

# Adult Social Care Charging Policy – Consultation Feedback and response

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## Introduction

1. Southampton City Council ran consultations on a range of budget proposals for 2019/20. As a part of this, views were sought on a specific set of proposals regarding the policy for charging for adult social care. The consultation ran from 17 October 2018 to 16 January 2019.
2. As a result of reductions in funding from central government, Southampton City Council has made £136.4 million savings over the last seven years and we need to make another £15.05 million savings by 2020/21. Income from the Council Tax only covers 17% of our total council expenditure (excluding Housing Revenue Account expenditure and schools expenditure) and the revenue support grant funding we receive from central government will be reduced by 54% over the medium term. At the same time as we are having to make further savings, demand for our services – particularly those for vulnerable children and adults – continues to increase year-on-year.
3. Southampton City Council’s charging policy sets out how much people have to pay towards the cost of their care and support. Southampton City Council currently does not charge for some services that it provides where it is permitted to do so under the Care Act 2014, and in other cases where there is a charge, the amount does not cover the actual cost of the service being delivered. We are thinking about making changes to the current charging policy to increase the income from charging to help maintain services. The changes are in line with other local authorities charging policies and with the Care Act 2014.
4. In light of the increasing demand for services to meet needs for care and support and the need to deliver savings the council has to look at how we are organised and how we provide services to continue to ensure that we provide the highest quality of services possible. We need to consider how we can make sure that this is fair and will meet the needs of local people, now and in the future. We are therefore proposing to increase the income from care charges for people receiving care at home (non-residential care) and for deferred payment agreements (loans that the council gives to meet the care costs of people living in residential or nursing care).
5. This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.

## Aims

6. The aim of this consultation was to:
  - Communicate clearly to residents and stakeholders the proposals for an updated Adult Social Care Charging Policy.
  - Ensure any resident, business or stakeholder who wishes to comment on the proposals has the opportunity to do so, enabling them to raise any impacts the proposals may have.
  - Allow participants to propose alternative suggestions for consideration which they feel could achieve the objective in a different way.

- Provide feedback on the results of the consultation to elected Members to enable them to make informed decisions about how to best progress.
  - Ensure that the results are analysed in a meaningful, timely fashion, so that feedback is taken into account when decisions are made.
7. The consultation was not a vote, it enabled participants to read about the preferred option, answer questions and make comments that will enable the final decision to be made. Decision makers need to consider the representations made during the consultation period but a majority view will not necessarily dictate the final decision. It is also important to note that the consultation is one element of the suite of reports that will feed into the final position.

## **Consultation principles**

8. The council takes its duty to consult with residents and stakeholders on changes to services very seriously. The council's consultation principles ensure all consultation is:
- Inclusive: so that everyone in the city has the opportunity to express their views.
  - Informative: so that people have adequate information about the proposals, what different options mean, and a balanced and fair explanation of the potential impact, particularly the equality and safety impact.
  - Understandable: by ensuring that the language used to communicate is simple and clear and that efforts are made to reach all stakeholders, for example people who are non-English speakers or disabled people.
  - Appropriate: by targeting people who are more likely to be affected and using a more tailored approach to get their feedback, complemented by a general approach to all residents, staff, businesses and partners.
  - Meaningful: by ensuring decision makers have the full consultation feedback information so that they can make informed decisions.
  - Reported: by letting consultees know what was done with their feedback.
9. Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with the following legal standards:
- Consultation must take place when the proposal is still at a formative stage
  - Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
  - Adequate time must be given for consideration and response
  - The product of consultation must be carefully taken into account.
10. Public sector organisations in Southampton also have a compact (or agreement) with the voluntary sector in which there is a commitment to undertake public consultations for a minimum of 12 weeks wherever possible. This aims to ensure that there is enough time for individuals and voluntary organisations to hear about, consider and respond to consultations. It was felt that a 12 week consultation period would be the best approach.

## **Consultation methodology**

11. Deciding on the best process for gathering feedback from stakeholders when conducting a consultation requires an understanding of the audience and the focus of the consultation. It is also important to have more than one way for stakeholders to feedback on the consultation, to enable engagement with the widest range of the population. Previous best practice was also considered in the process of developing the consultation methodology.

12. The agreed approach for this consultation was to use a combination of online and paper questionnaires as the main basis, supported by a range of meetings with those directly affected. Feedback was also received through email, letter and via advocates of those affected by the proposals.
13. It was felt that due to the sensitivity of the consultation it was important to provide face to face contact with consultees to provide clarity and answer any questions. The drop-in or stakeholder sessions were designed to both increase awareness of the consultation but also to answer questions and explain some of the more technical elements to specific stakeholder groups.
14. This approach of open consultation, supported by a wide range of communications ensured that as many people as possible were aware of the issues and could have their say if they chose to.

## Questionnaire

15. The main vehicle for gathering feedback through the consultation was a combination of online and paper questionnaires. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents were aware of the background and detail of the proposals. It was deemed the most suitable methodology for consulting on this complex issue.
16. Paper copies of the questionnaire were made available in Southampton Civic Centre reception, Gateway and all Southampton libraries as well as at public consultation events.

## Advocacy

17. To support the consultation activity and to ensure that the most vulnerable clients could share their views, the council employed Choices Advocacy an independent advocacy organisation. They met one to one with the people who were previously supported by the Locally Based Hospital Unit to make sure they were aware of the proposals and were supported to respond.

## Meetings

18. To allow people the opportunity to ask questions and respond face to face a total of four public and stakeholder meetings were organised and a total attendance of over 38 across these.

## Additional feedback channels

19. Any emails addressed to senior officers or Cabinet members were collated and analysed as a part of the overall consultation.
20. Respondents to the consultation could also write letters to provide feedback on the proposals.

## Promotion and communication

21. Throughout the consultation, every effort was made to ensure that as many people as possible were aware of the budget proposals and had every opportunity to have their say.
22. Particular effort was made to communicate the proposals in a clear and easy to understand way. This was achieved by including key information within the questionnaire and signposting to a wide range of supporting information. This included the following which were hosted on a focused area of the council website.
  - Information sheets
  - Equality and Safety Impact Assessments
  - Questionnaire

- Supporting information for the three parallel consultations

23. For the duration of the consultation paper versions of the consultation questionnaire were available in libraries and council offices. Paper copies of the questionnaire or alternative format versions could be obtained on request.
24. At the start of the consultation a media release was issued.
25. The council also wrote to all recipients of adult social care in the city to make them aware of the consultation.
26. The council also wrote to all the residents or their representatives at the start of the consultation.
27. The budget consultations were included in 8 Southampton City Council e-alerts. The total reach of these e-alerts was in excess of 30,000. These e-alerts resulted in 810 clicks through to further information and the questionnaire.
28. With regard to social media a combination of Twitter and Facebook promotion was used, there were five posts about the overall budget consultation on Facebook with an overall reach of 37,033. There were a total of 17 tweets about the overall budget which had a total reach of 32,948. In addition to this there were six further tweets on the future of care home consultation with a reach of 10,419 and eight specific Facebook posts with a reach of 14,295.
29. To support the external promotion of the consultation there were also activities to make staff of Southampton City Council aware of the consultation, internal emails and promotion on staff webpages.

## Part 1 – Summary of Consultation feedback

### Overall respondents

30. Overall, there were 156 separate written responses to the consultation.

31. The majority of responses were received through the consultation questionnaire; 133 in total. Additional written responses were also received through emails and letters and social media comments. The breakdown of all written responses is shown within table 1 below.

Feedback route	Total number of responses
Questionnaire (Paper and online)	133
Letters or emails	23
<b>Total</b>	<b>156</b>

Table 1

32. In addition to written responses to the consultation, there were a number of public engagements and meetings in which verbal feedback was provided.

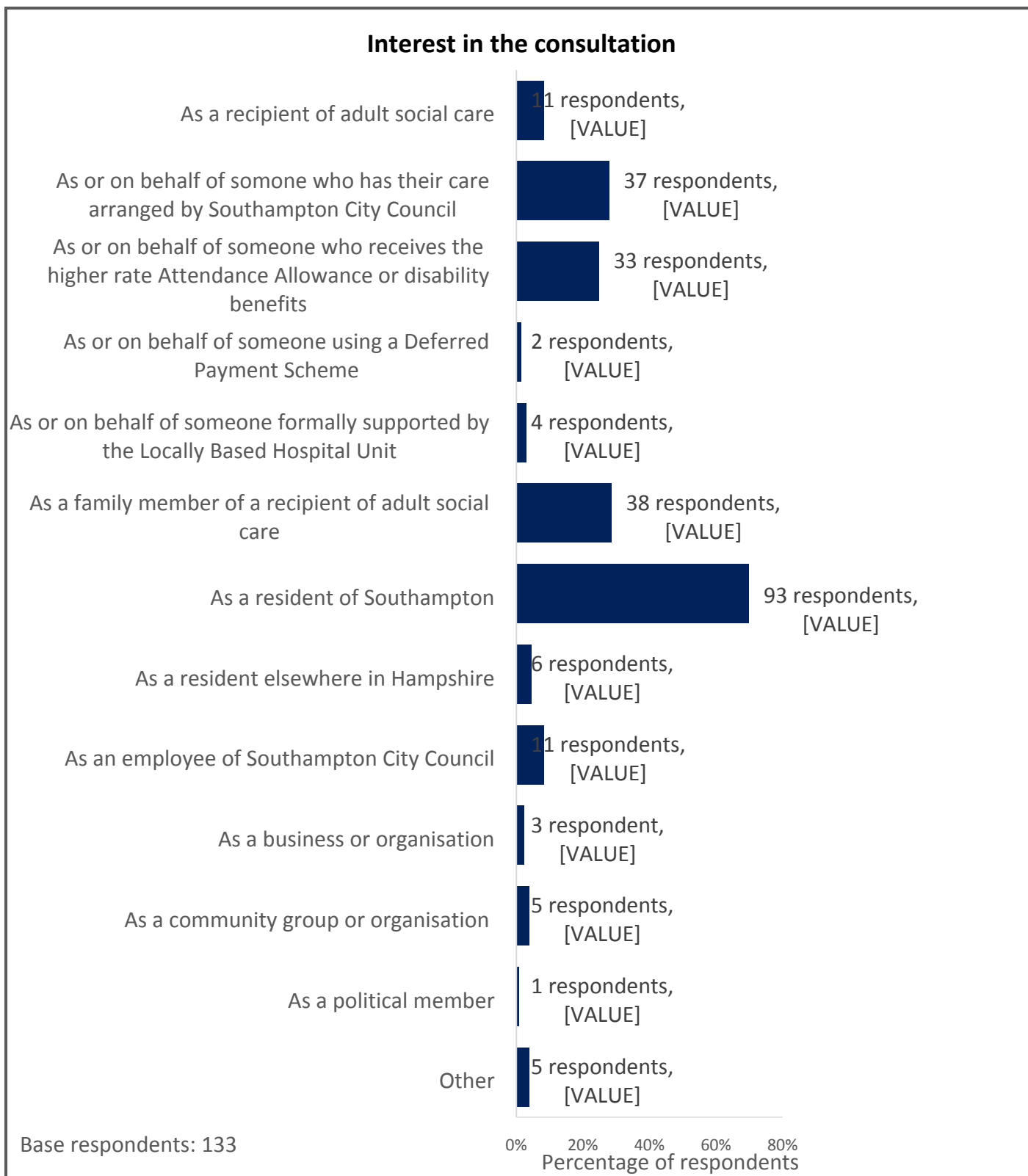
33. All written and verbal feedback received is summarised within the following sections.

### Questionnaire feedback

#### Breakdown of questionnaire respondents

34. A number of questions were asked within the questionnaire to find out a bit more about the respondents to help contextualise their response.

35. The first question asked respondents what their interest in the consultation was. Figure 1 shows the breakdown of responses to this question. Please note percentages add up to more than 100% as respondents could select multiple options. A total of 93 respondents (70%) were interested in the budget consultation as a resident of Southampton. The second highest proportion of respondents were family members of a recipient of adult social care; a total of 38 respondents (29%) selected this option. The third highest proportion of respondents were people who have their care arranged by Southampton City Council, this amounted to 28% (37) of respondents. A further 33 respondents were interested because they receive higher rate Attendance Allowance or disability benefits, 11 were recipients of adult social care, 11 said they worked as an employee of Southampton City Council, 6 selected a resident elsewhere in Hampshire, 5 described themselves as a member of a community group or organisation, 4 were formally supported by the Locally Based Hospital Unit, 3 were responding as a business or organisation, 2 were users of the deferred payment scheme, 1 respondent was a political member and a further 5 respondents selected "other".



*Figure 1*

36. Figure 2 shows how respondents to the consultation questionnaire best described their gender. 63 respondents described themselves as Female, 54 respondents described themselves as Male and one respondent described themselves in another way.

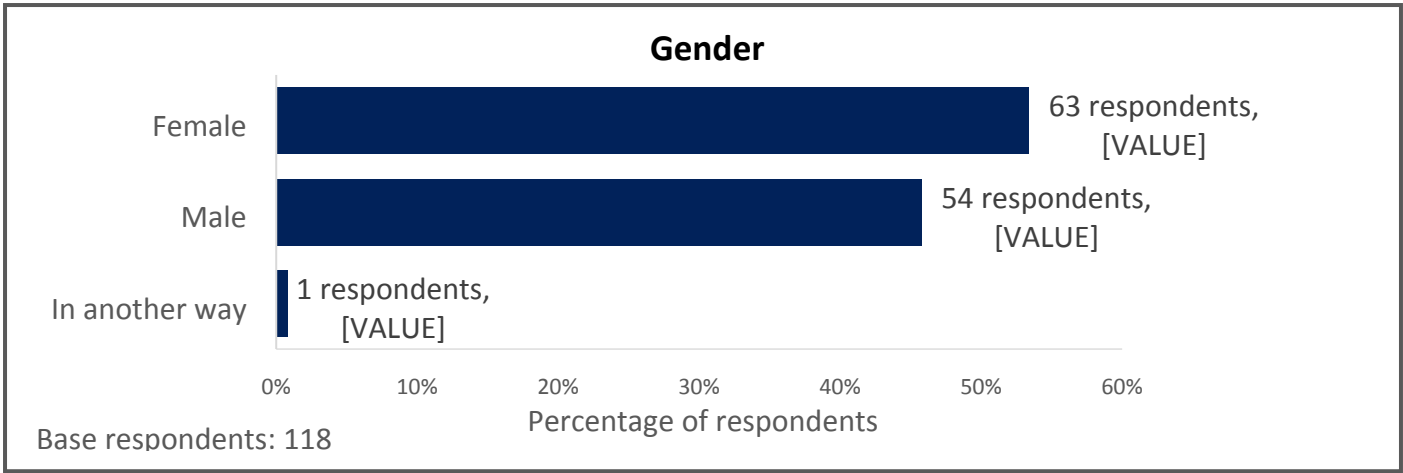


Figure 2

37. Respondents were also asked their age as shown within figure 3. The highest proportion of respondents were between the ages of 55 and 74 which comprised 53% of respondents. Categories with lower numbers of respondents were under the age of 25.

