

Cabinet

13 November 2014

Adult Social Care Charging Review – Feedback and Recommendations

Recommendations

- 1) That the consultation proposals are implemented in line with the proposed timetable (refer to Table 1 in Section 3) but that specific conditions are adhered to in how the changes are implemented in order to minimise the impact of the changes.
- 2) For customers who already have a financial assessment, and who would not see any changes in their payments, that they are informed that this does not change their payments now and explaining any circumstances in which it might change their payments in the future so that those customers understand the change in policy and that it does not affect them at this time.
- 3) For customers who already have a financial assessment and who would see increases in their payments, that they are informed giving them at least 4 weeks' notice of the changes.
- 4) That customers who have not had a financial assessment have one arranged, and that the implementation of any charges for those customers do not begin until 4 weeks after they have been notified of the charge (which may be a later date than the 1st January 2015, depending upon when assessments can be done).
- 5) That charging rates are updated annually to reflect full costs, including price inflation and other changes in costs, and that the actual rates for April 2015 would be adjusted for these factors.

1 Introduction

- 1.1 The purpose of this report is to feed back the results of the consultation on charges for adult social care services and to make recommendations in light of the feedback received.

2 Background to The Proposals and Consultation

- 2.1 The background and reasons for the original charging proposals were set out in the report to the Portfolio Holder for Adult Social Care on the 23rd May 2014. A copy of that report is annexed to the end of this report for ease of reference.
- 2.2 In 2010 the policies for charging for adult social care services in Warwickshire underwent a fundamental change. The principle that there should be no subsidies was established and the principle of charging at full cost was set out. The increases in charging rates decided at that time are now fully embedded.

- 2.3 However, whilst the previous charging review did deal with removing subsidies from the most significant high volume services (home care, day services, and transport), there remain some services that are currently still subsidised.
- 2.4 A number of services have been identified where further changes to charging practice are proposed, either because a service is not charged for currently, or is not charged for at the full cost rate. In addition to proposed increases in charges, some proposals are intended to make charges more accurately reflect the cost to each customer, and to make the charges reflect better how customers choose to use services.
- 2.5 The charging proposals were made with the following objectives in mind:
- Making charging more consistent and therefore more fair.
 - Modernising how charges are made to better reflect modern customer choices.
 - Supporting the adult social care budget by maximising the resources available to support all customers as a whole.

3 **The Proposals Consulted Upon**

- 3.1 Table 1 on the following page summarises the proposals consulted upon. Further detail about the services concerned and the impact on customers is set out in Annex A.
- 3.2 The proposals included the use of a means test which adjusts the amount actually payable to have regard to an individual's ability to pay in the same way as it is applied to existing services that are already chargeable.
- 3.3 The original proposal was for the first changes to happen in November 2014. However the undertaking to consult for 10 weeks and to provide at least 4 weeks' notice of any changes to be implemented meant that the first implementation date was put back to January 2015 so that the timescales could be delivered if any changes are implemented.
- 3.4 A two-stage implementation was proposed in order to reduce the impact compared to implementing the changes in one go at one point in time. The proposed first stage being January 2015 and the second being April 2015.

Table1 - Consultation Proposals

Charging Proposal	Current Arrangement	January 2015	April 2015
Take A Break	No charge	£7.77 per hour	£15.54 per hour
Sleeping Night Support	No charge	£2.23 per hour (pro rata when shared)	£4.46 per hour (pro rata when shared)
Waking Night Support	No charge	£6.95 per hour (pro rata when shared)	£13.91 per hour (pro rata when shared)
24 Hour Live In Support	No charge	50% of actual cost (average is £2.58 per hour) (pro rata when shared)	100% of actual cost (average is £5.17 per hour) (pro rata when shared)
Learning Disability Day Opportunities	£46.74 per day	No change until April 2015	Introduce hourly rates (actual rates)
Learning Disability Day Care	£46.74 per day	No change until April 2015	Remove average daily rate and replace with the individual actual daily rates
Respite Residential Care	£51.80 per day	Introduce charging at the actual daily rate, but capped at £100 per day.	Remove the charging cap and charge all services at full cost

4 The Consultation Process

4.1 The consultation process was held over a 10 week period from the 21st July to the 29th September. A document explaining the consultation was published and this is reproduced at Appendix 1. A questionnaire was also issued as part of the consultation and this is reproduced at Appendix 2.

4.2 The consultation was published and communicated as follows:

- A copy of the consultation document and questionnaire was sent by post to every current customer of affected services and to recent customers. The same documents were also sent to the second contact on our database for the same customers (second contacts may be carers or family members). Approximately 800 letters were issued to customers and second contacts.
- A copy of the consultation document and questionnaire was sent to a range of organisations that represent the client groups affected, and to a range of relevant provider organisations and public sector partner organisations. Approximately 150 letters were sent to organisations. The organisations contacted are reproduced at Appendix 3.
- The proposals were reported to and discussed at Adult Health Overview and Scrutiny Committee on the 4th June 2014, and reported to the Portfolio Holder for Adult Social Care on the 23rd May 2014.
- A news release was issued to all local media and shared via the council news site and social media channels.
- A copy of the consultation documentation was shared with all County Council Members by email.

- The consultation documentation and questionnaire was published on the Ask Warwickshire website.
- A dedicated telephone contact line, email address, and postal address were communicated. Individuals were able to contact the adult social care charging team via these channels to ask for specific advice about the implications for them personally or to seek any other clarification about the proposals and what they mean.

5 Consultation Respondents

- 5.1 93 responses were received to the consultation questionnaire, which is a response rate of 10% compared to the total number of letters issued.
- 5.2 Of these responses, 75% were paper responses posted in and 25% were responses via the online web survey.
- 5.3 In addition, 19 phone calls and 2 emails were received through a dedicated email address and phone line which were set up in order to respond to individual queries about the impact of the proposals at the level of the individual.
- 5.4 Appendix 4 shows an equalities monitoring analysis of respondents. In terms of gender the majority of respondents were female, in terms of age the majority of respondents were of working age, and in terms of disability nearly half have a disability.
- 5.5 An analysis of respondents by type is included in Appendix 5. The majority of respondents were carers and customers. In terms of the type of service respondents were involved with or had an interest in, the majority were related to customers of adult working age, in particular learning disabilities.
- 6** For transparency and completeness, this report sets out all of the consultation feedback and responses in detail in Appendix 6 and 7.

7 Summary of the Consultation Feedback

- 7.1 This section aims to pull out some of the issues and common themes in the feedback. Any summary of feedback involves making choices that are subject to challenge in themselves. The summary provided below is intended to be helpful but it is not intended to replace the direct feedback which has reproduced in its entirety in Appendix 7.

