> <li>• It is thought that 90% of clients are currently not financially assessed for transport. A personal Budget for a £16/ week trip would generate more work</li> <li>• There is a perceived need that more transport contracts should be better negotiated to provide a fairer price</li> </ul>
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Suggestions

- Partnership work between Transport and Social Care to investigate solutions
- A public house in Colwell has a hire car facility outside of it which can be accessed with a PIN number could this be trailed elsewhere?
- Personal Budgets could be used by groups to pay for transport - short journeys would be cheaper by taxi (esp if shared). Council would be left with funding only long journeys

Affected service	Risk	Further effect
Carers services	<ul style="list-style-type: none"> <li>• The cost to the Carer may mean they cannot afford valuable time away</li> </ul>	<ul style="list-style-type: none"> <li>• Carers may ignore their own health if these charges are implemented having a detrimental affect on the health of carer and cared for – increased costs to services</li> <li>• Carers may become socially isolated, again given the rural demographics of Herefordshire</li> <li>• Carer may lose employment and valuable income to take up full time caring role</li> <li>• Family relationships may get strained without respite breaks which could be detrimental to both the carer and the cared for</li> </ul>
	<ul style="list-style-type: none"> <li>• Carers may stop the caring role they provide</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially large increase in service and numbers of assessments which would put more pressure on finances</li> </ul>
	<ul style="list-style-type: none"> <li>• Concern about costs to implement proposal</li> </ul>	<ul style="list-style-type: none"> <li>• Cost for assessment with many carers being nil charge payers may not match forecasts for recovery</li> </ul>

Suggestions

- Some carers suggested that a cost of £5- £6 per hour may be a more appropriate charge
- Suggestion that perhaps instead of payments a voucher scheme may be able to be adopted
- Suggestion that both the carer and the person being cared for need to be looked at together as a package, not individually. There is currently a potential in the system for double payments.

Affected service	Risk	Further effect
Day Care	<ul style="list-style-type: none"> <li>• People can no longer afford Day Care</li> </ul>	<ul style="list-style-type: none"> <li>• Social interaction will be lost. For many attending this is an important service. People will become isolated. Potential increase in ill health and services required</li> <li>• For a carer or cared for valuable respite time will be lost. Family relationships could be strained affecting the carer and cared for</li> <li>• For rural service users the day centre may well be the only service available in local area</li> <li>• More pressure on services that provide care at home without attendance at a Day Centre</li> </ul>
	<ul style="list-style-type: none"> <li>• Service uptake decreases due to increased costs</li> </ul>	<ul style="list-style-type: none"> <li>• Currently the private market is not mature enough to provide a variety of services lost</li> <li>• Possible closure Day Care would mean a loss of what is seen as a valuable service to some</li> <li>• Increased travel costs and subsidies to attendee's if Day Care centres close locally and service users are forced to go elsewhere for service provision</li> </ul>

Suggestions

- Many commented that they do not see Day Care as 'Care'. Many go for the social interaction, meal and activities. It has been suggested that perhaps this be rebranded and another separate service be created at a realistic, affordable cost.
- Comments received that if the FACS criteria for day care attendance was at a lower threshold potential attendance could increase and make it more financially viable. This suggestion could be considered with the previous suggestion above

Affected service	Risk	Further effect
Meals	<ul style="list-style-type: none"> <li>Vulnerable service users may discontinue service if costs increase</li> </ul>	<ul style="list-style-type: none"> <li>For some this service may be there only access to a healthy, nutritious and balanced meal. This may lead to an increased risk of ill health leading to further pressures on health and social care services</li> </ul>
	<ul style="list-style-type: none"> <li>Increased risk of ill health and injury to service users currently unable to manage food preparation themselves</li> </ul>	<ul style="list-style-type: none"> <li>Risk of ill health and/ or injury posed to those who currently cannot prepare food safely</li> </ul>

Suggestions

- There is a perception that there is a high price is due to the monopoly over the service. It was feedback that there needs to be more choice and a competitive market