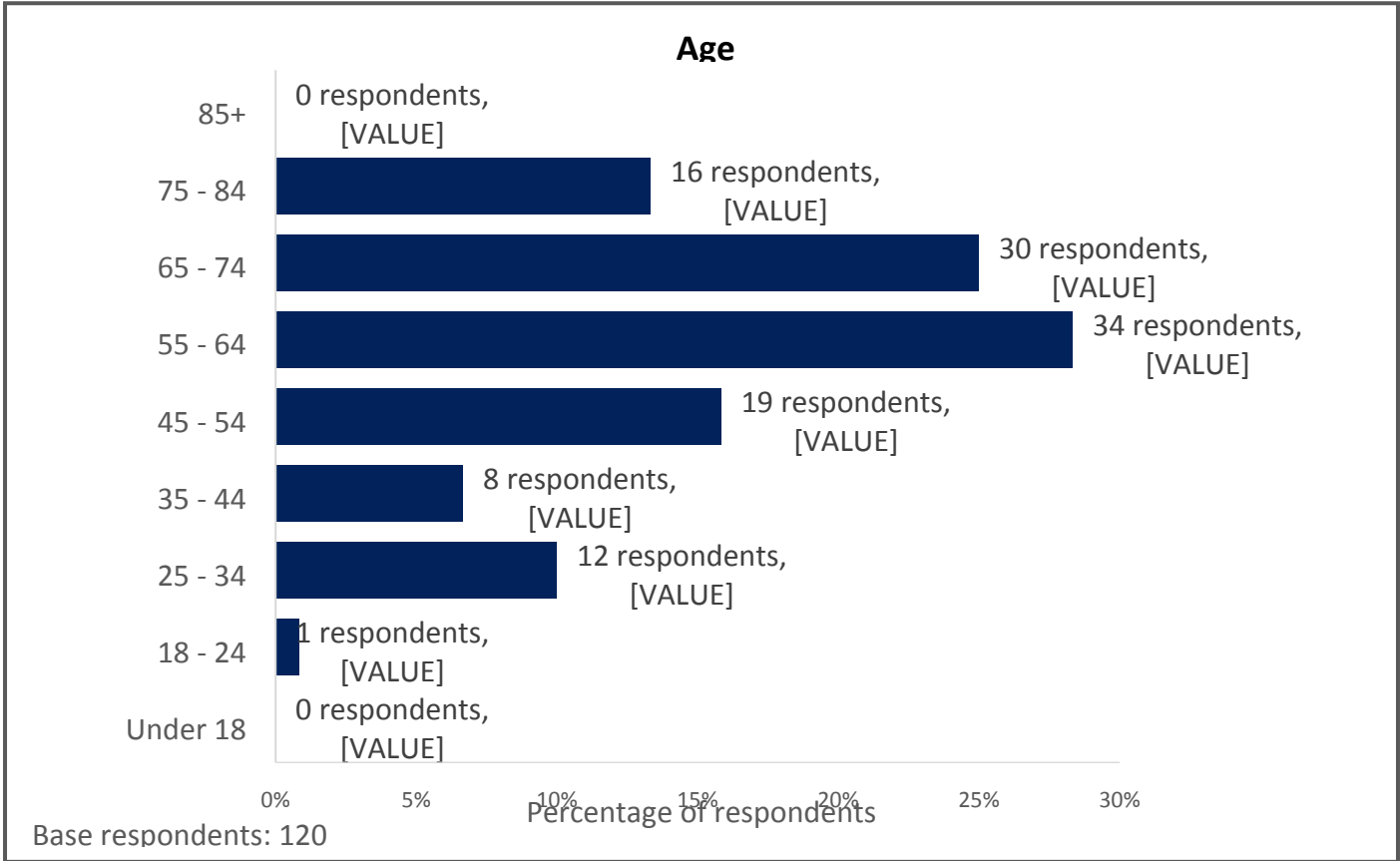


Figure 3

38. The final question asking for more information about the respondents themselves asked them their ethnicity. Figure 4 shows that the highest proportion of respondents (92%) described themselves as White. A further 4% of respondents described themselves as Asian or Asian British; 1% Black, African, Caribbean or Black British and 3% as mixed or multiple ethnic groups.



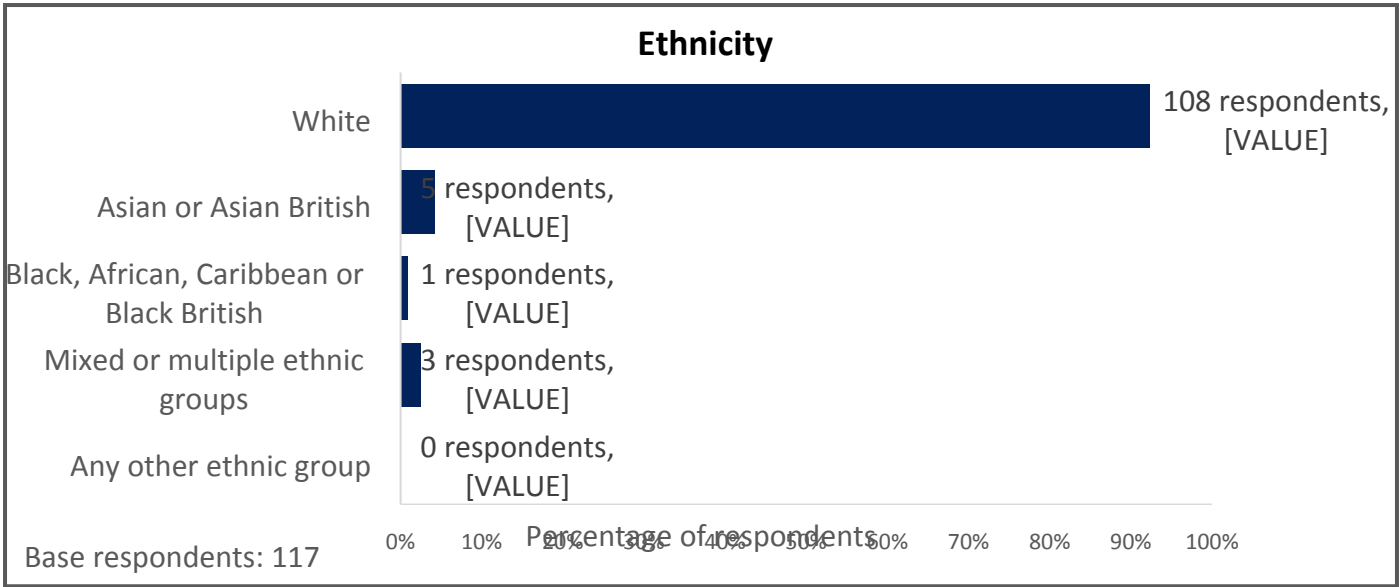


Figure 4

## Arrangement Fee for people who pay for their care themselves

39. The council is proposing to introduce an arrangement fee of £250 for people who ask the council to make arrangements for their non-residential care and have over £23,250 in savings and assets. The council is also proposing to charge a further £250 for each occasion the customer asks for the council to arrange a new care package. This proposal is part of the council working towards a balanced budget.
40. Respondents were asked to what extent they agree or disagree with the proposal to introduce a charge to meet the administrative costs of non-residential care arrangements. The results of this question are shown in Figure 5.

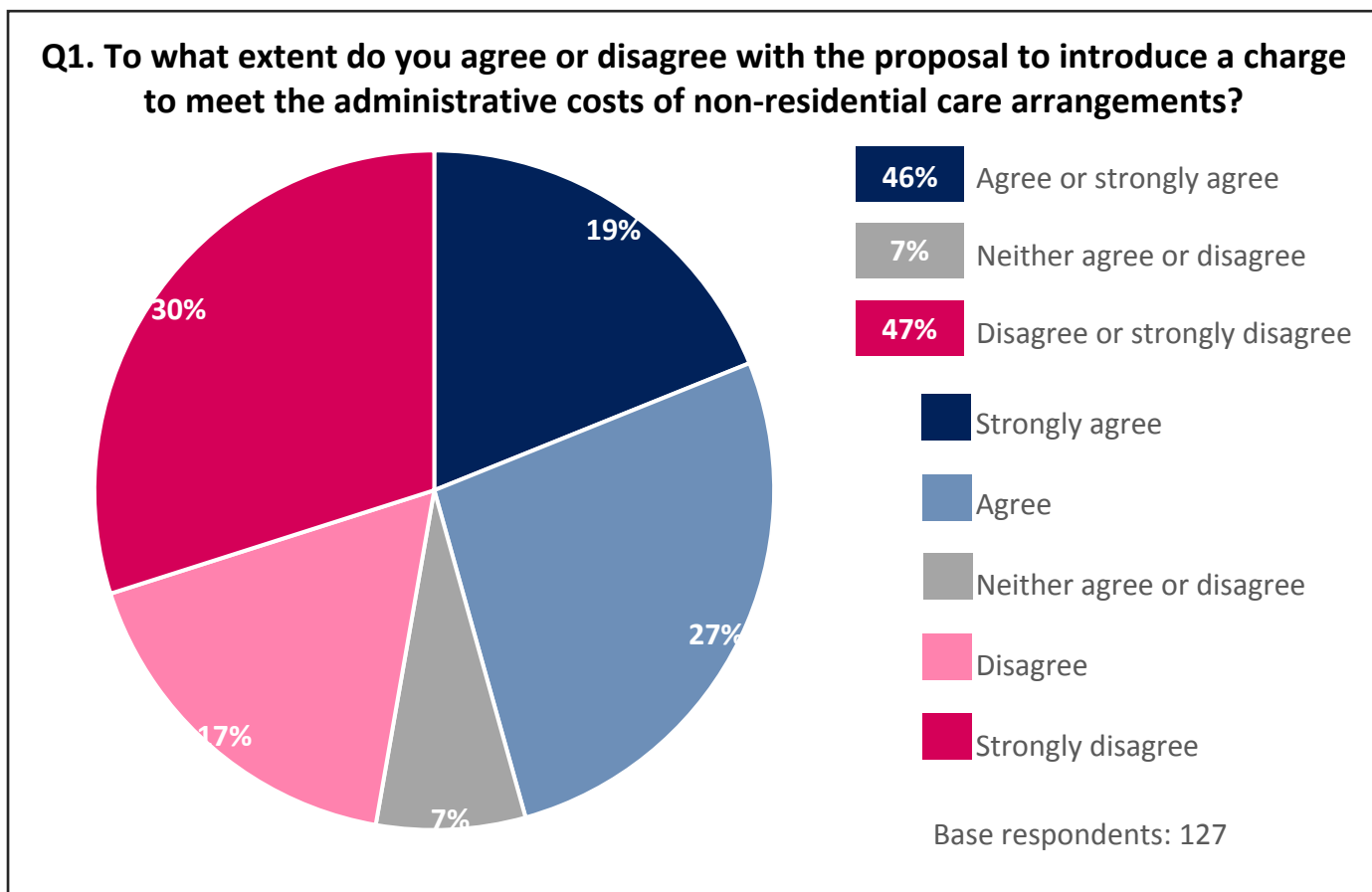


Figure 5

41. A total of 46% of respondents expressed overall agreement with the proposal to introduce a charge to meet the administrative costs of non-residential care arrangements. Of this 27% agreed with proposal and 19% strongly agreed. A further 47% of respondents either disagreed or strongly disagreed with the proposal; of which 17% disagreed and 30% strongly disagreed.
42. Respondents were then asked what they thought of the initial arrangement of £250. Figure 6 shows the results of this question. Overall, 5% of respondents thought the initial arrangement fee of £250 was too low (2% far too low, 2% slightly too low). In comparison, 57% of respondents believe the initial arrangement fee to be too high (38% far too high, 19% slightly too high). A further 38% of respondents said the initial arrangement was the right amount.

**Q1a. What do you think about the proposed charges?  
The initial arrangement fee of £250**

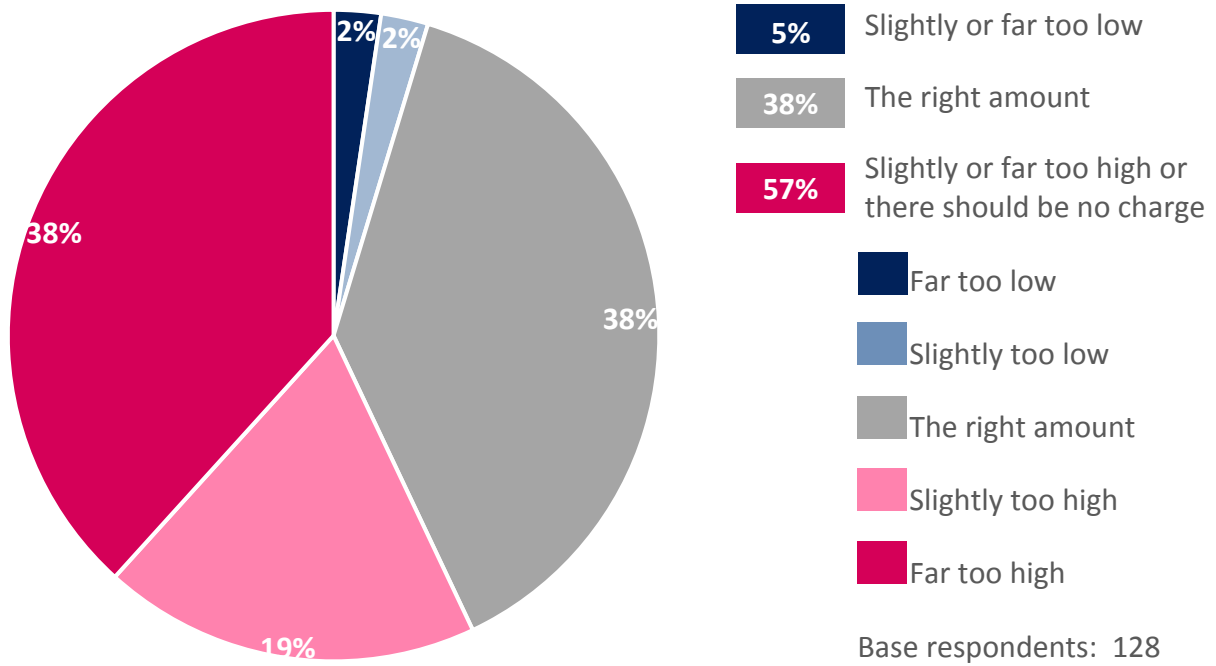


Figure 6

43. Respondents were also asked what they thought of the further charge of £250 for each new care package. Figure 7 shows that 1% of respondents considered the further charge to be too low (1% slightly too low) whilst another 79% believed it to be too high (20% slightly high, 58% far too high). One fifth (20%) of the respondents said the further of £250 for each new package was the right amount.