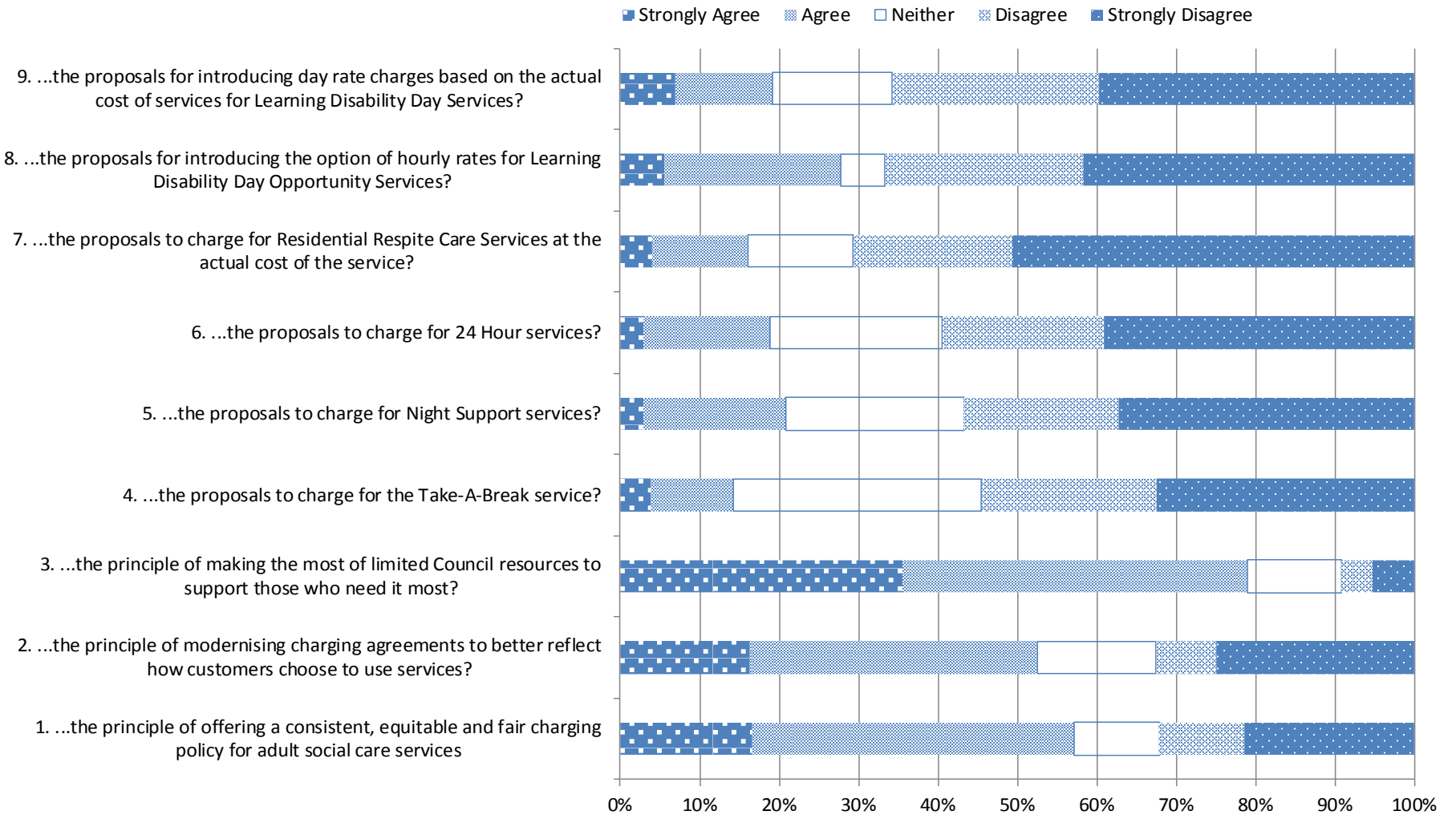
Questions 1-9 (Q1-3 Principles, Q4-9 Specific Proposals)

- 7.2 The majority of respondents agreed with the first three statements which were about the principles that should be adopted in making decisions about charging. However, the majority of respondents disagreed with the statements setting out the specific proposals aimed at pursuing those principles (Questions 4-9). The chart on the following page summarises the responses and the table in Appendix 6 details the actual count of responses.
- 7.3 There is a difference in views based on the perspective of respondents. 76% of respondents were carers or customers and 24% were other respondents (for example service providers, members of the public, parents, relatives). The proportion of carers and customers agreeing or strongly agreeing with the principles statements was 57%, and the figure for other respondents was 76%. The proportion

of carers and customers agreeing or strongly agreeing with the statements on the specific proposals was 16%, and the figure for other respondents was 36%.

- 7.4 Comments received varied from the view that no charges should be levied for these services, through to the view that services could be charged for as long as the way it is done is equitable and fair. In response to the first three questions on principles there are a number of comments supporting both of these views, however in responses to Questions 4-9 on the specific proposals there are further comments expressing that charges should not be made and that they would be unfair to people on lower incomes.
- 7.5 A significant number of comments put forward the opinion that charges may create a disincentive to use services for those who cannot afford them and that this would precipitate breakdowns in circumstances leading to more expensive care and worse outcomes.
- 7.6 Some comments were made that the questions asked were perceived to be biased. There were some comments questioning the clarity of the consultation questions.
- 7.7 There were comments that these proposals would put pressure on carers, family, and friends, as well as customers.
- 7.8 A number of comments were about ensuring that where any charges are implemented, they are implemented carefully and fairly, and based on individual circumstances.

Analysis of Responses



- 7.9 There was concern as to whether any of the proposals would result in reductions in service levels being provided and positive comments about the value of the services provided to customers.
- 7.10 Some comments mentioned the Care Act, querying whether these proposals are premature given the changes that will result from the Care Act.

Question 8 - Day Services Hourly Rate Option

- 7.11 In addition to the comments/themes already raised above which relate to most of the proposals, some specific comments related to this question.
- 7.12 Some comments recognised the flexibility and choice that an hourly rate option would create, but at the same time some comments expressed concern that an hourly rate would create higher administrative costs and therefore is it worthwhile.
- 7.13 Some comments queried whether services charged by the hour may result in customers not being able to afford services all day and therefore spending time in the day unsupported.
- 7.14 A comment supporting the idea that if charges are made they should reflect the real costs and not be prescribed.

Question 10 – Implementation Comments

- 7.15 This question invited comments on how any changes should be implemented if any changes are made. Below is a summary of key themes in the comments.
- Any changes should be carefully thought through and planned.
 - Customers should be properly assessed or means tested to make sure they can afford to pay a contribution.
 - People who are unemployed or on benefits should not be charged.
 - Proper assessments need to be carried out by suitably qualified staff.
 - Letters to the people who use the services, and a public notification of any changes that are decided upon.
 - Customers should be informed of any changes and how much it will cost them.
 - Charges for services should take into account if/where two or more chargeable services are being received.
 - Changes should be implemented gradually over a period of time (1 year, and 4 years were mentioned).
- 7.16 A number of answers to this question related to whether or not charges should change at all rather than how any changes should be implemented. Those types of comments are captured above and all comments are directly reproduced in the appendices for completeness.

Question 11 – Other Comments

- 7.17 This question provided the opportunity to raise any other comments. Set out below is a summary of key themes raised:

- Recognition of the need to make cuts but that services to vulnerable people are a soft target for cuts.
- Services to the disabled should be protected by not wasting money elsewhere on services of less importance.
- Concern that the questions asked were phrased to elicit particular responses.
- The government should give more funding to cover these services.
- The prices of some of these services are too high – if they could be negotiated down then charges would also be lower.
- Repetition of earlier responses around the range of views about whether charges should be levied or not, and of views that charges will create perverse and unfair outcomes.