Affected service	Risk	Further effect
Homecare	<ul style="list-style-type: none"> <li>Vulnerable service users may discontinue service if costs increase</li> </ul>	<ul style="list-style-type: none"> <li>This is a nominal risk across the county as there is no increase in urban areas</li> <li>Can be seen as discriminatory to those living in Rural areas or further away from current services</li> </ul>
	<ul style="list-style-type: none"> <li>Many currently feel Homecare provision in the county varies in quality</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable service users may discontinue service if costs increase (see above)</li> </ul>

- N.B It was suggested that charging a higher rate in rural areas will not make a difference as the majority of people are not full payers anyway.**

Suggestions

- Commissioners need to look at other agencies and the market place to pay directly to get better rates and service

Affected service	Risk	Further effect
Supported employment	<ul style="list-style-type: none"> <li>Vulnerable service users may discontinue service if charge is implemented</li> </ul>	<ul style="list-style-type: none"> <li>This is a nominal risk, currently the service user base who use these services meet the higher end of the FACS criteria and by there very nature would have little or no financial savings to make them chargeable.</li> <li>There is a significant duty of care for this service user base. Any charges imposed could be seen as discriminatory</li> </ul>

Suggestions:

- It was suggested that options such as looking at the empty shops within the city centre and seeing if these could be used by various groups of people to fill them with purpose? These spaces could be used creatively to provide new businesses and enterprises.
- Currently there are only two sponsored initiatives for this kind of service. But there some very successful ones around the county, perhaps more partnership working could identify more opportunities.



## Questions and answers

During the events and discussions a number of questions were raised about the proposals. These were answered at the events or fed back once an answer had been obtained.

The Council also provided a frequently asked questions and answers document which was available online and on request. These are detailed further below.

N.B Similar questions have been consolidated.

Q. What are the projected cost savings to the Local Authority in these proposals?

A. Projected additional income based on these proposals is £1.2m per annum, however a number of risks have been identified that could impact on these projections. These include;

The changing financial climate impacting on client's ability to pay, reducing anticipated income.

The high cost services are lower volumes than the low cost services', modelling assumes that the average figure overall will equate to the overall income achievable.

The figures are based on current provision, however services may be re-configured in response to the personalisation agenda, any reduction in the cost of provision will result in less income being generated.

Q. What are the current statistics on attendance and costings in terms of loss and subsidy from the Local Authority in the provision of Day Centres in Herefordshire?

A. The proposed costs for full cost recovery are based on the number of contracted places for day care provision, not attendance rates.

Q. Herefordshire LINK requests a breakdown of Day Care Charges per day. The survey states, 'The charges would vary between £16 per day to £169 per day.' How are these charges justified? What do they comprise?

A. The proposed charges are based on the cost of current contracts for day care provision and the number of contracted places. Some day care providers have banded rates depending on the level of support required. The amount individual service users would pay for day care provision at full cost recovery would depend on whether the proposed charges are based on actual cost for each day centre, or average cost. . Costs associated with the provision of the service include, for example staff costs – for all staff involved with the delivery of the service, eg operational staff, care assistants, Building costs, such as repairs, equipment, insurance, utilities, and administration including overheads.

***The cost of providing a community care and financial assessment is not included, neither is the cost for collecting contributions towards charges.***

Q. What is the relevance of the question, 'Do you have capital savings (other than your own home) worth more than £23,250?'

A. As the proposal to apply charges based on full cost recovery will have a significant impact on those with capital above the social care funding limit of £23,250, we need to measure the impact on those people affected that have not been financially assessed because they currently receive a free service. We have asked this question so that we can understand the impact on those people that currently receive a service but have not been financially assessed.

Q. Presumably the new costs of any service will have to be written into an individual's support plan. Will this be the only intervention by a social worker or will an individual have to have a new supported assessment questionnaire completed?

A. At present not all service users have a personal budget. Some people are still receiving traditional services, and these people will move on to a personal budget when their care

assessment is due for review. For those service users who already have a personal budget, the actual cost of the directly commissioned care should have been included in their allocated budget already, however the amount they have had to contribute towards the commissioned service has been based on the subsidised charge.