**Q1b. What do you think about the proposed charges?  
The further charge of £250 for each new care package**

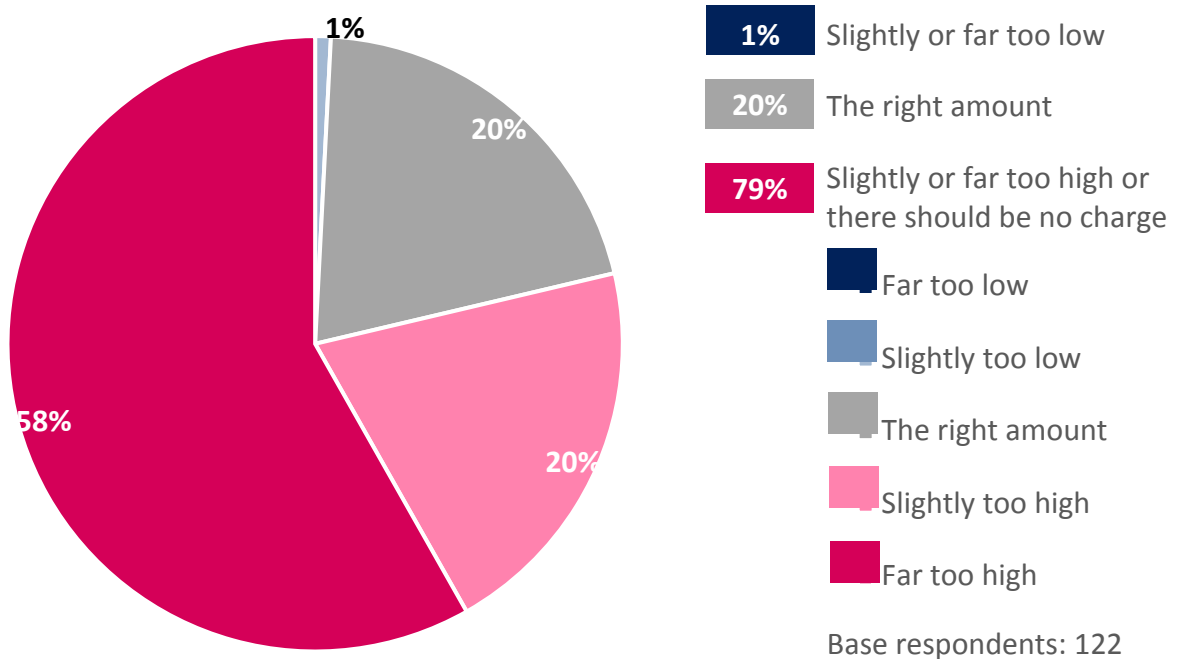
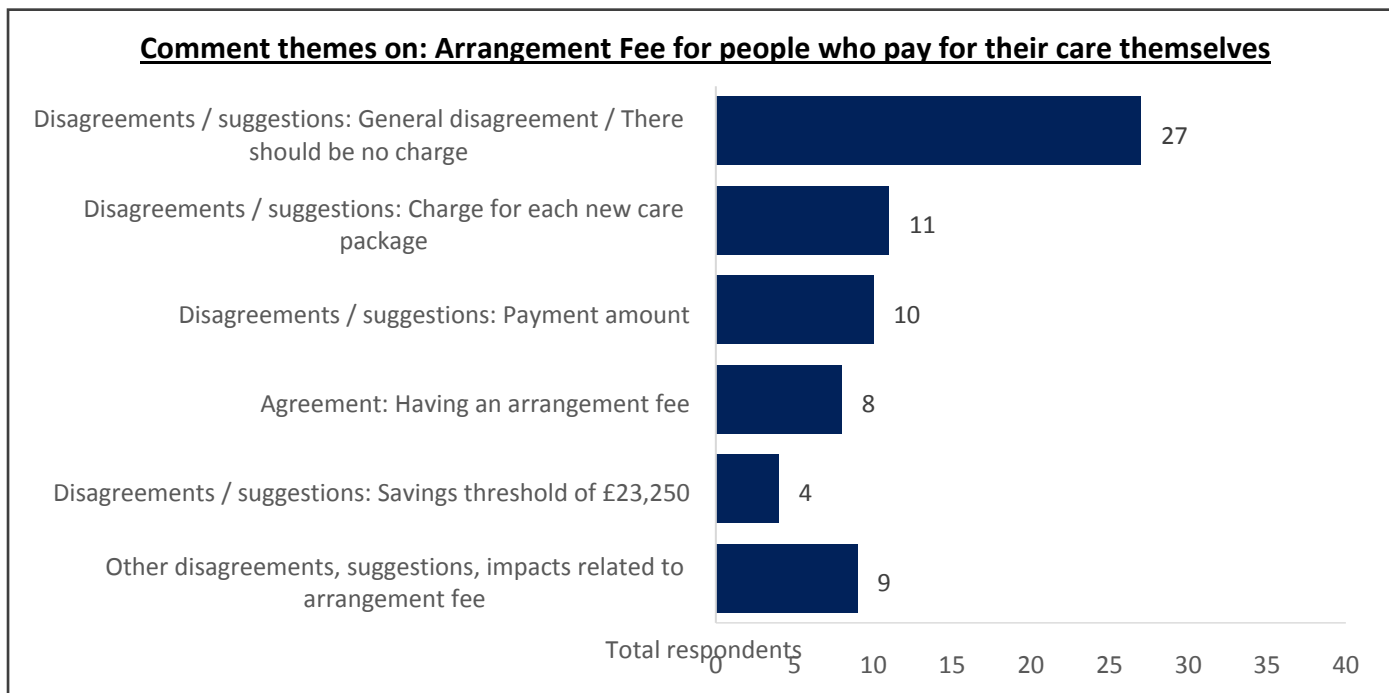


Figure 7

44. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Figure 8 shows the themes of comments regarding the Arrangement Fee for people who pay for their care themselves and the number of respondents that raised this point. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation and so the subsequent tables after provides summaries or quotes of the unique comments and suggestions associated with these themes of comment.



*Figure 8*

45. A total of 27 respondents expressed general disagreements against the proposals regarding arrangement fees. The following unique disagreements and suggestions were made:

Disagreement that people who have saved all this money are expected to pay
Some people save all their lives and do without extras whilst others spend more. Why should somebody with a little savings be penalized?
This proposal would have a severe impact on our income
Where are these people expected to find the extra money?
The charge should be met principally by the NHS
People caring for someone usually very busy so it is unfair to make them try to arrange a package themselves to avoid the charge

46. Unique disagreements and suggestions regarding the charge for each new care package:

As this might change on a regular basis dependent upon state of health I feel that a single charge is more appropriate.
If the initial care package is in place but is not working, then why charge the same if it only needs tweaking with a new care provider.
A single one off charge is more appropriate
Concern that people may be deterred from seeking assistance due to the extra charge if their situation changes

47. Unique suggestions and comments regarding disagreements with the payment amount:

Amount is too high: especially if someone requires multiple changes to their care package; £250 is a lot of money to an individual; too high if details are already on the system; concerned over why the charge so high.
Suggest a lower amount: e.g. £100, £125, £50, £25
Suggest a sliding scale of charges

48. Agreements with having an arrangement fee:

Taking into account the £23,250 threshold is understandable in austere times. We do feel that making provision for special circumstances is important, as well as the right to appeal to an independent body. We also consider that thought should be given to how frequently this fee is applied. If a person's care needs change within a short time, then charging a fee every time a new arrangement is made seems unfair.
Fair proposal
Fair charging amounts
Make sure the services are costed carefully

49. Unique suggestions and comments regarding the savings threshold of £23,250:

Suggest a high threshold ie £50,000
The charge, based on the £23,250 assets figure is stupid, it should be based on annual income alone
If someone is just at the threshold they are likely to fall below the threshold with the fee, so may need a refund

50. Additional unique disagreements, suggestions and impacts relating to the arrangement fee proposals:

People should be means tested first
Cause financial stress and worries
This should be covered by the community charge which is paid by everyone especially as the Government has given permission for this to be increased by 3% part of which I understand is to cover social care.
The fee set up should be in line with inflation
some people who pay their own care do not really want it but if assessed by professionals as needing it they have to pay out more than those not having to pay. does having the amount over £23,250 include the value of a property they live in? I've always been told this should not be taken in to consideration if care is given at home!
There are no case studies, no advocates and I do not believe that those who stand to lose truly understand the implications of the cuts. I know that I don't. I think you are relying on this to push the motion through, because you have no other ideas and are not really committed to supporting us
The £250 should only recover the cost of the service and no more
How can someone pay with assets? Clearly people with savings could pay you; no argument there. But assets? Will you accept a television? Or bags of crisps? Will they have to sell their house? You need to think this through and try again

## Taking into account the higher rate Attendance Allowance and disability benefits

51. The council is proposing to now take into account the higher rate of payments of Attendance Allowance and disability benefits when doing financial assessments for adult social care support, whereas before only the lower rate of payment was taken into account within financial assessments.
52. Respondents were asked to what extent they agree or disagree with the proposal to take into account the full amount of the care components of Attendance Allowance and disability benefits, the results of which are shown in Figure 9. A total of 40% of respondents expressed agreement with the proposal to now take account of the full amount of the care components of Attendance Allowance and disability benefits; of which 29% agreed and 11% strongly agreed. Disagreement was expressed by half (50%) of the respondents, with 11% disagreeing and 40% strongly disagreeing with the proposal. A further 10% of respondents neither agreed nor disagreed with the proposal.

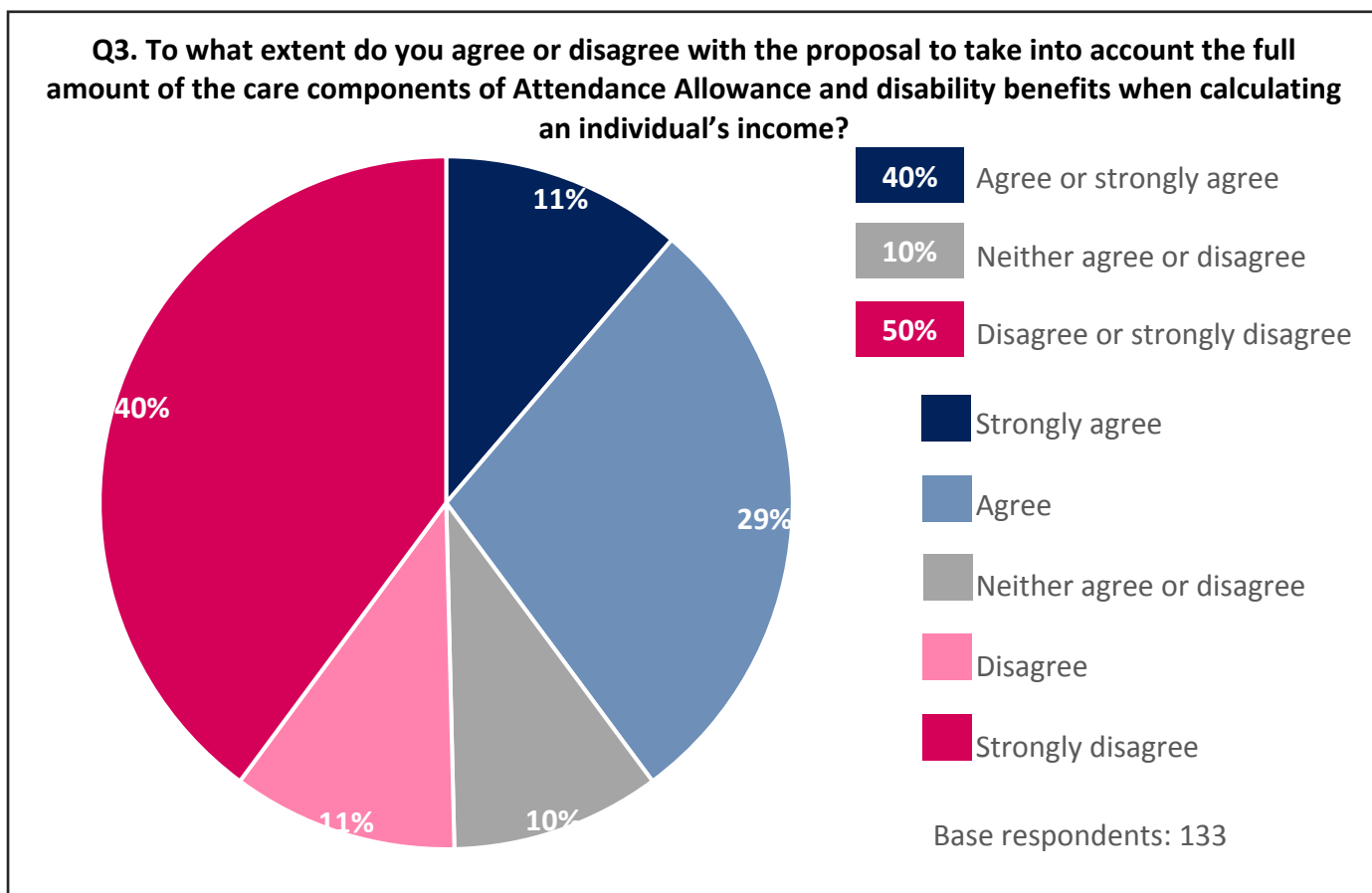


Figure 9

53. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Figure 10 shows the themes of comments regarding taking into account the higher rate Attendance Allowance and disability benefits and the number of respondents that raised this point. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation and so the subsequent tables after provides summaries or quotes of the unique comments and suggestions associated with these themes of comment.

**Comment themes on: Taking into account the higher rate Attendance Allowance and disability benefits**

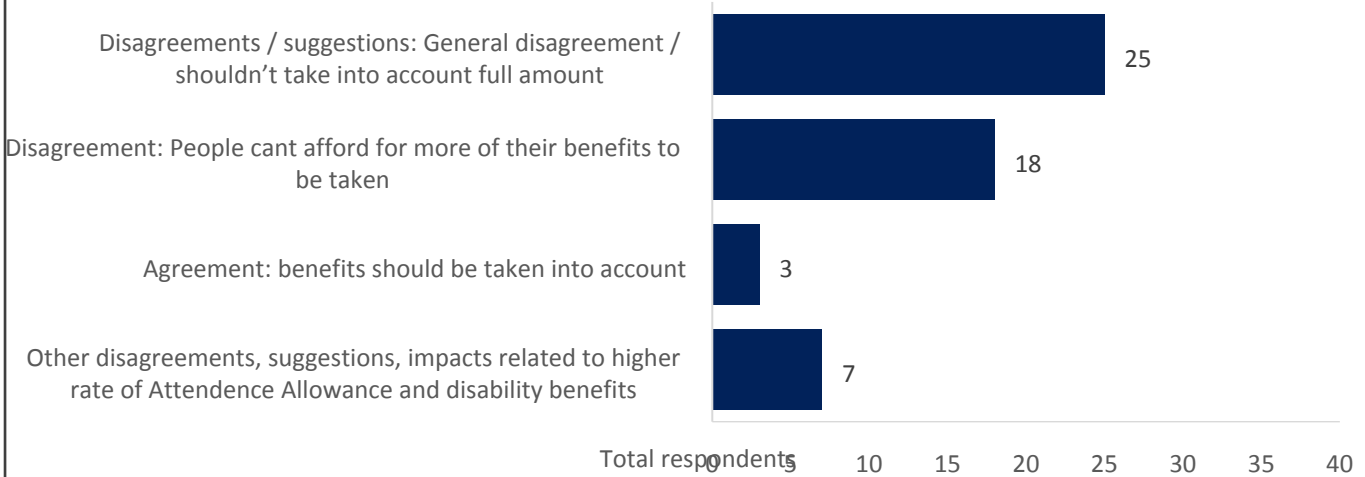


Figure 10

54. A total of 25 respondents raised comments expressing a general disagreement towards taking into account higher rates of Attendance Allowance and disability benefits. Unique comments and suggestions are summarised below:

Benefits shouldn't be counted
Why should those who saved more, pay for those who didn't save as much?
The proposal sounds like it would be bureaucratic (despite the intention of lighter touch assessment processes), stressful for all those involved and undermine living standards of people with care needs. It would also need further investment in support services to help people through the processes.
For you to take any of this money away from people would be a travesty and just add insult to injury. All MP's need to lobby the government over fuel payments and child benefit paid to the wealthy. Many people have asked to send these back but are unable to do so. A simple email or letter asking if they need these benefits would save millions.
You are taxing the most vulnerable
Make a stand against Austerity and find a new way to save
Disagreement as vulnerable people are left with absolutely no disposable income other than the recommended amount which the government states they need to live on

55. In addition, 18 respondents raised a concern that people can't afford for more of their benefits to be taken. The following table summarises these responses:

Many people on the higher rate of Attendance Allowance are receiving it because they have a terminal illness. These people should at least be spared further charges
People have been assessed as needing this benefit already so clearly they NEED it or they would not have passed the stringent tests to get it. All cases taken to the Ombudsmen about including disability benefits in calculations for care costs have been ruled UNLAWFUL.
People who receive the higher level already have significantly higher needs and are limited in their ability to earn an income to support themselves. Disability aids are already at an inflated price.
My mother has been charged on this basis for a couple of years now. Her charges have gone from zero to almost £90 per month. We cannot afford more than this and this charge is already making us struggle.

56. There were 3 respondents that expressed the following agreements with the proposals:

In this economical climate, TT should be taken into account.
People will always have added expenditure that these benefits pay for, if you take some of that away you are setting the council up for further costs in the long run.

57. Additional disagreements, suggestions and impacts related to taking into account the higher rate of Attendance Allowance and disability benefits:

every disability is different to individual person. every case should be looked properly before the decision is made.
If the council takes into consideration DLA higher rate/ AA when calculating financial contributions to care, but travel arrangements such as taxis to hospital appointments are not covered as part of the care package, so they will need to pay this out of pocket.
Most old people loath claiming benefits of any kind
The travel expenses can be high leaving people with barely enough to live on. Consequently disabled people will become more isolated.
Make sure that the person who provides the care does so properly and effectively
Taxing allowances suggests the allowances are too generous
Think about the things they have to buy and why they get the higher rate they have other things to pay like transport and food and clothing. Making them pay more would be very unfair.



## Charges from the date the service commences

58. The council proposes to introduce charges for social care services from the point at which the service commences for those assessed as needing to make contribution towards the cost of their use of any chargeable services.