8 Analysis Of Proposals In Light of Consultation Feedback

8.1 This section reviews the consultation proposals and issues in light of the feedback from the consultation.

Protecting vulnerable people from savings targets

- 8.2 Most of the savings that the local authority needs to make are being found by means other than charging for social care services. The overall savings target for the Council is £92m p.a. to be reached over the next 4 years. Within this overall figure, these specific proposals would generate approximately £125k per year.
- 8.3 Whilst some of these proposals would increase or introduce charges for vulnerable people, the current situation is that the majority of social care customers, who are all vulnerable, do already pay charges for services.
- 8.4 Savings made by generating income mitigate the amount of savings that need to be made by reductions in services.

Only charging those who can afford it

- 8.5 All of the proposed charges would be means tested. In this way ability to pay would be taken into account in the same way as it is for other services that are already chargeable. The specific means test rules are as follows:
- Charges based on savings are means tested as follows: Where people have savings below £14,250 no charges would be payable against savings, where savings are between £14,250 and £23,250 then £1 is payable per £250 of savings, and where savings are over £23,250, charges would be payable in full.
 - For residential respite care, personal income is charged against but the calculation leaves a personal allowance in the same way as is the case for normal residential care.
 - For the other services which are community based, income is protected as follows:
 - Housing costs and disability related costs can be disregarded when assessing means to pay.

- A minimum level of income of Income Support (or Pension Credit) + 25% is guaranteed to all customers. Any income up to this level is disregarded.
 - For all services users, any charges already being paid for any other social care services would be taken into account.
 - Property wealth from the service user's home is not relevant to any of these charges.
- 8.6 The means test would result in a range of different outcomes for customers. The majority (over 90%) of customers affected already have a financial assessment because they already receive chargeable services. Based on the information about those customers, (using the data in the tables at the end of Annex A which analyse each customer group), over 80% of existing customers with a financial assessment would not pay any increase in charges because they would not have the means to pay more (and in some cases because the charging rates does not increase), and less than 20% would pay additional charges.
- 8.7 7% of customers impacted have not had a financial assessment as they do not currently receive any chargeable services. The proportions of these customers who would have to pay depends upon their individual circumstances.
- 8.8 Where some customers would pay additional charges, those increases would be limited by the means testing rules set out above.
- 8.9 The total cost of the services to which new or net increased charges would apply is approximately £3m, but after means testing the additional income expected is approximately £125k or less than 5% of the cost.

Ensuring charges do not cause perverse decisions

- 8.10 All of the services concerned would be services to services users, however some services are for the benefit of carers. In these cases, the charge would be to the customer, not to the carer, and any charge would be means tested based on the means of the customer, not the carer. Customers with less means to pay would pay less or not pay at all. No charges would be payable by carers or relatives in respect of the charges proposed.
- 8.11 The fact that there are many existing customers who are already paying charges towards some services whose needs are being met is evidence that charging for social care services does not in itself result in perverse decision making.
- 8.12 In 2010 a review of charging led to significant increases in charges for mainstream social care services. Customers and social care services are making appropriate care decisions in respect of those services since those changes occurred. This is evidence that increases in charges to reflect the cost of the service do not in themselves result in perverse decision making.
- 8.13 Where customers have an assessed need, it is in the interests of customers and the local authority to meet those needs. If needs are not met appropriately, then any higher costs impact both on the local authority and on the customer/charge payer. It is therefore in everyone's interests to identify need and meet it appropriately. The means test is in place to ensure that customer contributions are not punitive to the point that they drive perverse decisions. There are thousands of existing customers who have to make care related decisions knowing they will have to pay charges and

they are making sensible decisions and their needs are being met.

The implications of Day Services and Respite Services Proposals

- 8.14 Both of these proposals are about changing from charging an average cost per day to charging the actual cost per day, so that each customer is charged only for exactly what they use.
- 8.15 For day services this means that for some customers the costs would go down and for some the costs would go up, but no net increase in income would be created. The means test would protect those without the means to pay more.
- 8.16 For respite services, because the current charging rate is below the average cost, changing to the actual cost would mean that the majority of charging rates would go up. However, the level of increase would vary depending on actual costs, and only a small proportion of customers would actually have to pay increased contributions after the means test.

9 Related Charging Issues To Consider

The proposals cover a variety of charging issues, not just increases

- 9.1 Of the 6 specific proposals made, three questions (Q4-6) were about introducing new charges, two questions (Q7 and 9) were about changing from an average charge for everyone to the actual rates of each service received, and one question (Q8) is about a more flexible choice being given to customers about how they are charged.
- 9.2 The highest level of disagreement was in respect of introducing charges based on the actual cost of respite care, which is about changing an existing charge rather than introducing a new charge.
- 9.3 The next highest levels of disagreement were with the option of hourly rates for learning disability day services and actual daily rates for learning disability day services.
- 9.4 The proposals for hourly rates for learning disability day services are not for the purpose of increasing income from charges. They are with the intention of introducing a new choice for customers. Therefore customers can choose to pay by hourly rates or day rates as they wish. If hourly rates were for whatever reason unfavourable a customer could choose to continue to pay by the day instead.
- 9.5 The proposals for changing the daily charging rates for learning disability day services to be based on actual costs rather than average costs would mean where a customer's actual cost is lower than the current average their charge would be lower, and where a customer's actual cost is higher than the current average, their charge would be higher (but with all charges still subject to the means test).
- 9.6 The proposals with the lowest levels of disagreement are those about introducing new charges for services that were previously not charged for.
- 9.7 This pattern of responses may indicate that some respondents assumed that all of the proposals were about introducing or increasing charges when they were not.
- 9.8 In addition, a number of responses raised the view that any charges should be based on ability to pay, but no responses acknowledged that the proposals include

having regard to ability to pay and not charging those who cannot afford it.

Links to The Care Act

- 9.9 The Care Act consolidates existing social care legislation and introduces some changes that have charging implications. The key changes relate to more widespread availability of Deferred Payments as an option for customers, the introduction of more services to carers and the right for carers to have assessments of their carer needs, and it introduces a cap on care costs and changes to the means testing savings thresholds.
- 9.10 None of these issues impact on these proposals directly. However, the introduction of services and assessments for carers does raise the question of whether or not such services should be charged for when they are introduced. None of the services related to these charging proposals are services to carers. However, they are services that benefit carers and so are closely related. Decisions about these aspects of the Care Act will be subject to consideration and decisions elsewhere.

Inflation and Other Changes in Service Costs

- 9.11 Changes in costs will occur from time to time. Where services are currently charged for, inflation on costs is reflected in charges every year and any charges introduced would follow the same process and principle. This means that when prices go up, charges go up, but it also means that if the Council secures reduced prices, charges would go down.
- 9.12 There is currently some discussion about the cost of night support services relating to the minimum wage which may result in significant increases in the cost of that service. If such costs transpired then changes in charges would result. An issue to consider would be how those changes translate into charges if they are significant and happen quickly.

Equalities Impact

- 9.13 The proposals are of relevance in terms of disabilities, gender, and age, however the application of a means test would ensure any charges payable are only based on ability to pay and not based on other factors. An Equalities Impact Assessment is included at Appendix 8.

Services That Are Not Charged For

- 9.14 Although these proposals would increase the number of services being charged for, there would remain some services that are not charged for. These include services that the local authority cannot charge for such as reablement, community equipment services, and mental health after care services (although there may be costs closely associated with these services that could be charged for), and services to carers, and advocacy and advice services which could be charged for but no proposals are currently made and options for charging for those services are not part of this consultation.
- 9.15 There are also some services where average costs are still charged rather than the actual individual cost, for example home care and older people day services, where the administrative cost of charging based on actual rates is still too high compared

to the benefits. However, as systems are improved and the cost of charging based on actuals is reduced, charges for these services could be reviewed.