Q. I have concerns about social worker resources as having worked closely with them I recognise the demands they are under. We are working with individuals who, two months after referral are still waiting for a social worker to be allocated to carry out an assessment, when an assessment should be carried out within 28 days. This has a knock on effect with low attendances at day centres and the risk of individuals falling into crisis (which is ultimately more costly). Can these concerns be fed back?

A. Wye Valley Trust are currently reviewing the capacity and demand for Community Care Assessments, additional Reviewing officers will be joining the service during September and it is anticipated that waiting times for assessments will reduce.

These concerns will be fed back to senior management

Q. Are 49% that have savings be subsidising the other 51% that are currently not charge?

A. A full cost recovery is never going to be achieved because of the assessment process and the numbers deemed to be full charge payers. Is it the Council tax payer that ultimately picks up the bill and is subsidising?

Q. My daughter cannot afford £20/ day for day services

A. If your daughter is assessed as being able to pay £20/ day then this charge will remain the same. But if meals are provided then this cost will go up. People will always be told of any increases and assessed as to what they can afford to pay.

Q. What happens if feedback is 'All' negative to these proposals?

A. The decision makers will have to look at this if this is the case. An Equality Assessment (EA) will be provided to members to support their decision. National guidelines for EA's do not include Carers as a protected group, but our EA will include Carers as a protected group to fully represent their issues around these proposals.

Q. Are Carers going to be financially assessed for our care respite? –

A. No, Carers will only be assessed if the respite is for the Carer, not for respite for the person being cared for.

Q. Are there enough staff for all financial assessments to be done if the proposals are passed?

A. There is an identified need to increase staff levels to meet the increased need for assessments if the proposals are passed.

Q. What is being done to help support carers back into employment?

A. These issues are part of the Carers Charter

Q. It seems that rationing and cuts are already coming in Panel are refusing cases, being picky about small errors and social workers are getting frustrated and are under pressure.

A. This is acknowledged as a problem and Panel and the way it works is currently under going a review.

Q. Herefordshire is remarkable in the way it currently looks after Carers. The proposed changes will impact on Herefordshire Carers Support. Will HCS get additional funding to meet the increased demands on its services?

A. The Council is under financial pressure which is why the proposals have been formulated and the Root and Branch reviews are taking place. But it was stressed that these are only proposals and no decision has been made.

Q. A number of other Local Authorities (Worcester) have not introduced charges for Carers Services; therefore is it possible to exempt carers from these proposals?

A. Again the point was raised that these are just proposals and no decisions have been made. It is only through feedback from events and surveys that the decision makers can make this decision. The Councillors are willing to discuss the proposals with Hereford Carers Support to get the key messages and report back to Cabinet.

Q. Is the Equalities Impact Assessment in the public domain and has the Council looked at other sources of funding?

A: The Equalities Impact Assessment will not be ready until the autumn.

## Frequently asked questions and answers

Q. How much do people currently pay for non-residential care services?

A. Currently 51% of the people that receive services who have been financially assessed don't pay anything, and nearly 26% pay up to £25 per week. Just over 2% of people pay more than £100 per week.

Q. Do you have to charge by law?

A. Charging for non-residential services is discretionary. The power to charge comes from Section 17 Health and Social Services and Social Security Adjudications Act 1983 – HASSASSAA, which empowers Councils to recover such charge (if any) for a service as they consider reasonable.

Q. Why has it been decided to review the charges?

A. Cuts in public funding mean we cannot afford to carry on providing services at the same price as we have been doing, so we are having to review our spending plans. Also, the Government has given Councils new guidance called "Fairer Contributions Guidance" to follow when considering charging service users for services. As we move to personal budgets, we have to ensure our policies are fair to all.

Q I have recently been asked for my comments on Adult Social Care so why are you spending money on sending out more questionnaires if you can't afford to carry on subsidising services?

A. We are aware that some people who have been getting services from Adult Social care may have been asked to comment on services recently. As part of the annual survey we have to ask particular questions about services each year. We also have a duty to consult on any proposed changes to the charging policy in accordance with the Fairer Charging guidance. It is important that we seek your views on these proposals and we understand how the proposals would affect you before any decision is made.

