

The following is an analysis of the consultation survey on proposals to amend the non-residential charging policy which closed on the 29<sup>th</sup> September 2019. To allow for the inclusion of surveys sent via royal mail, all responses received by the 3<sup>rd</sup> October have been considered.

In total 202 responses to consultation survey were received.

The survey consisted of five specific questions with opportunity to supply further comments at the end. Responses to all questions were 'open text' in structure and respondents were not required to answer all questions. Due to the structure of the questions the analysis is based on a review and interpretation of each individual response to make a judgement on whether the customer agrees or disagrees with each proposal. Additional quality assurance and independent moderation of these judgement decisions has also been provided by the Performance and Improvement Manager, (Assistant Chief Executive Services). For a number of responses the respondents opinion is unclear or they have stated they have no opinion, these are also shown within the analysis.

**Proposal 1 - The proposal is to remove the current maximum charge, and to charge those people who can afford it, the full cost of the services they are provided.**

173 customers, (86% of all surveys), responded to this question. Of those which responded 20% agreed with the proposal and 58% disagreed. It was unclear response for 16% and 6% stated they had no opinion/didn't know.

Many responders favoured retaining a clear maximum charge with some suggesting an alternative that this should be reviewed and increased rather than removed entirely.

**Proposal 2 - Under the new framework those who can afford it would be charged for the total number of carers attending and providing services, which would mean introducing a charge where more than one carer is provided at the same time.**

174 customers, (86% of all surveys), responded to this question. Of those which responded 18% agreed with the proposal and 56% disagreed. This was the proposal with the highest proportion of responses where there was no clarity on whether they agreed or disagreed, (24%) with a number wanting to understand the impact on them personally before stating whether they agree or not agree. 2% stated they had no opinion/didn't know.

Those in favour understood the council's need to charge as a business and saw it as fair that more service would equate to higher costs. There were however concerns regarding whether residents would opt not to have the service and choose to place themselves at risk. Some responders also some concerns raised on how required service levels would be set and the need for better monitoring of providers delivery if charges were increased. Some cited that they believe their current provision of two carers is often not needed.

**Proposal 3 - It is proposed that charges be made, for those who can afford it, from the actual date on which the service commences and people will be asked to pay for the services they have received from the date their care began.**

168 customers, (83% of all surveys), responded to this question. Of those which responded 35% agreed with the proposal and 45% disagreed. It was unclear response for 17% and 2% stated they had no opinion/didn't know.

This proposal relates to customers changing or starting new service provision. However this was misunderstood by many responders as including an issuing 'backdated' charge for those already on service, (22 surveys, 11% of responders). This confusion may have affected the response rates however it is worth noting that three of these responders included in the 'agreeing with the proposal' figures, 12 did not agree and seven 'didn't know'.

There were also comments that they thought that this proposal was already the case and that clearer charging information needs to be supplied. With some citing that the start of charges should be linked to the assessment and that a swifter assessment process would be needed so clients quickly understand, and have choice, in their potential service charges at the very start.

**Proposal 4 - It is proposed to include the full value high rate Attendance Allowance or Disability Living Allowance or the enhanced daily living component of Personal Independence Payments, when carrying out non-residential financial assessments.**

172 customers, (85% of all surveys), responded to this question. Of those which responded 20% agreed with the proposal and 60% disagreed. It was unclear response for 17% and 3% stated they had no opinion/didn't know.

Within the positive responses there were additional suggestions that if all such income was considered that all related disability/support expenditure would also need to be within the financial assessment. This is aligned to the views of those who strongly disagreed with the proposal as many believe the DLA is to provide for the wider additional costs caused by their disability (i.e. Transport) and should be separate to this financial assessment.