10 Conclusions

- 10.1 A significant number of respondents were of the view that vulnerable people should not be charged for social care services in principle. This view is recognised but needs to be considered in the context that most services to vulnerable customers are already chargeable at full cost and these proposals relate to a small number of services that are not.
- 10.2 A significant number of respondents raised the view that people who cannot afford to pay should not have to pay and that any charges should be fair and consistent. This concern would be addressed by the adoption of the same means testing rules for these services as are already in place for other services. In this way those less able to pay would not be asked to pay.
- 10.3 A number of comments were made that any changes should be implemented and managed carefully with changes made over time to reduce the impact.

11 Recommendations

- 11.1 It is recommended that the consultation proposals are implemented in line with the proposed timetable (refer to Table 1 in Section 3) but that specific conditions are adhered to in how the changes are implemented in order to minimise the impact of the changes. A revised Equality Impact Assessment is set out in Appendix 8. The recommended approach to implementation is as follows:
- 11.2 For customers who already have a financial assessment, and who would not see any changes in their payments, that they are informed that this does not change their payments now and explaining any circumstances in which it might change their payments in the future so that those customers understand the change in policy and that it does not affect them at this time.
- 11.3 For customers who already have a financial assessment and who would see increases in their payments, that they are informed giving them at least 4 weeks' notice of the changes.
- 11.4 That customers who have not had a financial assessment have one arranged, and that the implementation of any charges for those customers do not begin until 4 weeks after they have been notified of the charge (which may be a later date than the 1st January 2015, depending upon when assessments can be done).
- 11.5 That charging rates are updated annually to reflect full costs, including price inflation and other changes in costs, and that the actual rates for April 2015 would be adjusted for these factors. The savings plan has regard to implementation costs but the majority of the implementation work could be absorbed within existing resources.

12 Timescales and Next Steps

- 12.1 If the recommendations are approved, the actions to notify customers of the changes would happen in late November by letter. The timetable for implementation of the actual changes would be as set out in the table in Section 3, with the first

changes happening in January 2015 and the second changes happening in April 2015. Financial assessments for customers who do not currently have one would happen across December and January. The implementation date for customers who do not currently have a financial assessment would be 4 weeks from the date they are notified of the actual charges following their financial assessment.

13 Supporting Papers

- 13.1 Report to Adult Social Care and Health Overview and Scrutiny Committee, 4th June 2014, “Status Report on Customer Charging”
- 13.2 Report to Portfolio Holder for Adult Social Care, 23rd May 2014, “Consultation on Customer Charges for Adult Social Care” (reproduced at Annex A)
- 13.3 Report to County Council, 6th February 2014, 2014/15 “Budget and Medium Term Financial Plan”, “Appendix E – Agreed Budget”

14 Background Papers

- 14.1 None

	Name	Contact Information
Report Author	Chris Norton	chrisnorton@warwickshire.gov.uk
Head of Service	Jenny Wood	jennywood@warwickshire.gov.uk
Strategic Director	Wendy Fabbro	wendyfabbro@warwickshire.gov.uk
Portfolio Holder	Jose Compton	josecompton@warwickshire.gov.uk

Consultation on New Charging Arrangements for Selected Adult Social Care Services

Warwickshire County Council are consulting on proposals to implement a new charging structure for some adult social care services to bring these in line with the Council's policy to charge for services at full cost.

The consultation period is 10 weeks from 21st July 2014 to 29th September 2014. Feedback from the consultation will be reported to elected Members and a decision will be taken in November 2014. At least 4 weeks' notice will be given before any changes resulting from the consultation are made. Therefore the earliest proposed implementation date for the first proposed changes would be 01 January 2015.

Who should respond to this consultation?

The consultation is for all members of the public, but in particular adult social care customers, potential future customers and anyone interested in these services. The following information sets out why changes are being put forward, what the changes are and how people can contribute their views.

What is the consultation about?

The consultation is about proposals for a new charging structure, which will make the following changes:

- New charges where services were previously offered at no cost (Take a Break, Night Support, and 24 Hour support)
- Increased charges for some residential respite care, and
- Changes to the charging method for learning disability and day opportunity services.

Why are the changes necessary?

- To offer a consistent, equitable, and fair charging policy for adult social care services.
- To modernise charging arrangements to better reflect how customers choose to use services.
- To make the most of limited council resources to support those who need it most.

Additionally, the Government will implement a new Care Act which will introduce significant changes in the charging of adult social care. This consultation is based upon the current legislation, regulations, and guidance. Any changes resulting from the Care Act will be considered separately, but the council believes by amending our charges now will help us meet the requirements of the Care Act when it is introduced.

The report that underpins the consultation was reported to the Portfolio Holder for Adult Social Care on the 23rd May 2014 can be found on the council's online meeting database at www.warwickshire.gov.uk/democracy.

All of the information you need to respond to the consultation is available at www.warwickshire.gov.uk/ask. The consultation questions can be completed online via the survey link on the webpage or printed and posted to:
Adult Social Care Charging Consultation, Warwickshire County Council, 3rd Floor, Kings House, King Street, Bedworth, CV12 8LL.

Comments can be posted on the webpage or emailed to chargingconsultation@warwickshire.gov.uk.

For questions about the consultation process or for assistance to contribute your views please call **02476754004** or email chargingconsultation@warwickshire.gov.uk

To help customers to understand what the changes could mean to them, we would be happy to discuss people's individual circumstances with them. Please contact us via the letter, email, or phone contact details set out above.

Background to Adult Social Care Charging

In 2010 the Council changed the way it charges for adult social care services in Warwickshire. It decided that services should not generally be subsidised and that charges should be based on the full cost of the service, in line other councils. At that time, the changes made prioritised the most significant service areas, but the Council is now considering the position of some services whose charges were not changed.

Although charges for adult social care services are based on the cost of the service, the amount that customers actually pay is means tested and based on ability to pay. So in practice some customers pay the full cost of their care, some pay part of the cost, and some do not pay any contribution towards the costs of their care.

The means test is a financial assessment taking into consideration an individual's savings and income and is explained on our website at www.warwickshire.gov.uk/socialcarecharges.

Charging Proposals

1. Plans to introduce new charges

The council plans to introduce charges for the following services:

- Take a Break
- Night Support
- 24 Hour Support

The council plans to start to charge at full cost for these services, which it proposes to implement in a staged process. Services will be charged at half the full cost from January 2015 and at full cost from April 2015 in order to allow people who would be paying to make plans for the changes.

Charges for Take a Break and 24 Hour Support services will be charged at the actual cost per hour, and Night Support charges will be based on the average cost per hour (with Night Support and 24 Hour Support costs being shared where the support is shared between customers).

Take a Break offers respite to carers but the charge for the service will be means tested and calculated based on the financial assessment of the person requiring care.

Charging Proposal	Current Arrangement	01 January 2015	01 April 2015
Take a Break	No charge	Half of Full cost (50%) £7.77 per hour for most services	Full cost (100%) £15.54 per hour for most services

Sleeping Night Support	No charge	Standard average cost £2.23 per hour (pro rata when shared)	Standard average cost £4.46 per hour (pro rata when shared)
Waking Night Support	No charge	Standard average cost £6.95 per hour (pro rata when shared)	Standard average cost £13.91 per hour (pro rata when shared)
24 Hour Live In Support	No charge	Half of Full cost (50%) Average is £2.58 per hour (pro-rata when shared)	Full cost (100%) Average is £5.17 per hour (pro-rata when shared)

2. Plans to increase charges (actual cost) for some residential respite care services

The County Council currently charges for residential respite care at a flat rate of £51.80 per day but this is lower than the actual average cost of £63.57 per day. In reality the actual cost of residential respite care varies significantly with most placements being within a range from £50 per day to £400 per day.