59. Figure 11 shows to what extent respondents agreed or disagreed with the proposal to introduce charges from the point at which the service commence. Overall agreement was expressed by 41% of respondents (25% agreed, 16% strongly agreed). A total of 48% of respondents said they disagreed on some level with the proposal to introduce charges from the point at which services commence; of which 18% disagreed and 30% strongly disagreed. 11% of respondents neither agreed nor disagreed with the proposal.

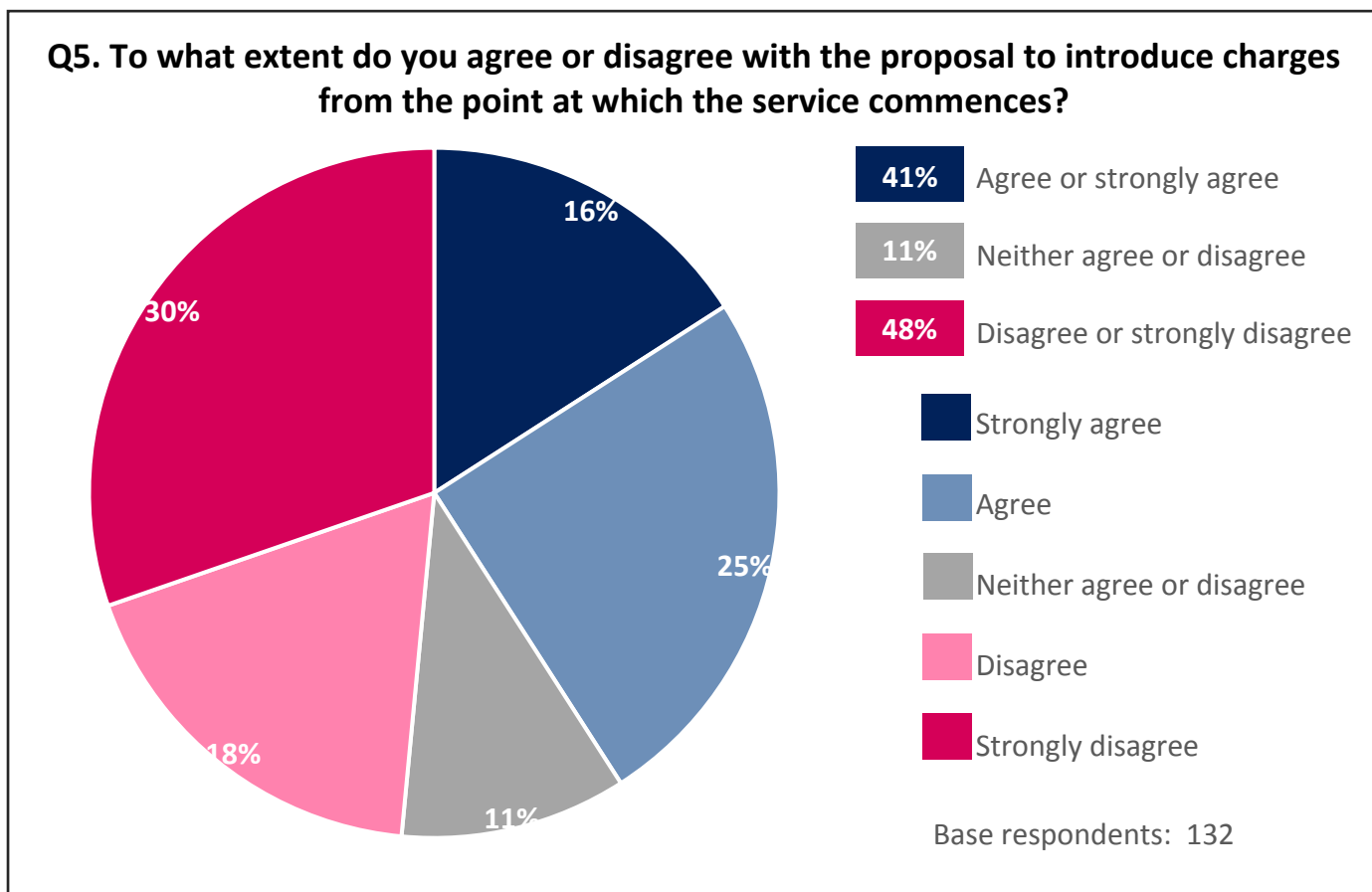


Figure 11

60. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Figure 12 shows the themes of comments regarding charges from the date the service commences and the number of respondents that raised this point. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation and so the subsequent tables after provides summaries or quotes of the unique comments and suggestions associated with these themes of comment.

**Comment themes on: Charges from the date the service commences**

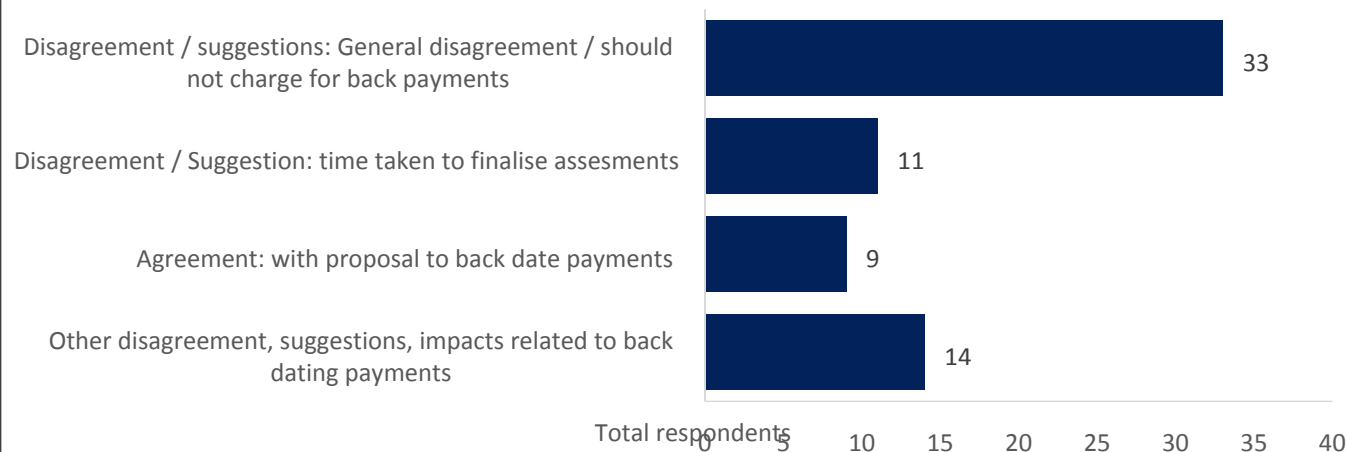


Figure 12

61. A total of 33 respondents expressed general disagreements about the proposal to charge from the date the service commences. The following unique comments and suggestions were raised:

Charging for back payment is unacceptable
The cost should only start when all state funding is in place.
Charges should come into place after the financial assessment is complete.
This could cause undue stress on people
You are charging the most vulnerable
Backdating as a concept can increase anxiety and leave people out of pocket unexpectedly.

62. In addition, 11 responses raised points about the time taken for assessments to happen as outlined below:

It takes too long for the council to finalise financial assessments, this could mean people paying too much for a long period of time.
My last financial assessment took a year to complete and was completed wrongly 5 times in that period
The onus and incentive to complete the assessments quickly should remain with the Council .
With this in place where is the incentive to ensure the Council acts with a sensible timescale
If this time frame is not met you will only be able to charge back dated payments to a maximum the target time frame (6 weeks).

63. A total of 9 respondents expressed the following agreements with the proposals:

The Council should consider further ways to make it easy for people to navigate and be supported through the financial process. This could be a suitable piece of coproduction work.
But make sure that adult's with learning disabilities fully understand this
If a charge was implemented this could help with budget pressures and potentially increase flow through the services

64. Additional disagreements, suggestions and impacts related to back dating payments:

If the assessment can be done within the first month of charges then yes that would be okay but any longer and no.
The problem will be if financial assessments become back logged, which knowing how things tend to go will undoubtedly become the next problem.
Is the amount likely to be up to £100, or up to £1,000, or over £1000? Perhaps the easiest solution would be to charge people at the start then once the financial assessment is finished confirm charges or issue refunds or enter a credit into people's accounts.
In other parts of the UK care is free so why not here
Complaints will increase
This can only work if the council gets their processes working more efficiently and that the FAB team have the capacity to deliver this proposal.
I think that the claim will be backdated so charge once the claim has gone through and the client has the money, to charge beforehand will possibly put the client in debt that can't happen.
I am getting into debt because SCA cannot seem to get her charges for meals etc correct. It was much easier when I could send the cost of her meals in each day, as some days her health does not allow her to attend.

## Increase charges for Deferred Payment Scheme Loans

65. The council is proposing to increase their charges for people using the Deferred Payment Scheme to cover their administrative costs. This will include increasing the one-off administration fee to £810 and introducing an annual administration fee of £305 (or £505 if a property has to be revalued). The council is also proposing to start charging interest on the deferred amount for the whole period that the agreement is in place.

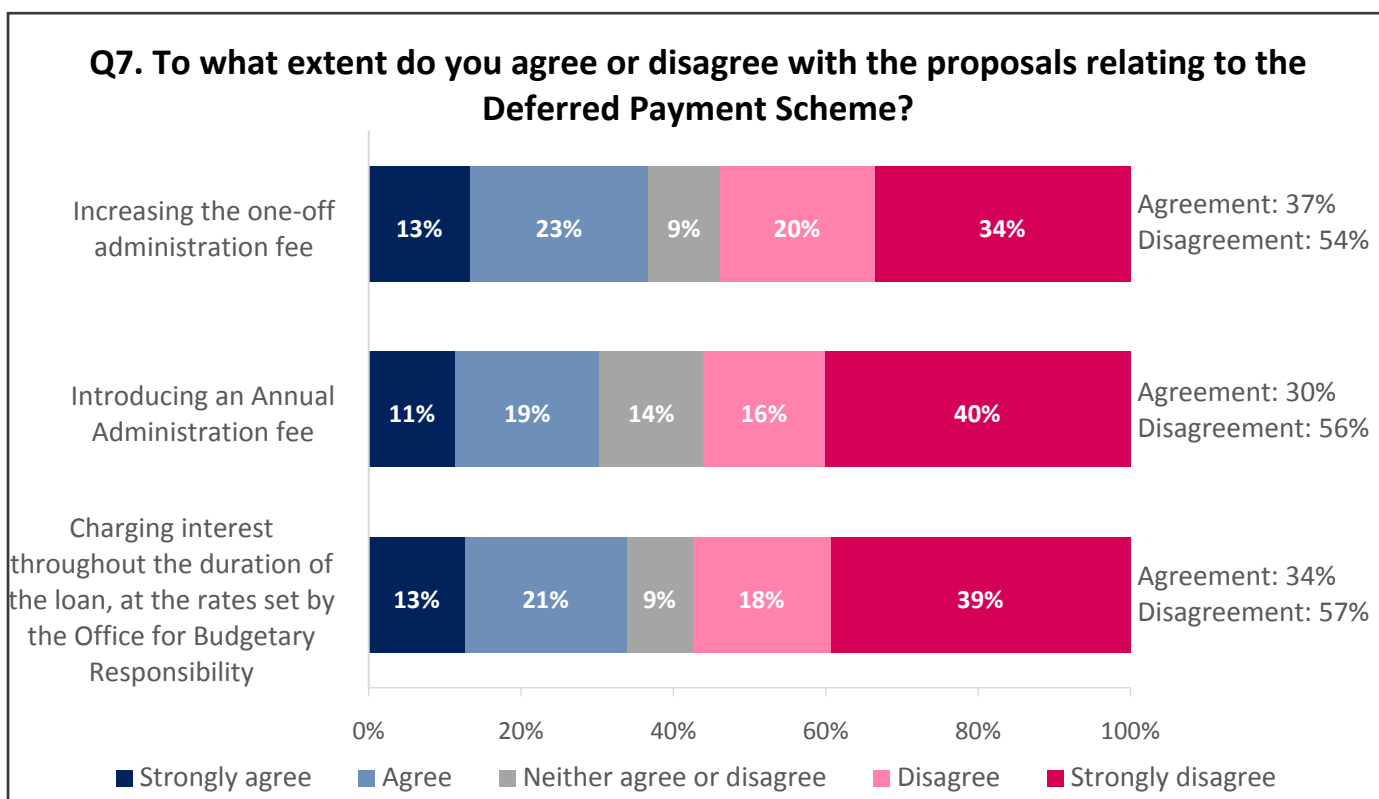


Figure 13

66. Respondents were asked to what extent they agreed or disagreed with the proposal to increase the one-off administration fee. The results of this question are shown in Figure 13. Overall, 37% of respondents expressed agreement with the proposal to increase the one-off administration fee; of this 23% said they agreed and 13% said they strongly agreed with the proposal. A further 54% of respondents disagreed with the proposal (20% disagreed, 34% strongly disagreed). The remaining 9% of respondents neither agreed nor disagreed with increasing the one-off administration fee.

67. Respondents were also asked to what extent they agreed or disagreed with the proposal to introduce an annual administration fee. Figure 13 shows that 30% of respondents agreed with such a proposal; of which 19% agreed and 11% strongly agreed. In comparison, 56% disagreed with the introduction of an annual administration fee (16% disagreed, 40% strongly disagreed). A further 14% of respondents said they neither agreed nor disagreed with the proposal.

68. Respondents were then asked to what extent they agreed or disagreed with the proposal to charge interest throughout the duration of the loan, at the rates set by the Office for Budgetary Responsibility. Figure 13 shows the results of this question. In total, 34% of respondents agreed with the proposal to charge interest on the loan; of which 21% agreed and 13% strongly agreed. Overall, 57% of respondents disagreed with the proposal (18% disagreed, 39% strongly disagreed). A further 9% of respondents neither agreed nor disagreed with the proposal to charge interest on the loan.

69. Following these questions, respondents were then asked what they thought of the proposed amount charged for the set-up administration charge of £810, the summary of which can be seen in Figure 14. 1% of respondents thought the proposed £810 for a set-up administration charge was slightly too low. Over three quarters (76%) of respondents felt the charge was too high (20% slightly too high, 55% far too high). A further 23% of respondents considered £810 to be the right amount.