Q. Why have you sent me more than one questionnaire?

A. This may be because you receive a service from Adult Social Care as a carer, but you also receive correspondence on behalf of someone you care for because you are their financial representative. It is important that you tell us how the proposed changes will affect you as a carer, but also how the person you care for will be affected, so please complete a questionnaire for yourself, and for each person you care for.

Q. What are personal budgets and direct payments?

A. A Personal Budget is the amount of money that is agreed is required to meet the needs someone has for community based social care support. A person can choose to take the Personal Budget as a Direct Payment ( money in the bank) and arrange care themselves or can choose to have a social worker arrange the care and support, sometimes called commissioned or managed services.

Q Will I have to pay more if the proposals are approved after the consultation?

A. This will depend on your individual circumstances, what services you are currently getting, and whether you are currently paying for services based on your “maximum assessed charge”. If you have already had a financial assessment and you are paying your maximum assessed charge, you will not be affected by these changes; unless there has been a change in your financial circumstances.

Q Will I have enough money left to live on if the proposals are approved after the consultation?

A. The Council will ensure that everyone will be left with, as a minimum, the basic level of income support or the guaranteed amount of pension credit, plus a 25% 'buffer, after payment of charges for community care services. This is in line with guidance issued by central government.

Q I have agreed to pay the current charge for day care without having a financial assessment. If the charges go up, how do I get a financial assessment?

A. The council will be writing to everyone who has agreed to pay the current charge inviting them to have a financial assessment, but you can ask for a review of your financial assessment at any time if you feel your circumstances have changed or you cannot afford to pay the charge.

Q I am a carer and I have never had to give the council information about my finances before to get services. How do I find out how much I may have to pay?

A. If the proposals are approved after the consultation, the council will be writing to everyone who receives a carers service inviting them to have a financial assessment.

Q What will happen if I decide I am not going to have care services anymore because of the increase in charges?

A. A social worker would arrange to meet with you to ensure you understand the risks you would be taking if you make this choice.

Q What if I don't agree with the amount I have been asked to pay?

A. You have the right to Appeal against the decision, but this must be made in writing, you will be offered support with making an appeal.

Q I currently get help from social services with my residential care, how will I be affected by these proposals?

A. These proposals only affect people who receive non-residential or community based services. Charges for people who receive residential care services are decided under the “Charging for Residential Accommodation Guide (CRAG)” “rules set by the government.

Q I have savings and investments over £23,250 how will I be affected by these proposals?

A. Under these proposals you would need to fund the full cost of your care yourself, however you will still be entitled to have an assessment of your care needs. People who are eligible for social care services who as a result of a financial assessment will meet the full cost of their care are still entitled to help in making appropriate care arrangements.

Q I have been told that the home care service costs more in rural areas. How do I know if I live in a rural area?

A. For the purposes of charging for home care services, higher costs apply for homes in the postcode areas defined by DEFRA as “village-sparce” or “Hamlet and isolated dwelling-sparce”. You can find a list of these postcodes on our consultation page

Q You are proposing to charge based on the full cost of service, but what does full cost mean?

A. If the service is provided through a contract with an external agency, the full cost is the contracted price for the provision of the service.

Costs associated with the provision of the service include, for example staff costs – for all staff involved with the delivery of the service, eg operational staff, care assistants, Building costs, such as repairs, equipment, insurance, utilities, and administration including overheads.

The cost of providing a community care and financial assessment is not included, neither is the cost for collecting contributions towards charges.

Q Can you explain the difference between how somebody who has a personal budget is charged for a direct payment or a commissioned service under the current and proposed policy.

A. We have included some examples on the consultation web page to help you understand how this might affect you.

Q You are proposing “ not to pay towards transport costs for people who get DLA mobility” but the law says you cannot take the mobility component of DLA into account when charging for services?.

A. The mobility component of DLA is disregarded when assessing a person’s income for charging purposes. So if a person receives social care funded transport in order to meet an assessed need, their DLA mobility will be ignored when working out how much they should pay towards the service. This proposal affects a persons eligibility for being provided with social care funded transport.