From January 2015, the council proposes to start charging based on the actual individual costs of each placement, but proposes to place a temporary cap of £100 per day on the maximum charge until April 2015 in order to allow customers to plan ahead for the changes.

Charging Proposal	Current Arrangement	01 January 2015	01 April 2015
Respite Residential Care	£51.80 per day	Introduce charging at the actual daily rate, but capped at £100 per day.	Remove the charging cap and charge all services at full cost

3. Plans to change charging method for learning disability day services

Charges for Learning Disability Day Services (Learning Disability Day Opportunities and Learning Disability Day Care) are currently based on a flat rate average cost and are charged by the day. The Council plans to start charging at the actual cost of individual services, and to introduce the option to charge by the hour as this is increasingly how customers choose to buy day services and day opportunities.

For Learning Disability Day Opportunities charging would be based at the same rate but the amount a customer pays will depend on the number of hours they actually receive rather than a flat day rate. Therefore for some customers the cost will increase and for others it will go down.

For Learning Disability Day Care charging will be adjusted to actual daily rate from average daily rate.

The council plans to implement this change on 01 April 2015.

Charging Proposal	Current Arrangement	01 January 2015	01 April 2015
Learning Disability Day Opportunities	£46.74 per day	No change	Introduce hourly rates at the actual rates for each service
Learning Disability Day Care	£46.74 per day	No change	Replace the average daily rate with individual actual daily rates for each service

Points of Note

The amounts included in the consultation are calculated at current prices. Costs will change from year to year, reflecting inflation and other changes. As a result charging rates may change annually.

All dates quoted are the earliest implementation dates. Customers will always receive a minimum of 4 weeks' notice before any changes are made.

What could the changes mean for a customer?

Information about the new charging proposals has been outlined in this document; however, the impact on an individual customer is dependent upon a combination of the care they receive and their financial assessment. All of the new planned charges would continue to be means tested. The means test checks, through financial assessment, whether a customer can afford services by taking into account their savings and income.

- If a customer is assessed as not having the means to pay charges, or not having the means to pay any more charges, then the planned new charging structure will not affect the amount they pay.
- If a customer is already paying for other social care services, then this would be taken into account as part of the financial assessment. For example, if they are already paying the assessed maximum towards the cost of these other social care services, then they would not pay any more as a result of any planned increases in charging rates for services included in this consultation.
- If a customer is currently paying a maximum level contribution for a service, their contribution could go down if the service charge is reduced below this level as a result of the planned changes. This may be the case for some residential respite services and learning disability day services that may cost less than the current charge.

Further support for individual customers about how these changes may affect them is available. Customers who would like to discuss their circumstances further, or request a provisional financial assessment (if they have not previously had one) can contact us via letter, email, or phone using the contact details set out above in this document.

Consultation Questions

19 questions were included in the questionnaire.

Questions 1-3 were related to the principles behind the proposals, and questions 4-9 were related to the specific proposals. All of these questions had the following multiple choice answer options...

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Do not wish to comment

All of the first 8 questions had a commentary box attached to them for respondents to include any comments explaining the reasons for their responses if they wanted to.

Questions 10 and 11 were asking for comments only.

Questions 12-13 related to contextual information about respondents.

Questions 14-19 related to equalities monitoring information.

The questions are reproduced below:

1. How strongly do you agree or disagree with the principle of offering a consistent, equitable and fair charging policy for adult social care services?
2. How strongly do you agree or disagree with the principle of modernising charging arrangements to better reflect how customers choose to use services?
3. How strongly do you agree or disagree with the principle of making the most of limited council resources to support those who need it most?
4. How strongly do you agree or disagree with the proposals to charge for the Take A Break service?
5. How strongly do you agree or disagree with the proposals to charge for Night Support services?
6. How strongly do you agree or disagree with the proposals to charge for 24 Hour services?
7. How strongly do you agree or disagree with the proposals to charge for Residential Respite Care Services at the actual cost of the service?

8. How strongly do you agree or disagree with the proposals for introducing the option of hourly rates for Learning Disability Day Opportunity Services?

9. How strongly do you agree or disagree with the proposals for introducing day rate charges based on the actual cost of services for Learning Disability Day Services?

10. If the Council makes these changes, do you have any comments about how they should be implemented?

11. Do you have any other comments you wish to make?

12. Are you responding to this survey as a.....?

- Customer
- Carer
- Member of the public
- Service provider
- Representative organisation
- Public sector organisation
- Other (please specify)

13. Please select which customer group you belong to or are most closely associated with.

- Older people's services (65+)
- Older peoples services dementia (65+)
- Adult mental health services
- Adult learning disability services
- Adult physical disability services
- No specific group

14. Are you male or female?

- Male
- Female

15. How old are you?

- Under 18
- 18-29
- 30-44
- 45-59
- 60-74
- 75+

16. Do you have a long standing illness or disability? (Longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time)?

- Yes
- No

17. How would you describe your ethnic origin?

- White – English/Welsh/Scottish/Northern Irish/British
- White – Irish
- White – Gypsy or Irish Traveller
- White – any other background
- Mixed – White and Black Caribbean
- Mixed – White and Asian
- Mixed – any other mixed background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Chinese
- Asian or Asian British – any other background
- Black or Black British – African
- Black or Black British – Caribbean
- Black or Black British – any other background
- Arab
- Any other ethnic group

18. What is your religion?

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other (please specify)