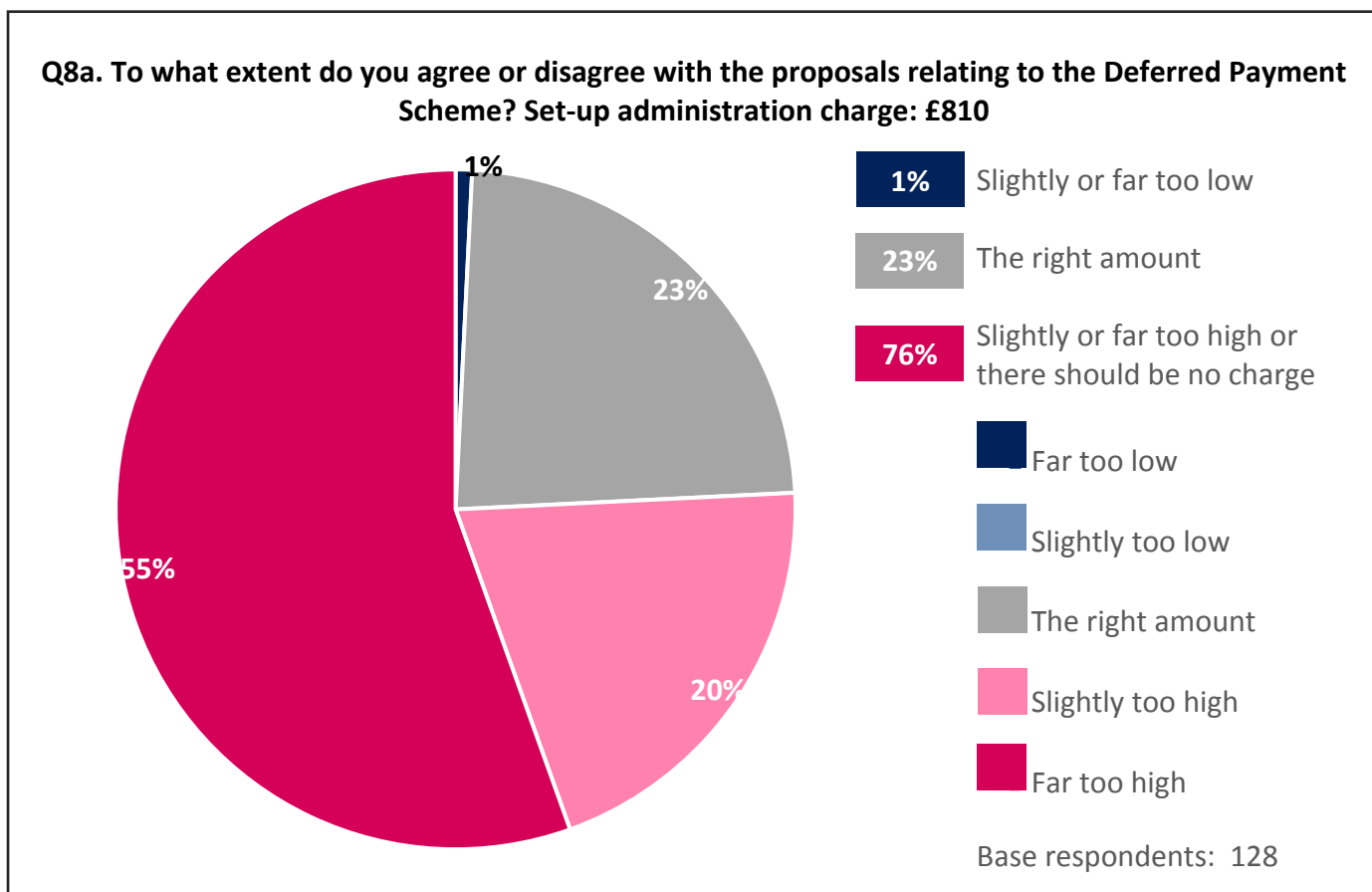


Figure 14

70. Figure 15 shows what respondents thought of the proposed amount charged for the annual administration charge of £305 (or £505 if a property revaluation is required). As was the case with the set-up administration charge, 1% of respondents said the annual administration charge was too slightly too low. A further 73% of respondents considered the proposed £305 (or £505) to be too high; of which 21% said it was slightly too high and 55% said it was far too high. The remaining 26% of respondents believed the proposed administration charged to be the right amount.

**Q8b. To what extent do you agree or disagree with the proposals relating to the Deferred Payment Scheme? Annual administration charge: £305 (or £505 if a property revaluation is required)**

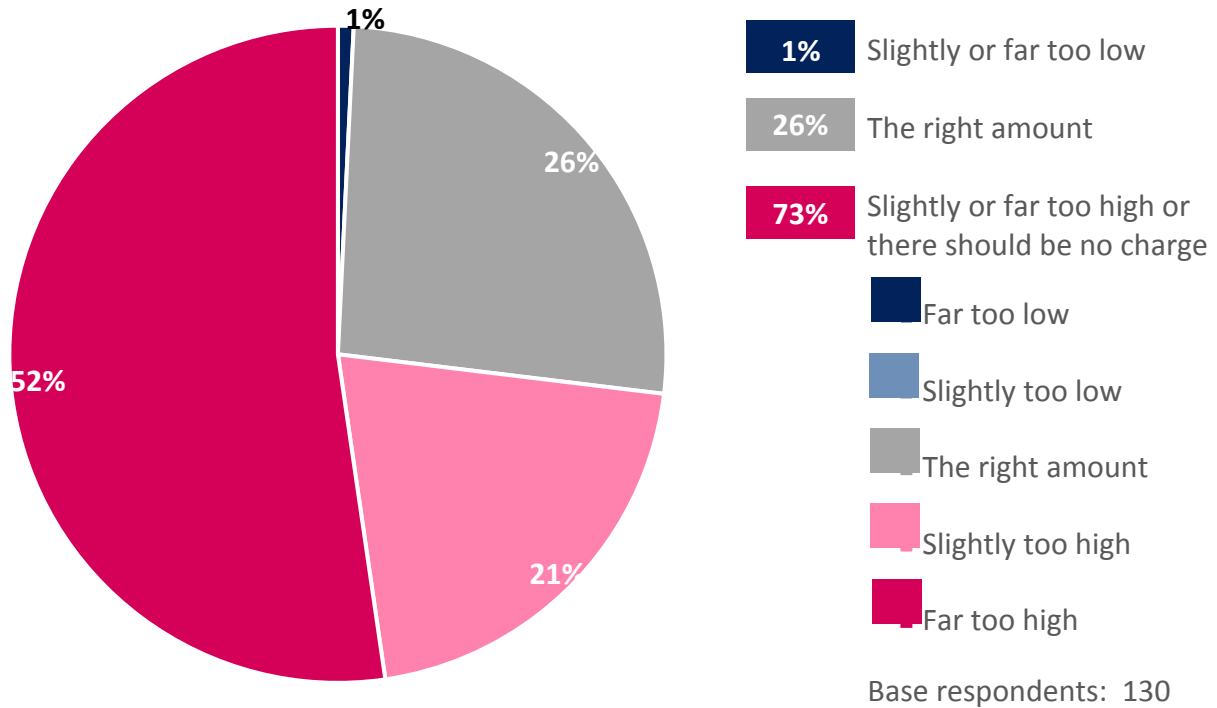


Figure 15

71. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Figure 16 shows the themes of comments regarding increased charges for Deferred Payment Scheme Loans. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation and so the subsequent tables after provides summaries or quotes of the unique comments and suggestions associated with these themes of comment.

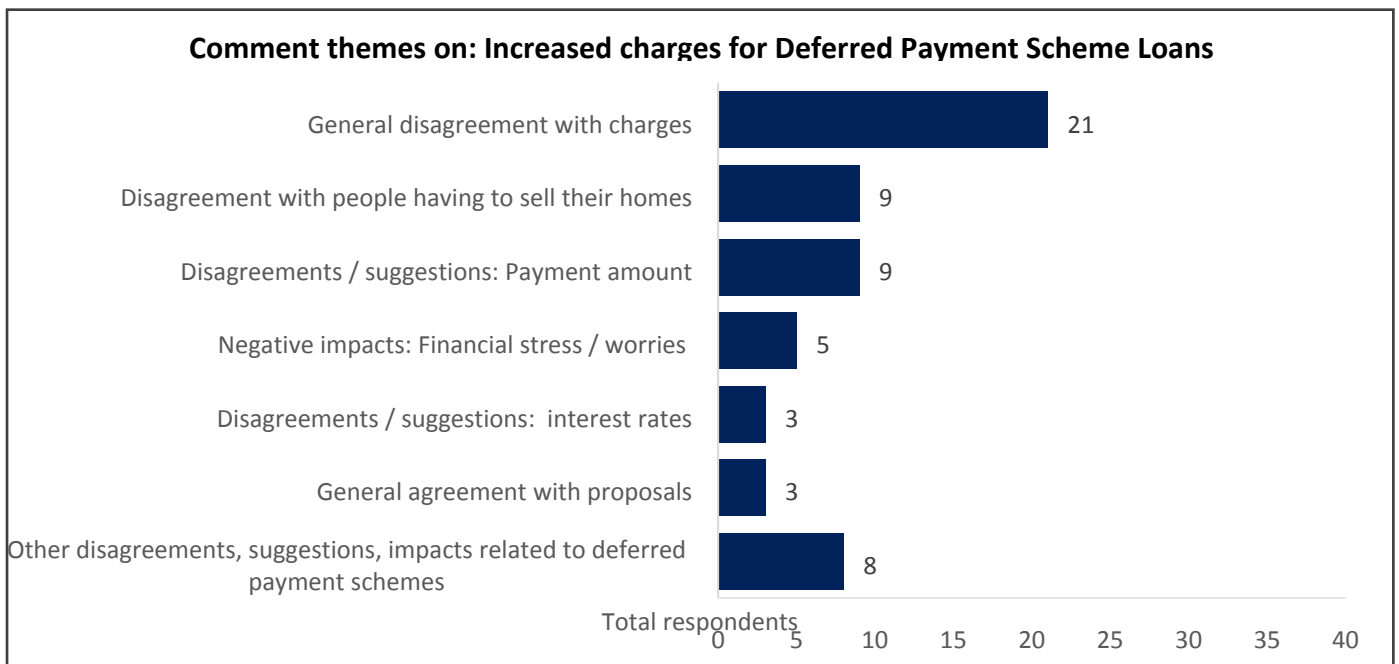


Figure 16

72. Overall, 21 respondents expressed general disagreement with the increased charges for Deferred Payment Scheme Loans. The following table encompasses the sentiment of these responses:

Pay council tax to cover this already
Additional amount of money on top of care costs
The quality of the service will not reflect the charge.
Why should people who have worked hard all their lives have to borrow money to pay for their care.
Healthcare should be for everyone, not just those that can afford it.
People already have to sell their homes to pay for care, there should be no additional charges

73. Unique comments and suggestions regarding a disagreement with people having to sell their homes:

People who work hard all their lives to own their property are being penalised and it is no wonder that the house market is dropping
In the future people who rent property should also be obliged to pay something towards their care, a much fairer system must be sorted out in the future. If this carries on putting all the burden on house owners, people will all consider renting property. Then perhaps a fairer system will be put into effect. This is just an easy way to find money at property owners expense.
Would force people to sell their homes much earlier in order to avoid/meet these costs.

74. Unique comments and suggestions regarding the payment amount:

Charges are too high
Charges should be included in loan
Charges should properly reflect the cost
Suggestions for administration charges: £500
Suggestions for annual charge: £200 or £300 if revaluation required

75. Concerns over the negative impact of the proposals on individual finances and stress:

Some people will run out of money sooner and be completely dependent on the state
What about people who might be unable to pay that, I know that they own a home but doesn't mean they are not strapped for cash what is done in that case??
Cause additional worry and concern.
Leave people out of pocket before they reach the end of their care needs

76. Unique comments and suggestions regarding the interest rates:

Interest rates should be the same as savers get - very low
Interest should not be charged
Why is the council relying on the setting of interest rates to Government Office for Budgetary Responsibility?

77. Agreements with the Deferred Payment Scheme proposals:

If this scheme were not in place, then people would have to sell their homes.
We agree, with a request to inform people of alternatives We understand that the Council feels the need to pass on the cost to the Council of the arranging a loan on a person's house. Due to increase in costs to individuals, it is important that people are also given information about other options in a clear format.
Providing the client can pay this I don't see a problem
If the initial charge if is paid out of the loan amount, the person paying it shouldn't experience financial distress trying to come up with the money.

78. Additional comments, suggestions and impacts related to the Deferred Payment Scheme Loans:

Too complex
Consolidate charge would be preferable
Cost neutral does not mean it aids the applicant but costs the Council. This scheme needs to be self funding at the very least so not an extra burden or cost to Council Tax payers.
Greater incentive to avoid charges
Would like more information on: breakdown of the charges; who calculated the charges
Fight the Government for the monies you really need
Affects the people that are most vulnerable
what if their assests are less than the total debt when they die - who pays?
People who qualify for benefits should not be charged
Again, potential for complaints increases.



## Remove the Locally Based Hospital Unit (LBHU) exception

79. The council are proposing to remove an exception from the adult social care charging policy for those previously supported by the Local Hospital Based Unit (LBHU), meaning these individuals would have a financial assessment to see if they have to pay for, or contribute towards the cost of their home care, the same as any other individual under the adult social care charging policy.

80. Respondents were asked to what extent they agree or disagree with the proposal to introduce charges in line with the charging policy for those people who are currently exempt from charges. Figure 17 shows 49% of respondents agree with the proposal to introduce charges in line with the charging policy for those currently exempt (27% agreed, 22% strongly agreed). A further 34% of respondents disagreed with this proposal; of which 10% disagreed and 24% strongly disagreed. A further 17% of respondents neither agreed nor disagreed with the proposal.

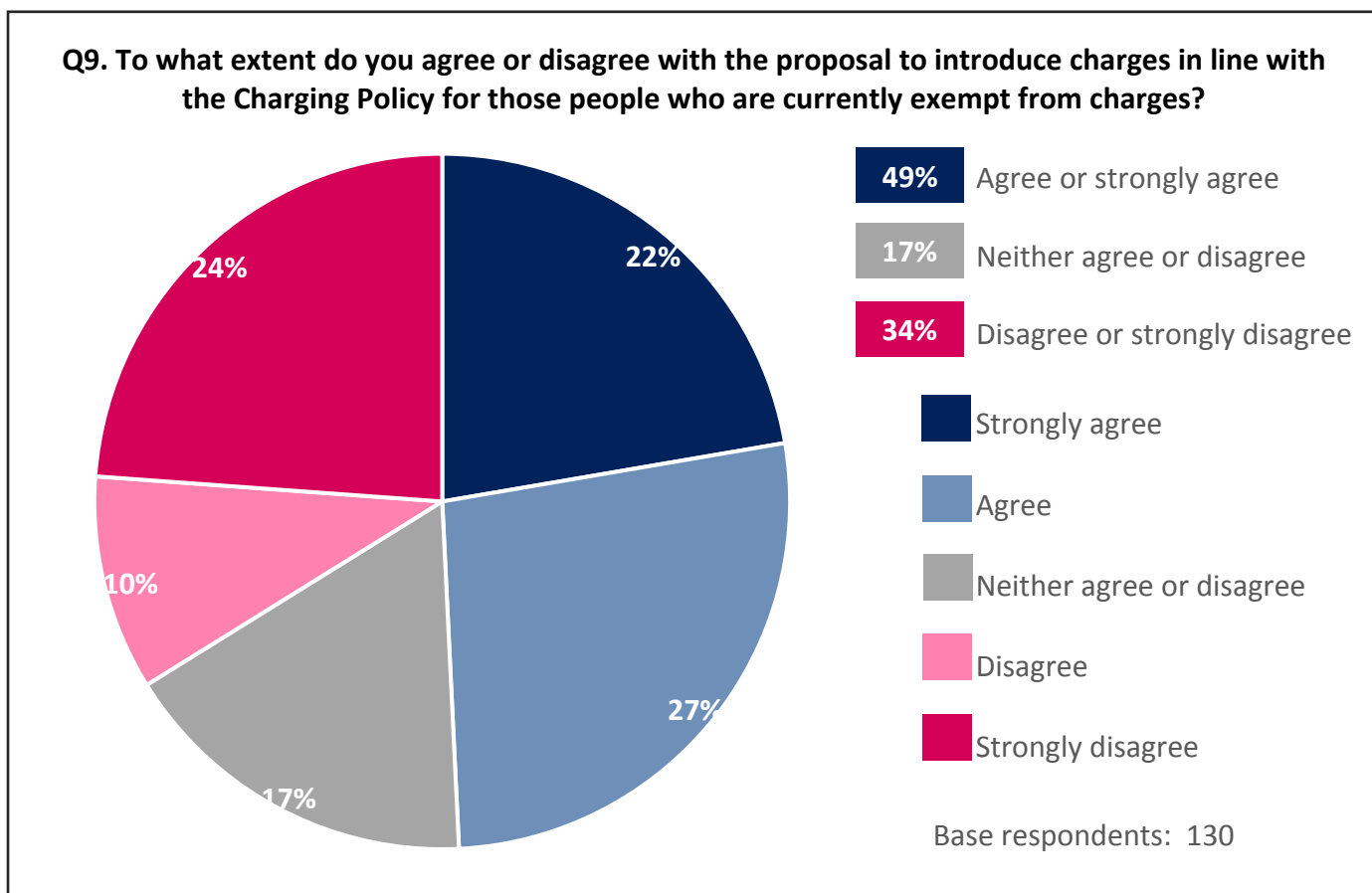


Figure 17

81. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Figure 18 shows the themes of comments regarding the removal of the Locally Based Hospital Unit (LBHU) exception. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation and so the subsequent tables after provides summaries or quotes of the unique comments and suggestions associated with these themes of comment.