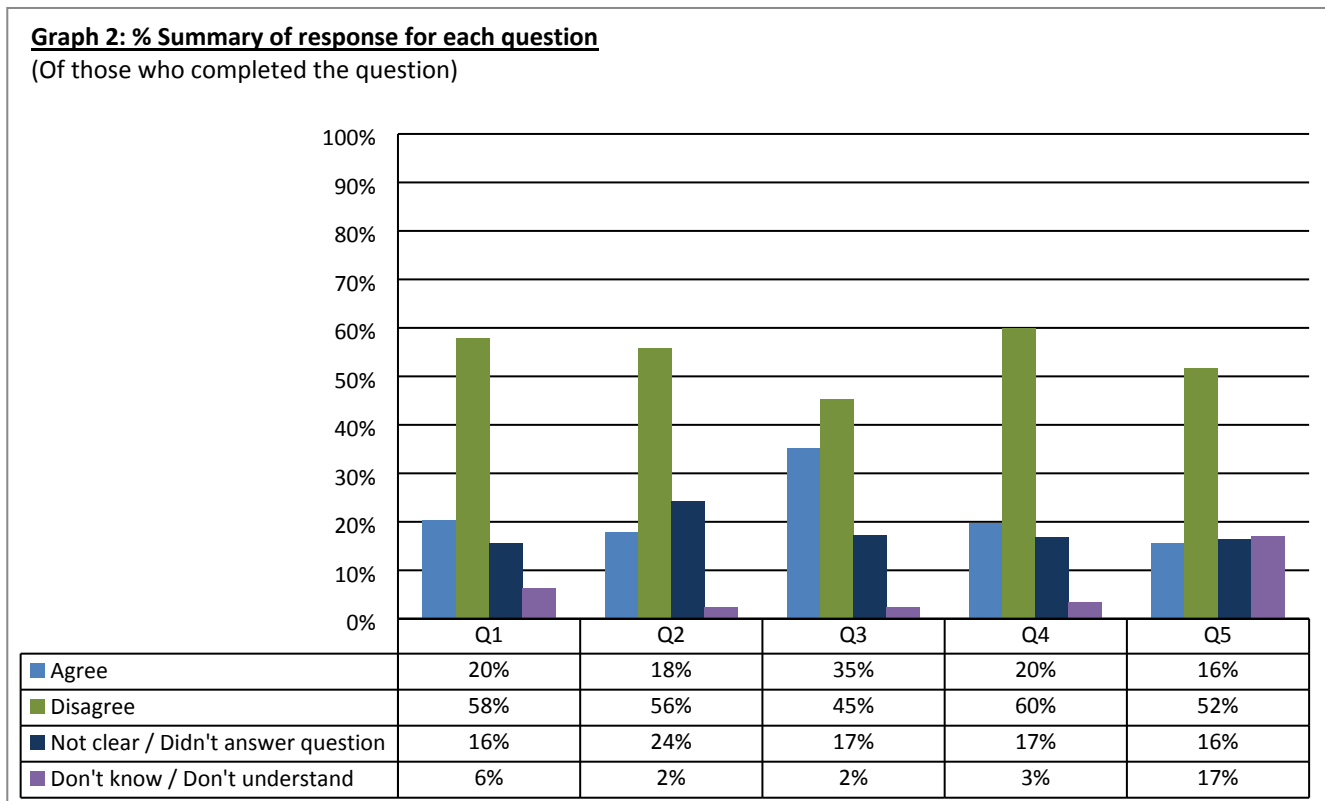
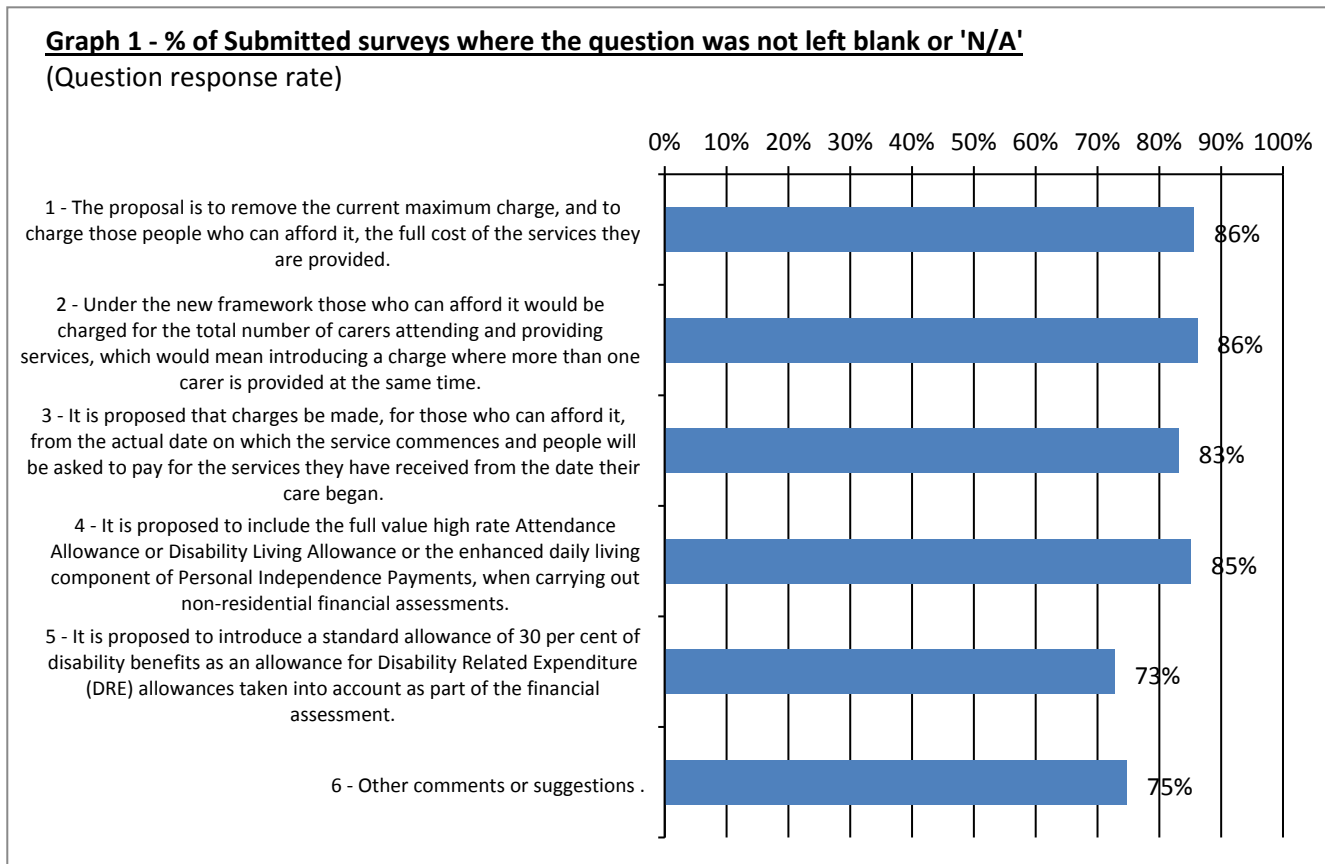
**Proposal 5 - It is proposed to introduce a standard allowance of 30 per cent of disability benefits as an allowance for Disability Related Expenditure (DRE) allowances taken into account as part of the financial assessment.**