19. Do you consider yourself to be....?

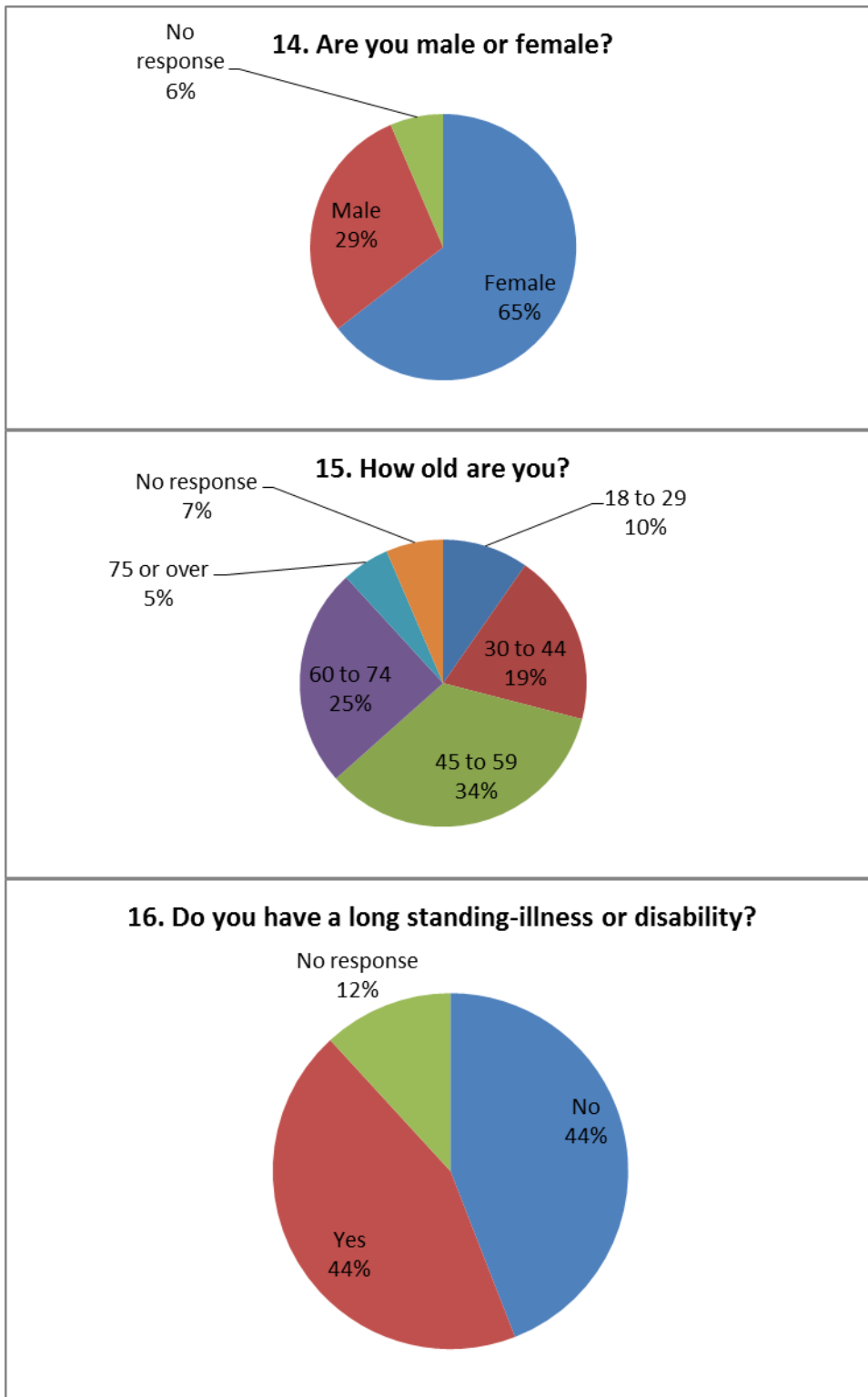
- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other
- Prefer not to say

List of Organisations Contacted

Brandon Wood Farm	Midway Care Group Ltd
Accredo Support	Mobile Care Services (sent on request of Amanda Fawcett)
ADL PLC	New Directions
ADVENT ESTATES LTD	New Directions (Rugby) Ltd
Age Uk Warks	New Hope
Age UK, Claremont Centre, Rugby	New Ideas
ALBEMARLE REST HOME LTD	no longer taking referrals from Warwickshire
Alzheimers Community Support	North Warwickshire Borough Council
AVERY HOMES NUNEATON LIMITED	Nuneaton and Bedworth Borough Council
Avon Support Ltd	ORCHARD CARE HOMES.COM (3) LTD
BARCHESTER HEALTHCARE HOMES LTD	PAKS Trust
BEN - MOTOR & ALLIED TRADES BENEVOLENT FUND	Penderels
BENTLEY HOUSE LIMITED	People In Action
BENVARDEN RESIDENTIAL CARE HOMES LTD	PINNACLE CARE LTD
Berens Get Healthy Yoga	Polesworth Group Homes
BM CARE WARWICK LIMITED	Positive about Young People
Branching Out - (formerly known as Holly House)	PRIME LIFE LIMITED
Briars Barn	Priory Highfields - not to be used OUT OF COUNTY
Bromford support	QUINTON HOUSE LTD
BUPA CARE HOMES (ANS) LIMITED	REGAL HEALTH CARE HOMES COVENTRY LTD
Burgess Care Limited	RESTFUL HOMES GROUP LIMITED
BUTTS CROFT LTD	rethink
CARE UK COMMUNITY PARTNERSHIPS LTD	Rethink Mental Illness
Carewatch (South Warwickshire)	RICHMOND COVENTRY LTD
CARING HOMES HEALTHCARE GROUP LIMITED	Rowan
CASTEL FROMA	Royal Mencap Society
CENTRAL ENGLAND HEALTHCARE LTD	RSV CARE LIMITED
CHASEWOOD CARE LIMITED	Rugby Borough Council
CHRISTADELPHIAN CARE HOMES	RUGBY FREE CHURCH HOMES FOR THE AGED
Circles Network	RUGBY MIND
COATE WATER CARE COMPANY LIMITED	RUNWOOD HOMES LIMITED
Compass	SALFORD HOUSE LIMITED
Coventry and Rugby CCG	Satkaar Asian Elders Day Care Services (BME group)
Coventry and Warwickshire Partnership Trust	Self Unlimited
CRAIGHAVEN LTD/WESTGROVE HOUSE CARE LIMITED	Sixth Sense Holistic Therapies
CROSSCROWN LIMITED	Solutions 4 Community Support
CULPEPER CARE LTD/KENILWORTH MANOR LIMITED	South Warwickshire CCG
D & JS BARNFIELD	South Warwickshire Foundation Trust
D R & B SUTTON LTD	ST MARY'S NURSING HOME
Day care Res care & info&advice	Staffordshire Council - do not use OOC
DEAF-initely Independent	Stratford District Council
DR & MRS M CROOKS	Streets Ahead
DR B S SIDHU	Stroke Assoc
DWELL LTD	Swan Tai Chi
Eco Workshop	SWINNERTON TRUST
Eden Place Limited	Take-a-Break
Eden Supported Living	TE HIRA CARE HOME LTD
Embody Dance	THE ABBEYFIELD SOCIETY
Escape Community Arts	The National Autistic Society
Essential Futures Limited	THE ROYAL BRITISH LEGION
Everycare Ltd	

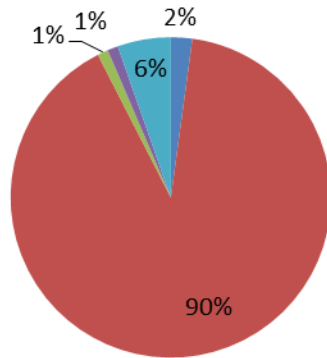
<p> Excel Support Services Limited Father Hudson's Society Find Your Voice Fine Futures FIRST FOR CARE LTD FOUR SEASONS (EVEDALE) LIMITED Friendship Care and Housing Garden Organic Gateway Health & Social Ltd GENESIS HOMES (ESSEX) LTD Getta Life Limited Grapevine GREENSLEEVES HOME TRUST GREENTREE ENTERPRISES LIMITED Guideposts HAYDN-BARLOW CARE LTD HC-ONE LTD Healthwatch Heart of England Mencap HF Trust Ltd Hillcrescent Farm Home Farm Trust HYLANDS HOUSE CARE LTD ILEAP Independent advocacy Individual Care Services Individual Futures Individual Support Solutions Ltd Ingleby Foundation INTERHAZE LIMITED Kenilworth Community Care - Waverley Day Centre KeyRing KINETON MANOR LIMITED KIRKLEY LTD LATVIAN WELFARE FUND LEAMINGTON SPA NURSING HOME LIMITED LINDEN CARE HOMES LIMITED Lucy Glyn Support Services Limited M HERMON making space Mayday Trust MEREVALE HOUSE RESIDENTIAL HOME LIMITED METHODIST HOMES </p>	<p> THE WARWICKSHIRE NURSING & RESIDENTIAL HOME The Willows Project Todd Property Management Limited (aka Credence Care) TRAVID ENTERPRISES LIMITED Turning Point United Response University Hospital Coventry and Warwickshire Voiceabilty Warwick Assoc for the blind Warwick District Council Warwickshire Cava Warwickshire North CCG Warwickshire race equality partnership Warwickshire welfare rights WATERLOO CARE LIMITED Way Ahead Support SERVICES Way Ahead Support Services WCS CARE GROUP LTD Work Forward CIC Working World Xperience Recruitment </p>
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Equalities Monitoring Information