**Comment themes on: Removal of the Locally Based Hospital Unit exception**

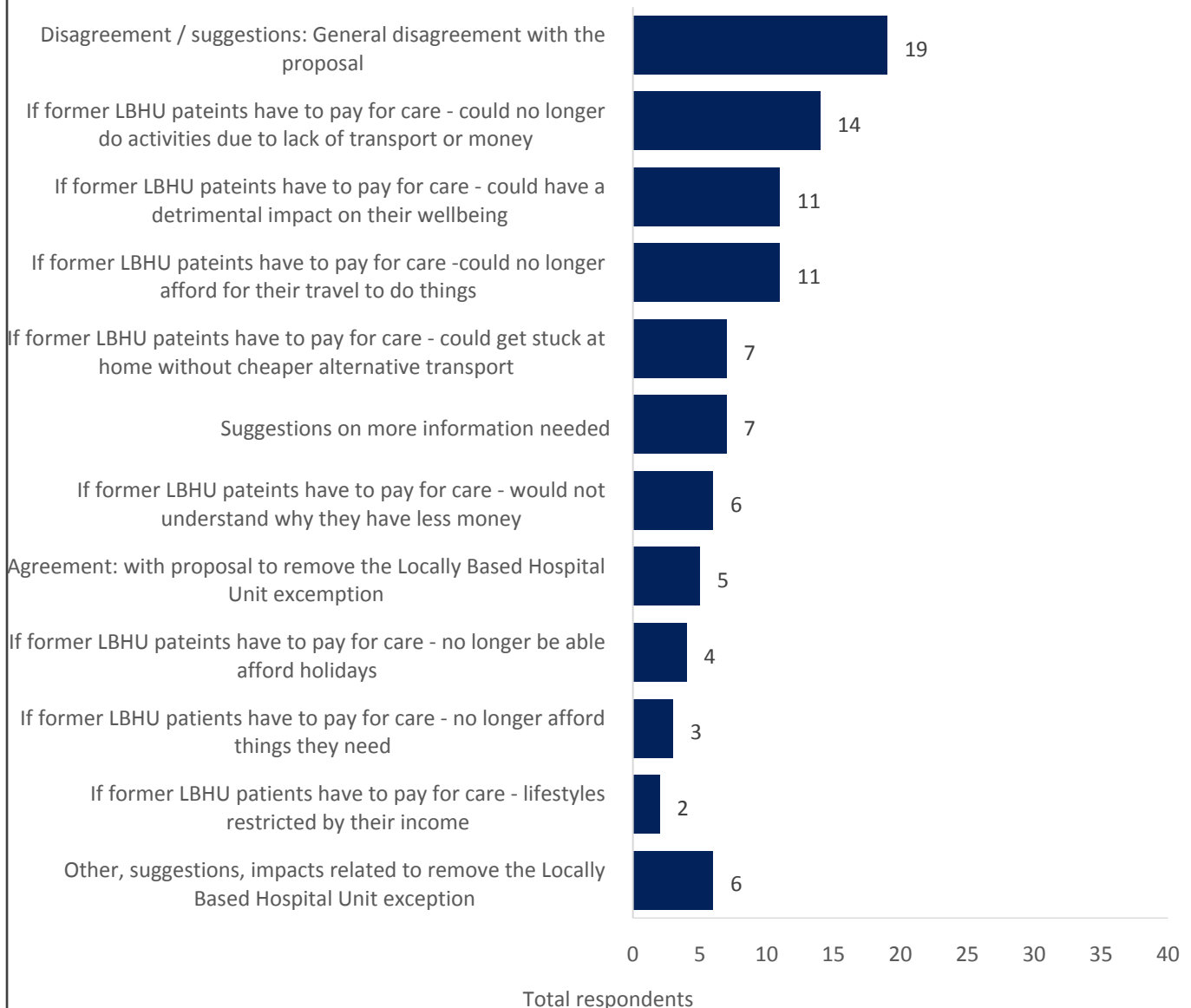


Figure 18

82. General disagreements with the proposal to remove the Locally Based Hospital Unit exception:

Have a national strike against the Tories and get some backbone to fight the Tories.
The family feel the history behind the LBHU should be taken into consideration and that the NHS should continue to fund these individuals.
There is always something changing but you closed the unit they should not have to pay for it.
They are concerned that a blanket policy is being proposed and the LBHU individuals are not being considered on an individual level.
Everybody should be exempt from charges.
Southampton Cabinet paper dated 19th June 2006 the council outlined their obligation to support the 38 people living in LBHU through a joint arrangement. We feel the council and NHS has a long term commitment to this.
This is highly controversial because of the treatment of people who currently receive the exemption. We believe the Council should reconsider this change.

I am concerned that the change in policy will mean the standard of care will be downgraded.
They expressed concern that if MI had less spending money it would have a negative impact on his social activities and daily routine, which would increase his challenging behaviour significantly.
There appears to be little empathy or understanding. All these things will do is make private care providers of all types very rich whilst causing untold suffering and distress.
Another nasty, mean spirited proposal from a Labour council that has badly lost it's way.
If people were promised this because their existing provision was taken away, it will cause an outcry if that promise is broken.
This is a dreadful decision. Many of these people were disadvantaged and received a substandard quality of care for several years of their lives, often wrongly placed and denied their human rights.
SCC has Appointeeship for MI finances and the family stated that because they do not have access to MI's finances they were in a difficult position to comment on the proposal. Initially they expressed confusion as to why they were being informed if they do not oversee MI's finances. They also felt the Appointee does not know MI well enough to understand his needs and therefore a financial assessment would not be representative of his needs.

83. Additional comments, suggestions and impacts related to the removal of the Locally Based Hospital Unit exception.

We feel you to consider every case on it individual circumstances rather than a blanket policy for all of the 24 people moved out of LBHUs.
Is it really worth is for the savings involved?
Could charities help at all?
Negative impacts expressed by those who were in the LBHU intially. (These individuals will have less money for other things like petrol for their car to travel; for activities that are important to them; for items they need to better cope; or for holidays. If individuals can no longer afford these things they may struggle to leave the house resulting in isolation, frustration and a detrimental effect on their wellbeing and those they live with. The change in financial situation could result in a change in routine which would unnerve some of the individuals. Many of the individuals said they would not understand why there is less money.)

## The clarification of the policy generally

84. Following these questions, respondents were asked a series of questions about what they thought of the policy if they had read it.
85. Respondents were first asked if they had read the proposed draft policy. In total, 84% of respondents have read some or all of the proposed draft policy. Of this, 53% had read all of it and 31% had read some of it. 16% had not read the proposed draft policy.
86. Those that had read the draft policy were then asked to what extent they agreed or disagreed that the draft policy is easy to understand. Figure 19 shows that 57% of respondents agreed that the draft policy was easy to understand (49% agreed, 9% strongly agreed). A further 27% disagreed with this statement, of which 20% disagreed and 7% strongly disagreed. The remaining 16% of respondents neither agreed nor disagreed that the draft policy was easy to understand.

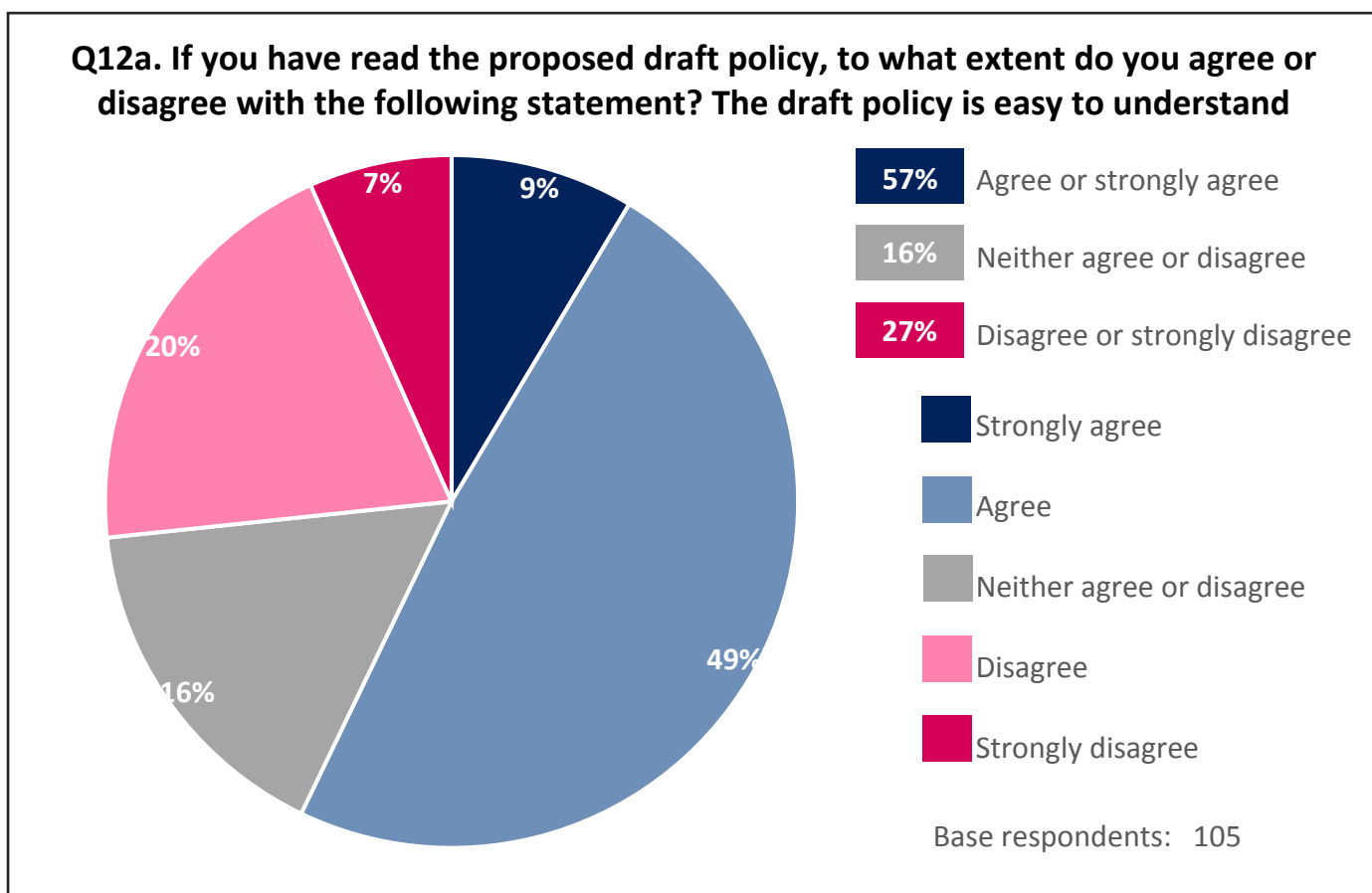


Figure 19

87. Respondents that had read the policy were also asked to what extent they agreed or disagreed that the draft policy provided enough information. Figure 20 shows the results of this question. Overall, 57% of respondents agreed that the draft policy provided sufficient information (50% agreed, 8% strongly agreed). A quarter (25%) of respondents disagreed with this statement, of which 18% disagreed and 7% strongly disagreed. The remaining 17% of respondents neither agreed nor disagreed that the draft policy provide enough information.

**Q12b. If you have read the proposed draft policy, to what extent do you agree or disagree with the following statement? The draft policy provides sufficient**

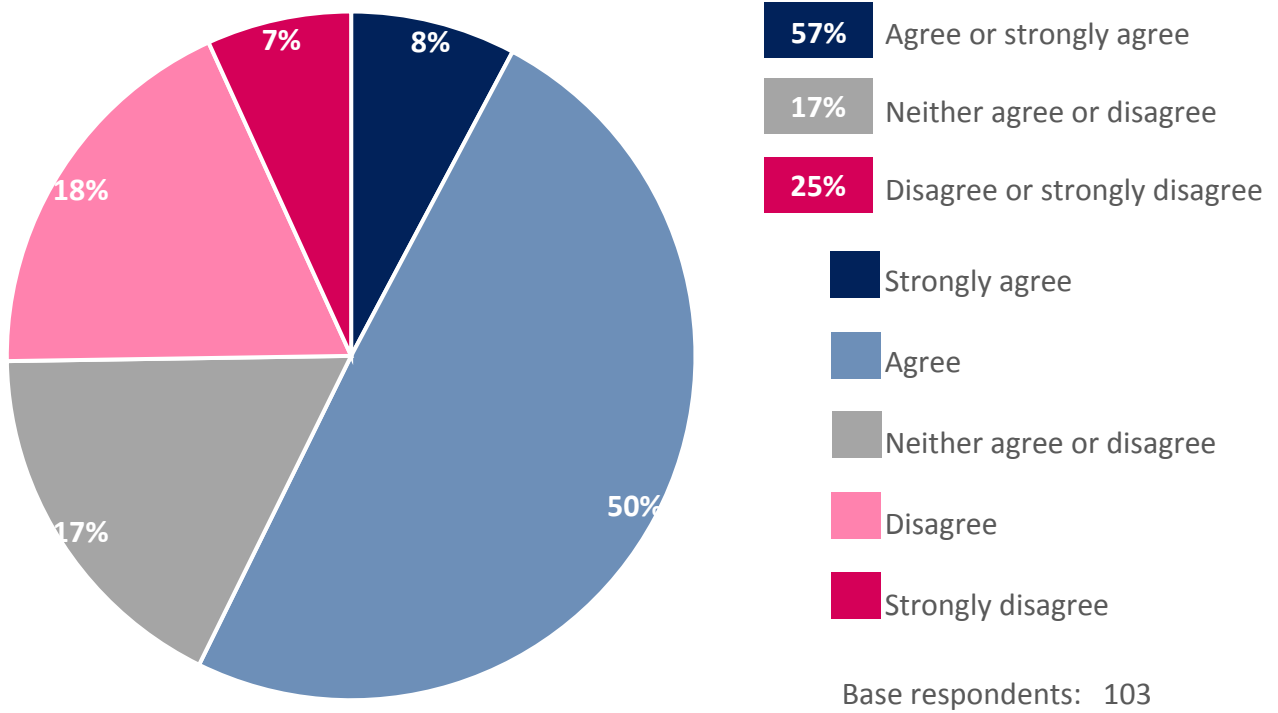


Figure 20

88. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Figure 21 shows the themes of comments regarding the clarification of the policy generally. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation and so the subsequent tables after provides summaries or quotes of the unique comments and suggestions associated with these themes of comment.

**Comment themes on: The clarification of the policy generally**

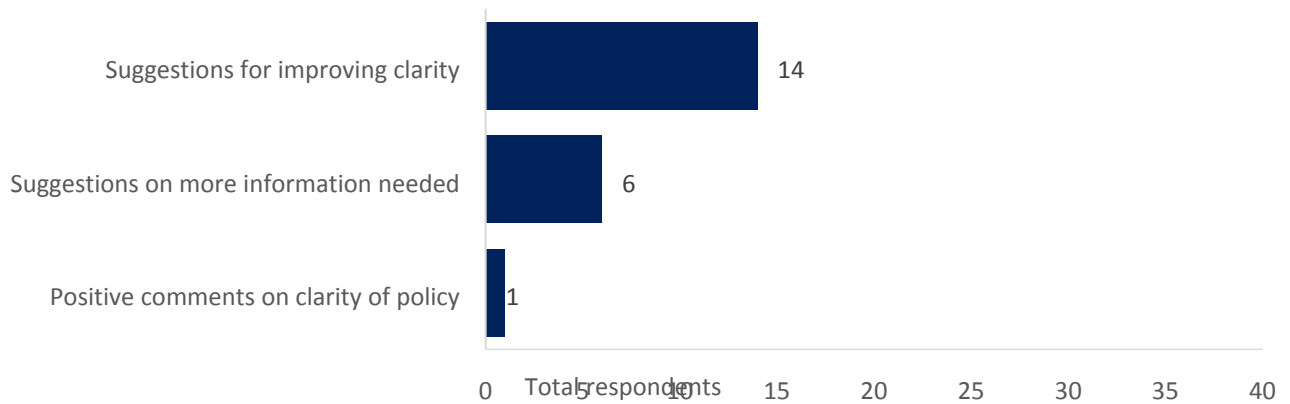


Figure 21

89. A total of 14 respondents provided suggestions for how the clarity of the policy could be improved. These suggestions are outlined below:

Some quantification needed to indicate scale.
I understand very little of the draft policy.
If would be far better if it did not use "legal speak"
ethnic and background or religion related issues to be considered as some of the ethnic background people live together which is a relief for the council and also less burden of care on the council should be considered appropriately according to their personalised needs and circumstances.
It would have been helpful to have been directed to the policy prior to completing this form.
Appendix 1 provides a table of types of Disability Related Expenditure, evidence and amounts. I believe that each case should be assessed on its own merits in line with the Care Act and this table is misleading and unlawful. It appears to impose caps on costs when a disabled person's unique needs might mean that their DRE is significantly above the amounts set out in this table or they might have a unique need with evidence outside this list.
i understood it, but i have a background in adult social care, i would ask how accessible it is for those families of service users undertaking the consultation.
You had 4 open meetings but there was no option for older or disabled people to get to any of the venues. When I asked 2 housing support workers what the consultation was about they didn't have a clue and both were indignant
All policies are vague and send worry to people affected. People need direct information i.e how much are you money they are going to loose
The draft policy does not make clear why admin fees are necessary. It does not make clear the lengthy hoops disabled people need to go through in order to get disability related expenditure removed from their care contribution, nor that this is spread over time, nor that this is retrospective, nor that the disabled person has to risk making the cost only for it to be turned down. I would even go so far as to say that it is misleading in that an uninformed person would think that any disability related cost would immediately be subtracted from that month's care cost. (This is what my friends and family believed upon reading this document). This is far from the case.