147 customers, (73% of all surveys), responded to this question. Of those which responded 16% agreed with the proposal and 52% disagreed. It was unclear response for 16% and 17% stated they had no opinion/didn't know.

At 73% of all surveys this was the lowest question response rate of the consultation. This seems to be due to a lack of understanding of the proposal as it was also the highest 'no opinion/don't know' rate at 16% with many related comments stating that this is an unclear proposal or they don't understand.

Although some have stated this may be easier to calculate and simpler to understand there was a strong consensus that there is a need to retain a personalised assessment as individual needs and related costs vary.

The graphs below provide a visual representation of the above analysis.



## General recurrent themes, concerns and suggestions (across all questions)

- Request for a full equalities impact assessment against each proposal. Strong concerns raised across all proposals regarding discrimination against older people and/or those with disabilities.
- If there are stronger and higher charging policies then council quality and audit processes need to be much more robust to protect the customer. There are worries some providers will overstate the requirement or time taken to increase income. For example although the care package states the number of carers required sometimes more/less attend and the second carer isn't required.
- There are requests for further details and transparency of the financial impact of these proposed changes given the small numbers it is likely involve (quoted 50 service users from total of 2,550)
- There is a general understanding on the need to help those who cannot support themselves but a worry for a significant proportion of those responding is that these proposals will penalise those who have worked and saved.
- Concerns raised that people will choose not to receive the support they require just to save money, putting the ability to pay bills above their own safety and health.
- Consideration needs to be given to whether quality of care and value for money for each individual and the council would be best met in residential care.
- Information regarding charging policy, regardless of the outcome of this review, needs to be much clearer for customers to understand what they receive, why and the cost.
- Changes in charging should be a transitional, 'stepped' approach for existing customers with some level of flexibility as a one-size fits all may not be appropriate for those worried about how they will manage financially.

Within their responses to the specific proposals, there is also general theme that residents were unhappy with this consultation process. Many felt the clarity of documents and information provided needed to be improved as they understand what they were being asked, that the examples given were not relatable to their personal circumstance and that the meetings were inaccessible for a lot of service users who would be home/bed bound.

Analysis completed by: Deborah Johnson, Performance & Improvement Manager  
(Assistant Chief Executive Services)

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