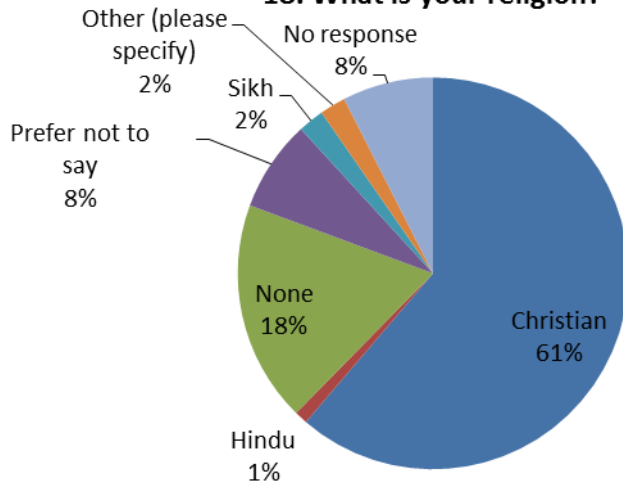


17. How would you describe your ethnic origin?

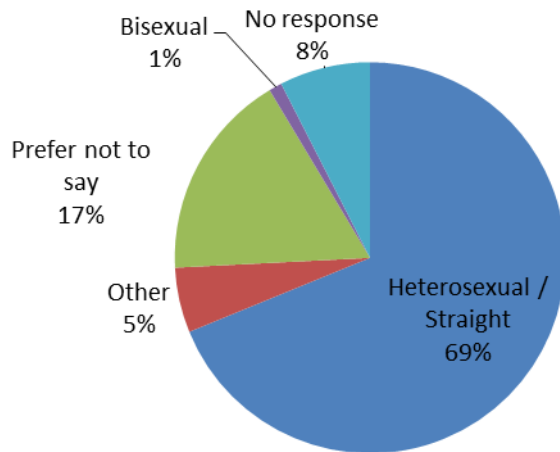
- Asian - Indian
- White - British
- White - Irish
- Any other ethnic group
- No response



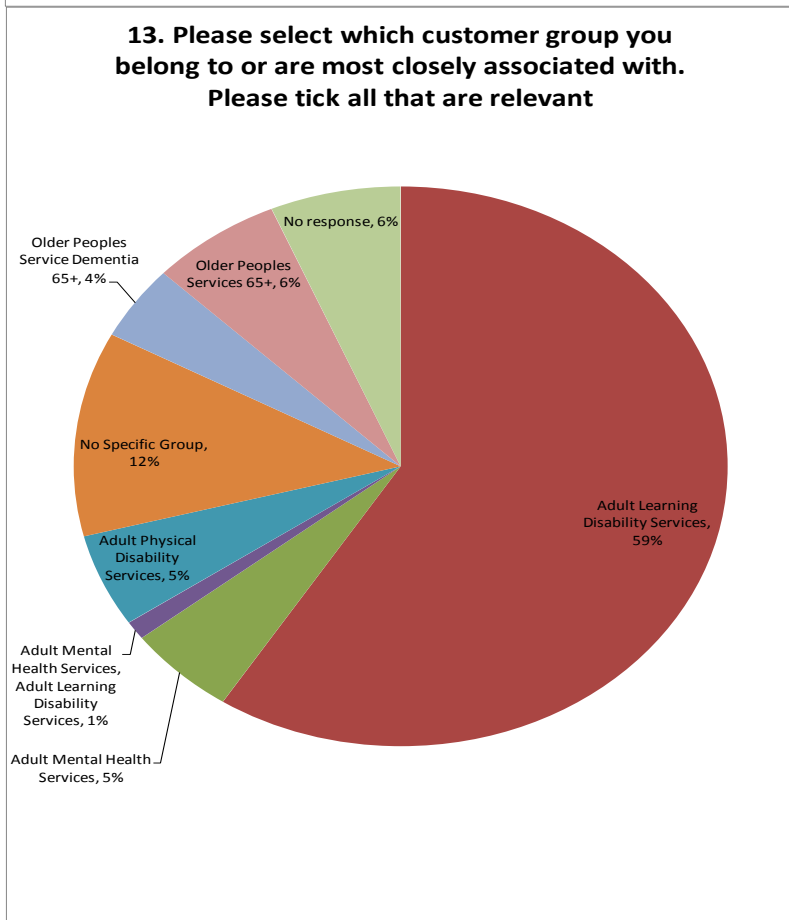
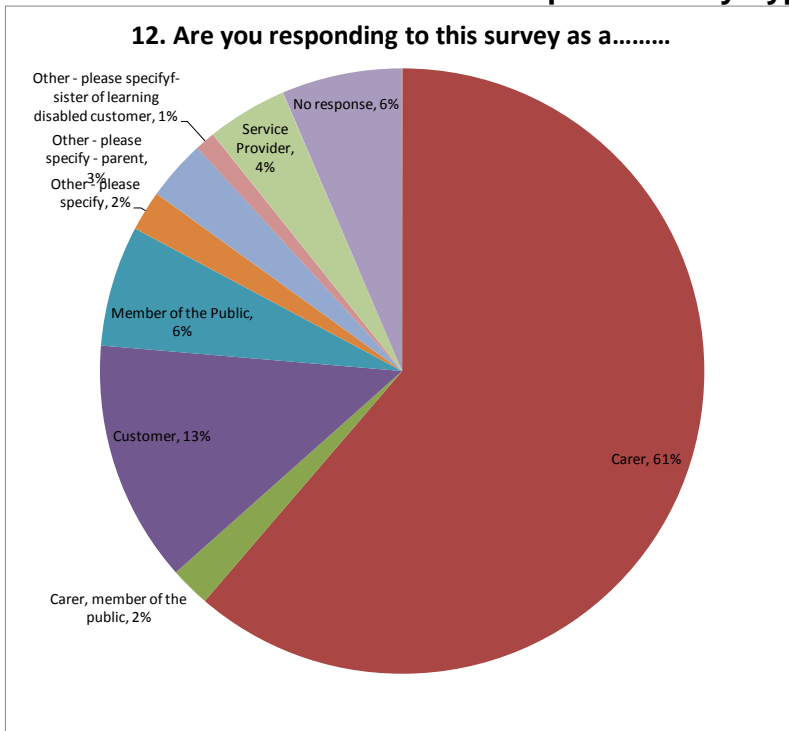
18. What is your religion?