90. In addition, 8 respondents stated that more information was needed in the policy. The following suggestions were made:

What happens to relatives living in the house?
You do not define what are assets? Does this include your own home?
Where are the figures for every service you intend charging for? We need a breakdown off past and future payments for all individual services not just a bulk figure.
A couple of illustrated examples showing one scenario where and charges would apply and another where charges wouldn't for services
I don't know what the actual costs are for the council, so it is not really possible for me to say.
Again, there are no case studies, so I have no idea what the impact will be. So I cannot support it.

### Impacts and further comments

91. Respondents were asked what the impact of the proposed changes would have on them, their family or community if they were to be implemented. Figure 22 shows that 12% of respondents felt the changes would have some level of positive impact. Of this 5% felt it would be slightly positive, 3% fairly positive and 4% very

positive. In comparison 64% of respondents felt the proposed changes would have a negative impact of which 13% felt it would slightly negative, 20% fairly negative and 31% very negative. Of the remaining 24% of respondents, 12% felt there would be no impact from the proposed changes and another 12% did not know what the impact would be.

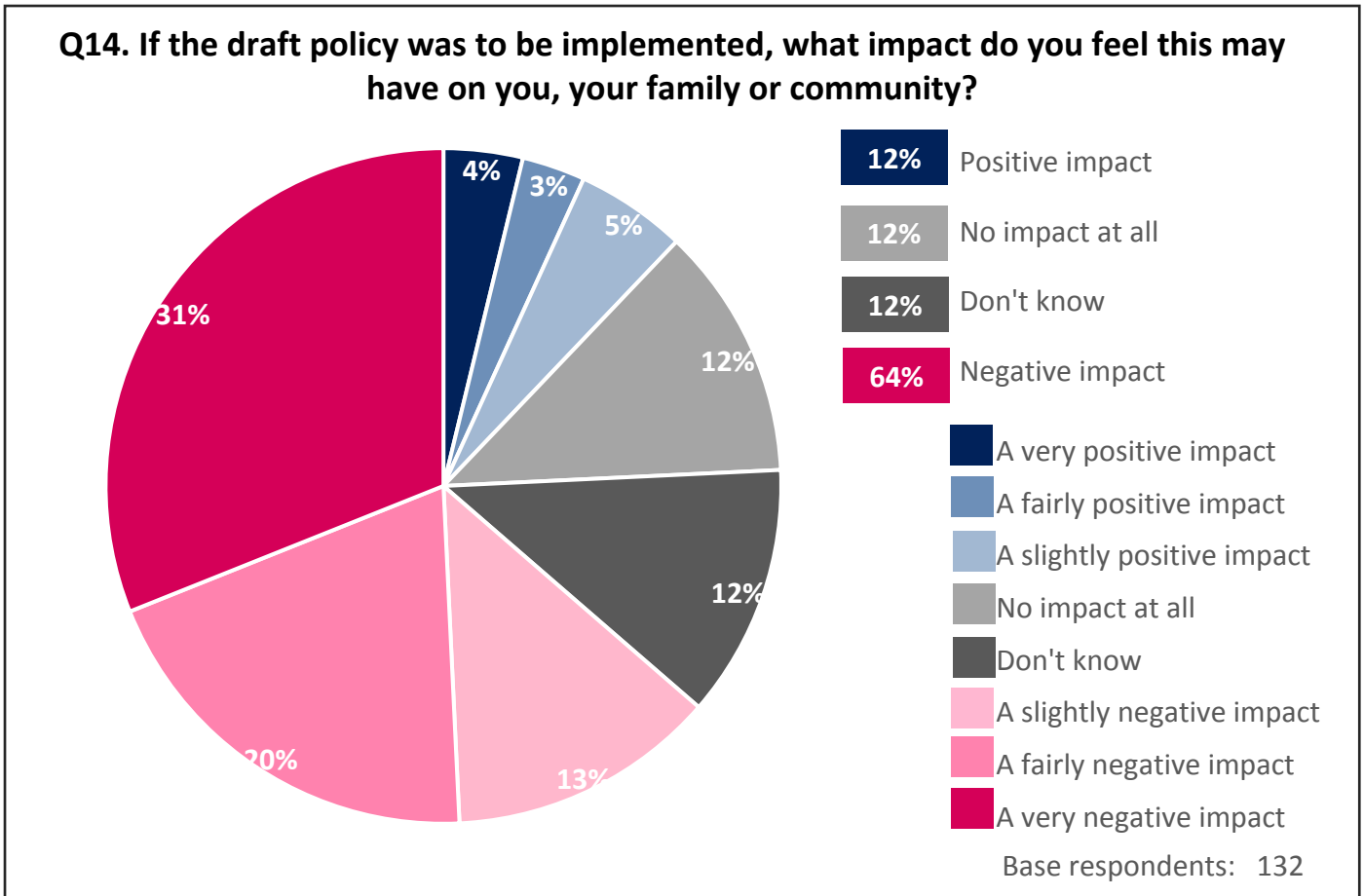
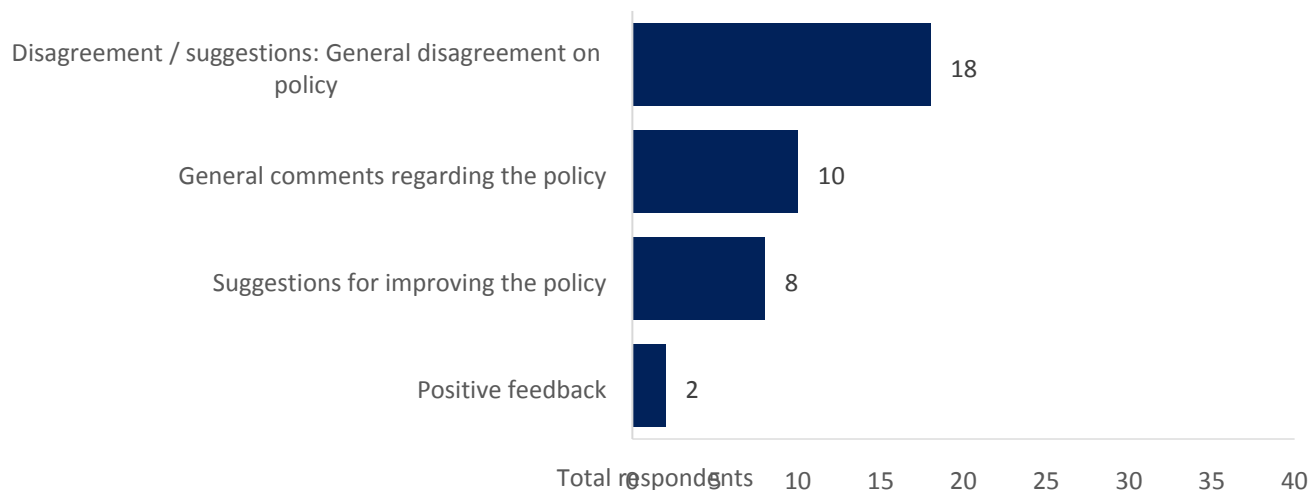


Figure 22

92. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Figure 23 shows the themes of comments regarding the changes to the policy generally rather than specific aspects of the policy. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation and so the subsequent tables after provides summaries or quotes of the unique comments and suggestions associated with these themes of comment.

### Comments themes on changes to the policy generally



*Figure 23*

#### 93. Comments and suggestions regarding a general disagreement with the policy:

The council to very short sighted putting people in a position where they are forced to put people into residential care because they cannot afford your charges for their daycare. Surely this would cost the council much more?
You are making it sound as if things that are a pleasure in life are not essential, but to our people it is essential to experience those pleasures.
We do not believe that the level of consultation, particularly public engagement, has been sufficient in reaching the wider members of the Southampton public
All this is very stressful for the service user
Example that the council could provide of how this would work would be useful.
This policy could cause a lot of financial problem for the future.
Disabled people living alone with high rate DLA/PIP but without 24/7 care will be very adversely affected. As I mentioned previously there are many "soft costs" which are currently mitigated by that extra £28 per week. Care hours have already been cut as much as possible, but this was in the knowledge that the disabled person would and could purchase more expensive but disability friendly products that they would be able to use when the carer was not there. By "products" I don't mean one off purchases easily redeemable via the "disability related expenditure", but groceries such as pre-cut/peeled fruit, cans instead of bottles, disposable wipes, etc This could now be put in jeopardy.
On my and my family "no impact at all" but on the community at large "a very negative impact"
In my old age this policy will cost me more if I use it but I should pay rather than be subsidised by others.
The closure of both homes is disgusting, along with Merrydale and Kentish road it seems this council is very discriminatory against elderly and disabled residents who have paid a great deal of council tax in their lifetimes and deserve better



I do not think it is right for individual Councils to be setting these policies as the matter then becomes a post code inequality issue. I also think local government Councils should not be having to struggle to find funds for Social Care which is imposed upon them by the decisions that the NHS make in keeping adults and children alive for longer when they have substantial needs. Because of advances in medical treatments and the fact that no one is allowed to die of 'natural causes', Social Care services should be transferred under the NHS who would then be responsible for 'cradle to grave' care, which is what they advocate. They would then be required to identify full costs and budgets for the Health Service model that this country chooses to follow, and make decisions accordingly. This would cut out a lot of duplication within the end-to-end service. Local Councils should be able to concentrate on managing and maintaining the assets under their control and not have to be so multifaceted and disparate. You would never run a private business in this way with such a diverse set of services, some of which have no inter-relationships.

94. Additional comments regarding the policy:

Please do not lose sight of the fact that you are dealing with the lives and well being of some very vulnerable human beings.

Only the general equality point which is that most carers are women, and they are more likely to be asked to give up what they are doing to provide unpaid care if the perception is that the care provided by the council has become too expensive.

Each case is individual however all the care plans try to be a one size fits all never mind the reasons.

considered as being given relief towards paying for the services and since the family itself putting extra efforts to save for the council and lowered the burden for the SCC itself.

Ensure that those who are vulnerable have assistance to enable them to understand what action is being taken put in simple and easily understood words.

people that are disabled and elderly find it difficult to use computers to respond letters from the council also this budget care plan is unaffordable to many disabled vulnerable people

We feel it is very important that a hardship fund and transitional arrangements are made. We believe there is potential some coproduction work that could effectively look at the existing system and changes, and make sure communications are presented in a way that is easy to for care-receivers to understand and as stress-free as possible. There is also need for greater understanding of the cumulative effects of care and budget changes on people in the city.

I am worried about people who are alone, can you reassure us that we will be treated fairly? Many of us have always saved for a rainy day, is it worth it?

The implications for the complaints process need to be considered.

With a son in supported living I understand what a fab job the council do and know what strains there are financially, but I feel that the charges you are proposing are far too high. This will deter those in need from seeking help

95. Suggestions for improving the policy:

I know you're under severe financial pressure from a Government that doesn't care about anybody except the rich but please try and minimise the adverse effects on older/disabled people.

As already stated feel any increased charges should be covered by community tax as everyone should pay towards care in old age. Also taking into account what the government pay towards this from the centre. Also feel that persons who are not being subsidised by the council should be able to deal with carers company direct possibly saving money when only a small amount of care is needed.

Wouldn't it make sense to merge back with HCC and share services and expertise rather than charge the residents more? In times of austerity, it makes absolutely no sense for a unitary authority to be so stand alone and would make more sense to share or merge with its successful and better run neighbour.

I think there should be further opportunities for face to face dialogue with council officers and cabinet members before the consultation ends and certainly before any decision is made.

96. Positive feedback on the policy:

There is a sense of fairness that pervades the draft policy. As such it would level the playing fields for all who need adult social care. Well done!

## Public engagements, meetings and verbal feedback

97. In total there were 5 separate public engagement events to support the consultation process. The range of engagements are outlined below:
98. In total around 38 people engaged with this programme of events. The main purpose of these events was to explain the proposals, answer questions and signpost people towards the questionnaire as the main route for consultation feedback.
99. During the course of these events some feedback was gathered and the main themes have been summarised or quoted in the following paragraphs.
100. Comments and suggestions related to an arrangement fee for people who pay for their care themselves:
- Needed clarity on what “significant changes” meant. If there were financial changes would they need to apply again?
  - “According to the 1999 Health Act service users from LBHU will be looked after considering the circumstances and experiences they have already been through. I think that you’re just come up with new legislation that moves the posts.”
  - “The biggest problem we will face is that the providers cannot afford the fees if their spouse needs care.”
  - Thought it was a monthly payment
  - Will service users get their money back if they drop below £23,250?
  - Questions about what the £250 charge covers
101. Comments and suggestions related to taking into account the Higher Rate Disability Benefits:
- Concern that taking into account the higher rate of disability benefit is legal under the Care Act 2014.
  - Controversial proposal and likely to lead to challenges
  - Concern over the impact on individual finances
  - Suggestion that it is important to manage people’s expectations
  - “Concern was raised during the meeting about the processes involved in implementing the proposals. Some people haven’t had an assessment in years. Social worker time is needed in making the assessments. There is also concern on what support is available for vulnerable people.”
  - “Carers are having to support each other in navigating these processes. Most navigators and advocacy organisations including dementia navigators are not funded to fill out forms. There is often no one to navigate to. Citizen Advice Bureau has a 12 week wait. Care and advocacy organisations would like to be funded to help with form filling and supporting people through the process.”
  - “It is helpful when people from local authority, health and care organisations come and talk to carers and people who need support in order to understand the real impact of their policies and procedures on people. One of the concerns with consultation is that carers don’t have time to get involved.”
  - “In terms of whether the message has got through to the people working in organisations that these changes are being proposed, people in the room mentioned that there is low awareness.”
  - “Expressed concern about lack of clarity with letters as they are difficult for people to understand. In providing all the explanation of how income is calculated, people are confused. People want to know really clearly what they owe.”
  - “Concern over the impact on carers. Implementing the proposals could lead to people giving over the caring responsibility to the local authority. Therefore, the additional stress and pressures caused by these proposals could be false economy.”
  - “We can’t afford it, if it goes up again ( contributions) I will have to stop using the care services as it has already gone up 5 times!”

- " We already have limited resources - SCC are just taken more and more money"
- "A list for DRE exists but it is not definitive"
- Higher Rate Disability and Personal independence payments are already taken into account
- "I'm not at pension age, yet you take money for pension out of DLA"
- "The reality is if the people don't end up with any disposal income they will still have to pay the £28.30"
- "Will you have extra DRE Assessors to do the assessments will it be cost effective for the council"

102. Comments and suggestions related to charges from the date the service commences

- " Benefits should be awarded from the start date of care or back dated to cover stay/start date"
- "Communication is difficult / not there"
- "All communications should be discussed and shared among the organisations that are needed to help complete financial assessments"
- The council should speed up the process for financial assessments as it currently takes a long time.

103. Comments and suggestions related to the deferred payments scheme:

- "It would be better for people to remortgage their house, or use the 7 year rule (where people give away their assets and are exempt for inheritance tax after 7 years)"
- "What happens if the property is wife/husbands go into residential care or decease and daughter still wants to live in it? We want to leave it to our daughter (LD) and have care in her own home?"
- "Will you be taking homes as money in your bank or as assets?"
- "Why does a solicitor have to involved? Has this becomes a legal right for SCC to seize the house/asset of somebody that has moved into residential home?"
- "Are there charges for looking into private equity?"
- "Asked if his wife could stay in their home if he went into care/ deceased"

104. Comments and suggestions related to the removal of the locally-based hospital exemption:

- "There was some deep concern expressed in the room about this policy. These are people who have been subject to terrible care, the system has let them down. It is disgraceful that people are proposed to be charged. A reference was made to a book by Chris Lucas "Names" which highlights the problems with some institutional care. These people will be on higher rate benefits. There was some anecdotal reports of processes not allowing people to spend their money."
- "Making sure that people that need 100% funding continues to get 100% funding"
- "I think that it's disgusting they should be left alone they have had awful times & experiences already throughout their life (LBHU) and leave the NHS to look after/fund them."
- "A lot will struggle and find change challenging."

105. General comments and suggestions related to the proposals:

- "A representative from a care provider mentioned that not that many people involved in care know about the proposals."
- "There was talk in the room about the cumulative impact of this proposal alongside other changes brought on by austerity. There are lots of changes happening from different directions e.g. adult social care, transport, housing etc. Who is having an overarching look at what that means for families? People are at breaking point. In terms of taking into account the higher rate benefits this could be difference between people having a small amount of money to contribute to their quality of life."
- "The proposals could be joined up with other services, to increase joint working between health and social care and ensure a holistic approach for people who access services, taking into account community factors as well as health and care. The Better Care changes are trying to join everything up."

- More funding to be provided by government following legislation changes.
- Health Care isn't free
- "We have worked all our lives and paid into the system"
- Think it is scare mongering vulnerable people
- "If they are going to be any charges, when will the alteration happened? Care will be reviewed and funds will go up and down, how much will they pay towards their care?"
- "Will Service User have money taken out of his wages – financial assessment will take place"
- "When you do an assessment, do you take mobility LA / PIP – is that not breaking the law?"
- "Care Plans are inappropriate"
- "Most vulnerable people are no being looked after – I do not trust you!"
- "what might not affect them now might affect them later on."
- "If the policy isn't compliant should I be asking for contributions back?"
- Clarification on the costs and savings.

106. Many of these topics will have also been raised through other channels as a part of the consultation but in the interest of transparency they have also been summarised here.

## Advocacy

107. The independent advocates provided summaries of individual conversations along with their summary of the overarching themes. The summary view from Choices Advocacy was that people with the Local Hospital Based Unit (LBHU) exemption strongly disagreed with the proposal to introduce charges in line with the Charging Policy. They provided the following as a summary position:

*'Individuals who are ex LBHU residents have a history of bad institutional care as part of a system which failed them. They are now living much happier lives with opportunities to take part in activities they enjoy and promotes their well-being. They are extremely vulnerable and complex people for whom changes in their current living situation due to loss of income could be extremely detrimental.'*

108. The advocates also provided a summary position of the potential impacts this proposal may have on the individuals, the summary view was that it would have a very negative impact, and the following summary statement:

*'If these individuals have less income they will not understand why they can't do things and there is a huge risk that for many of them that challenging behaviours and self-harm may increase as a result of changes to the lifestyle they expect.'*

## Feedback on the consultation process

109. A total of 13 respondents provided written feedback commenting on the consultation process. The following points were raised:

Perhaps when Budget Consultations, such as this one, where questions require a response, reference could be made to the page of the proposed draft policy for further information. After all, not everyone is an expert on filling in these web form pages on a day to day basis.
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Its a draft policy therefore the final policy could be completely different
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I also have concerns about how the council has promoted the feedback to the general public.
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Insufficient detail provided
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I think there should be further opportunities for face to face dialogue with council officers and cabinet members before the consultation ends and certainly before any decision is made. It would be good to think that said council officers and cabinet members take the time to visit and talk to individuals and their families or carers at the coal face before decisions are made to find out the true impact if these are approved.

Would like to see case studies to help understand the proposals.

Don't think they are knowledgeable enough to express a view.

110. In addition to written feedback, verbal feedback on the consultation process was also provided during public meetings. The following points were raised:

- “Doesn’t believe that that there has been enough advertisement or been publicly spread enough.”
- Concern that a small number of respondents views will not express the large number of people currently receiving benefits.
- “Doesn’t feel that the venues have been accessible enough and feels that a generic letter has been sent and they should be more personalised to individuals?”

## Conclusion

111. Southampton City Council sought views on a draft Adult Social Care Charging Policy. The consultation ran for 12 weeks from 17 October 2018 to 16 January 2019.

112. In total, there were 156 responses to consultation. Of this, 133 responded to the consultation questionnaire and all other submissions were made via emails, letters or in a public meeting. This consultation ran parallel with the overall budget consultation and two other consultations on specific proposals.

113. All questionnaire results have been analysed and presented in graphs within the report. In addition all written responses to the consultation were read and comments assigned to a category based upon similar sentiment or theme and descriptions have been provided of each category within the report.

114. In conclusion, this consultation allows Cabinet to understand the views of residents and stakeholders on the proposals that have been consulted on. It represents the best possible summary and categorisation of all the feedback received through the consultation period. Therefore it provides a sound base alongside the other information to inform a final decision.

## Part 2 – Consideration of the Consultation Feedback

### Background

115. Under the Care Act 2014, the council has discretion whether to charge for services to meet both eligible and non-eligible needs, except where it is required to arrange care and support free of charge.
116. Southampton City Council has an Adult Social Care Charging Policy which sets out the charges that apply for non-residential care and support. Under this policy, the council charges for some services provided, where it is permitted to do so under the Care Act 2014, and carries a financial assessment (means test) to determine the amount an individual has to contribute towards the cost of their care and support.
117. To date, the council has exercised its discretion to not charge at all for some services, and for other services, has not charged the full amount to cover the actual service being delivered. The Care Act 2014, and associated relevant regulations, set out the services that a local authority can and cannot charge for.
118. The proposed policy was published alongside the consultation, and consultation was undertaken on the following changes to the policy:
1. To introduce a new Arrangement Fee of £250 for people whose assets are over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who request Southampton City Council to make the arrangements for their non-residential care.
  2. To take account of the higher rate Attendance Allowance and disability benefits (Personal Independence Payment and the care component of Disability Living Allowance) when assessing for financial contributions for non-residential care.
  3. To make it clear that Southampton City Council will begin charging the assessed contribution from the first day that chargeable services are provided.
  4. To increase charges for deferred payment scheme loans to reflect the actual costs of administering the scheme, and introduce an interest charge in line with the Care Act 2014.
  5. To apply the charging policy to clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011.
119. The proposed policy aims to deliver a fairer and more equitable service, whilst ensuring that the services can remain sustainable in order to meet the needs of local people, now and in the future. Southampton City Council currently supports approximately 2,600 people with care and support needs. The proposed Charging Policy will not impact on all of the existing clients but is likely to impact on approximately 700 clients.

### Summary of changes:

1. Arrangement Fee
  - No changes were made to the draft policy and the recommendation is to implement the proposal
2. Higher rate Attendance Allowance and disability benefits
  - The policy has been updated to clarify how Disability Related Expenditure will be taken into account.
  - It is proposed to amend the policy to state that individuals with a terminal illness who have been issued with a DS 1500 form by a medical practitioner will not have disability related benefits taken into account in their income assessment.
3. Charging from the date the service commences

- It is proposed to amend the policy to state that charges will not apply for a period any longer than 8 weeks prior to the completion of financial assessment.
4. Increase charges for Deferred Payment Scheme loans
    - The one-off initial set-up charge amount has been reviewed and revised to £730 in line with actual costs.
    - It is proposed that the annual administration charge of £305 is not introduced.
  5. Applying the charging policy to clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011
    - No changes were made to the draft policy
    - A further review of these individuals' circumstances carried out during the consultation period, with the support of independent advocates and the individuals' representatives, has shown that by virtue of their significant and complex health care needs, they would not in any case be affected by this proposal and on the basis of their current circumstances, they would not be assessed as requiring to make any contribution towards the cost of their care
    - These individuals will continue to receive regular individual assessments to ensure that the arrangements for funding their care and support are made in accordance with the Adult Social Care charging policy, arrangements for Continuing Healthcare and other relevant policies.

## Consultation considerations

### Arrangement Fee

120. 46% of respondents supported the proposal to introduce an arrangement fee, 47% did not support the proposal. 57% felt the charge was too high and 38% felt it was an appropriate amount. Some respondents were concerned that the charge should reflect actual costs and no more.

121. A review of the average costs of making arrangements for a care package demonstrated that average costs are between £250 and £310. The proposed charge of £250 is therefore considered a reasonable contribution towards the actual costs of arrangements.

122. 79% felt that the proposed charge for subsequent changes to care packages was too high. Minor changes to existing arrangements will not be subject to a further charge, and the charge would only apply to major changes such as a change in provider of care and support or a significant change in need requiring new arrangements.

123. The key risk is that people, especially families and carers may be disinclined to request support for making arrangements from the council due to the arrangement fee. Those who are below the income threshold of £23,250 (as set out in the Care Act 2014) will not be subject to the charge. Charges will not be applied before an individual has had every opportunity of being financially assessed to ensure their income and savings are above the capital threshold, (currently £23,250). In exceptional circumstances, the council will consider options to defer, suspend or waive the charge.

### Higher rate Attendance Allowance and disability benefits

124. There were just over 700 clients in receipt of higher rate disability related benefits at the time of the consultation which, subject to financial assessment, may be affected by the change. Approximately 400 were



aged over 65, the majority being female in receipt of the higher rate care component of Attendance Allowance. The remaining 300 were adults aged 18 to 64 receiving higher rate disability benefits and of mixed gender.

125. 50% of respondents disagreed with the proposal to include all forms of benefit payments (unless explicitly disregarded under the Care Act, such as the mobility component of disability related payments) in the in the assessment of an individual's income. Historically, Southampton City Council has disregarded the higher rate of Disability Living Allowance or Attendance Allowance, equating to £28.30 (2018/19 rates). Respondents were concerned about the negative financial impact of this proposal, and the fact that disability payments are intended to meet care needs (including transportation, specific food requirements etc).
126. There is a risk that clients choose to reduce or cancel care and support as a result of the proposal being implemented. This could have an adverse impact on health and wellbeing on the individual and on their carer(s), family members and/or friends who may have to give additional care and support.
127. The policy is considered lawful, and is in line with Care Act 2014 Guidance (Annex C) which states that benefit payments should be considered as part of the income assessment unless explicitly disregarded under the Care Act.
128. Everyone directly affected by this proposal will be financially reviewed. This will include a benefits check and an offer of a Disability related Expenditure (DRE) assessment/ re-assessment so that all of their allowable disability related expenditure is taken into account, including where relevant, night-time care costs that are not met by the council. In addition, Southampton City Council will ensure that individuals receiving non-residential care services retain Minimum Income Guarantee amount. Having taken the representations made in the consultation into consideration, the draft policy has been updated at sections 35 – 41 to ensure that the policy is clear regarding the treatment of DRE and living expenses, which help to mitigate the risks relating to negative financial impacts.
129. The policy also includes the option options to defer, suspend or waive charges in exceptional circumstances such as financial hardship.
130. Some respondents also raised a concern that this proposal should not apply to those with a terminal illness. After consideration by the relevant Cabinet Member and Director, the draft policy has been updated at s.30 to disregard all disability related benefits for individuals who are terminally ill and have been issued with a DS 1500 form.

### **Charging from the date the service commences**

131. Under the current policy, people are not charged for services they are getting prior to completing a financial assessment. This proposal will enable the council to align charges and payments with services provided, from the point at which they start being provided. This will mean that recipients of support may have to commence payment earlier than at present, and therefore pay more overall.
132. This proposal will not impact on existing clients and only affect new clients when the policy is implemented. 48% of respondents disagreed with this proposal and 41% agreed.
133. An average of 294 new clients a year will require a chargeable non-residential care services. The average weekly contribution for a new client receiving non-residential services at the time of the consultation was £83.47 but with an average 7 weeks each client has services before completing a financial assessment, it is estimated that the new policy would result in new clients paying on average, £581 more towards the cost of their care services.

134. The main concern from the consultation feedback was that the proposed policy would put people at risk of getting into debt, especially when there is a significant length of time between starting a service and completing the financial assessment.
135. Following consideration of the representations made in the consultation, the draft policy has been amended at s.48 to confirm that, in cases of lengthy financial assessments, charges will not apply to a period any longer than 8 weeks prior to the notification date of the completed financial assessment.
136. The council will ensure people are offered a light-touch financial assessment to minimise delay and offer appropriate support to engage in the assessment. In exceptional circumstances, the council will consider options to defer, suspend or remove charges where the charges might create financial hardship.

### **Increase charges for Deferred Payment Scheme loans**

137. The Deferred Payment Scheme (DPS) is designed to prevent people from being forced to sell their homes in their lifetime to meet the costs of their residential care. The council supports an average of 15 customers a year through the DPS scheme.
138. Southampton City Council currently charges a one of administration fee of £250 which does not align to the actual costs of the service. 54% of respondents disagreed with the proposal to increase this charge (37% agreed) and 76% felt that the proposed charge of £810 was too high.
139. The actual costs of the charge have been reviewed and the proposal is to amend this charge to £730 to reflect the actual costs of setting up the loan, and Appendix 2 of the draft policy has been amended to reflect this.
140. Following consideration of the representations made in the consultation, Southampton City Council is no longer proposing to introduce an annual administration fee.
141. 34% of respondents agreed with the proposal to introduce an interest charge for the duration of the loan and 57% disagreed.
142. The consultation identified that for some people, the set-up charge and introduction of an interest charge may deter them from utilising the scheme. The charging of costs and interest is permitted under the Care Act 2014, and the council's proposal is to charge the maximum rate, in line with a number of other local authorities. The set-up fee can be paid upfront or be included in the deferred loan where funds are unavailable to pay the charge upfront. In exceptional circumstances, the council will consider options to defer, suspend or remove charges where the charges.

### **Applying the charging policy to clients receiving social care support who were previously supported by the Locally Based Hospital Unit (LBHU) prior to its closure in 2011**

143. The consultation proposed that the council would apply the new charging policy to everyone receiving chargeable social care and support services. This may have affected up to 25 people who, until 2011, lived at the Locally Based Hospital Unit (LBHU), at which time the responsibility transferred from the NHS to the council.

144. This proposal may have impacted up to 25 clients who were previously residents of the LBHU. All 25 clients affected by the proposal were supported by independent advocacy as well as Deputies for Property and Financial Affairs for those who had them to engage in the consultation process as much as they were able. Assessments were carried out for each individual to understand the impact of the proposal.
145. These assessments have shown that by virtue of their significant and complex health care needs, these individuals would not in any case be affected by this proposal and, on the basis of their current circumstances, they would not be assessed as requiring to make any contribution towards the cost of their care.
146. These individuals will continue to receive regular individual assessments to ensure that the arrangements for funding their care and support are made in accordance with the Adult Social Care charging policy, arrangements for Continuing Healthcare and other relevant policies.
147. It has not been necessary to make any changes to the draft policy, as these individuals will not be impacted by the proposal.

### **Further considerations**

148. Some consultation responses indicated that the draft Appendix 1 (related to DRE assessment criteria) as published in the consultation could be considered misleading by including examples of potential amounts allocated to criteria of need. Each individual's DRE will be assessed on a case by case basis, and Appendix 1 of the draft policy has been amended to include a non-exhaustive list of DRE considerations in line with Care Act 2014 guidance.
149. Some consultation responses indicated that the policy included a lot of complex information and legal terminology which made it inaccessible. Therefore, subject to the policy being adopted, the council will ensure that an 'easy read guide' to the policy is developed which takes into account accessibility guidance.
150. All proposals outlined in this paper will be implemented when the new charging policy is commenced on 6 May 2019.