19. Do you consider yourself to be.....?



Respondents by Type



Appendix 6 Consultation Multiple Choice Responses

Consultation Survey Summary

Question	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Do not wish to comment	Blank	Total
1. ...the principle of offering a consistent, equitable and fair charging policy for adult social care services	14	34	9	9	18	3	6	93
2. ...the principle of modernising charging agreements to better reflect how customers choose to use services?	13	29	12	6	20	2	11	93
3. ...the principle of making the most of limited Council resources to support those who need it most?	27	33	9	3	4	2	15	93
4. ...the proposals to charge for the Take-A-Break service?	3	8	24	17	25	3	13	93
5. ...the proposals to charge for Night Support services?	2	12	15	13	25	3	23	93
6. ...the proposals to charge for 24 Hour services?	2	11	15	14	27	2	22	93
7. ...the proposals to charge for Residential Respite Care Services at the actual cost of the service?	3	9	10	15	38	2	16	93
8. ...the proposals for introducing the option of hourly rates for Learning Disability Day Opportunity Services?	4	16	4	18	30	4	17	93
9. ...the proposals for introducing day rate charges based on the actual cost of services for Learning Disability Day Services?	5	9	11	19	29	3	17	93

Note 1: 93 responses were received in total but for each question, some respondents either ticked that they did not wish to comment on the question concerned or they did not tick any of the responses. The analysis of responses that is charted in Section 6 of the report only counts “Neither Agree or Disagree” where this was the actual response. Where respondents did not wish to comment or left the response blank those responses were not counted in the chart but they are shown above for completeness.

Charging Consultation Comments

1. How strongly do you agree or disagree with the principle of offering a consistent, equitable and fair charging policy for adult social care services?

Agree, if the question is a 'fair' charging policy for the disabled users rather than for the council

How are disabled persons who rely on the benefit system and are therefore subject to a reducing real income that is already below the levels for most peoples earned income expected to pay extra for services that only provide some level of life experience others take for granted

Equitable & fair according to their means

I think your question is phrased in such a way to encourage the respondent to agree with it. Whether the charges are fair and equitable is another question altogether.

This question is loaded such that respondents will agree. The real issue is whether in today's society, the charges for some of the most vulnerable people in our society are fair and equitable especially given their limited resources.

Provided fair does not mean reduced service

I agree it's fair for some people to be charged as there is a limit to the amount of money available and those less well off need protecting

No real understanding of the question

make it fair for everyone

Dependant on needs of person

Agree in principle

We do not believe the Council should charge for services

This is a loaded question. Who could vote for an unfair charging policy.

It must be means tested

5. Strongly Disagree on paying for a service that disabled people cannot object to

In this time of economic change we all need to take responsibility for our special needs and if this means being charged so be it

At what cost will this affect us. Have already been assessed and allocated hours according to their needs. If these charges are put into place, I can see them not getting the full benefit of social and community interaction to what they get at the moment.

I agree if everyone is treated the same and some don't pay a lot more than others

I feel these users suffer enough without charges

Definition of a) consistent, b) equitable c) fair

Respite care even for short periods is most important for me, I am 82 years old
So its fair to all

The reason we disagree is that the current services Leanne receives allows us to look after her at home and this reflects a huge cost saving overall to the council. Without this support we would not be able to look after her.

Because they be people in desperate need of help wh cannot afford to pay

As long as this is what it is

Should not charge

My dad has to pay the full price for his respite and I think this is enough as the accommodation and food is below standard

Those who have a disability should get the right funds in order to live reasonably normal lives, but don't believe they are being paid in the right circumstances i.e. drunken layabouts are funded for drink dependence, and being integrated into the community in areas where the cause anxiety and grief to the neighbours

These changes will affect familites to cope and cause families to go into crisis

It should be free for disabled adults

social money is not sufficient to live on for the week including shopping expenses so could not afford more expenses.

As long as all aspects of the person's circumstances are taken into account in the charging decision.

Adult social care deals with very vulnerable in society who should be protected and provided for as they often don't have a voice in society

Everyone should have the right to a tailor-made service and not be shoe-horned into a service/provider that is essentially designed for other customers or simply is not well suited to them, however due to funding cuts is being encouraged to consider less than suitable options.

The wording of the question is very leading; who would disagree with principles of consistency, fairness and equitability? I failed to understand why you are asking the question?

This is a reasonable and correct approach - However, I feel that changes introduced at this stage - before the Government Care Act - are being introduced as a cost saving measure. Present system is fair and NHS principlles apply that health care should be free at point of use. People should not be financially penalised for disability. Disability benefits can help with some costs but where costs are excessive this is unfair.

i agree as long as the service is honest, cosistant and fair

These people are vulnerable and need to have services so they can live a fulfilling life, they don't have money to spend on services that they are entitled to. What are these vulnerable people going to do if they cant attend services, sit and rot. This is not looking after the vulnerable in our society. its despicable and I have no idea how any one can think this is a good idea.

I don't think there is anything concrete to comment on.....there is no outline yet of what this will look like in reality.

2. How strongly do you agree or disagree with the principle of modernising charging agreements to better reflect how customers choose to use services?

Similar to above. I agree that charging should be modernised (if necessary). If this is to make it more economical for the social user, then I agree with the question. Do the customers have a choice.

The questions are phrased and presented to obtain a specific response. The real questions to be asked and answered should be is it acceptable to deprive disabled people of the opportunities and experiences able bodied people expect.

This doesn't apply to my son as he is happy with the service he uses

I think your question is phrased in such a way to encourage the respondent to agree with it. Whether the charges are fair and equitable is another question altogether. If the customer has real choice a) in how their services offered are decided upon and b) in the range of services on offer and their suitability then modernisation is a good thing.

As in question 1, this question is also loaded. Where is the real choice for service users. In reality they have no choice but yet are asked to pay more for the same level of service

the day centres provided a better consistency and social contact for service users.

The people I support are well served by their current service and I would not want them to lose out. However if the change does not effect service delivery there is no problem.

No real understanding of the question

This would be dependant on the customer and what services they choose to use

Will these changes will affect ability to choose a service or will it price people out

People have to use services in a lot of cases they would prefer not to need them, there is no choice

This is a loaded question. Who could vote for an unfair charging policy.

This may lead to people not able to pay for care

Fair charging is utmost and should reflect the customer to make sure they can afford it

My brother is a service user and as a result of his condition is not able to choose to use services

I agree if everyone is treated the same and some don't pay a lot more than others

each user is different with different needs and personality and should not be addressed the same.

We believe the means test penalises all the principles of modern government and tend to remind peopt to not try to work or be self sufficient

As long as this is what it is

The changes target at people who need support and don't have the resources to fund excessive charges

Mixed feelings, services are important for myself as carer and mum would not be healthy without them, higher charges would mean they would have to stop

Once again disabled adults should not have to pay to use these services. Life is difficult enough and gives them some life. If payments go up some will not be able to use the services

Providing that services previously available are not discontinued as a money saving exercise.

Modernising means cutting back generally - adults with LD will be made to cut back other areas to fit their budgets (wrong when they need a quality of life)

1. Strongly Agree with this in principle if the customers are fully informed of the repercussions of this and fully comprehend the options open to them. Secondly 'modernising' charging arrangements is not categorically a good thing - the use of technology to help streamline and simplify the system is of course fantastic but the benefits of this change should of course outweigh the disadvantages of this in the eyes of the customer as well as the provider.

In principles, it sounds like a good idea but the details are important.

I think this is just a political statement that does not have anything to do with users of the services unclear what is meant by this

I think this may have an impact on people being able to afford services that they really need and could in turn result in crisis situations

make the explanations easier for all,

These people are vulnerable and need to have services so they can live a fulfilling life, they don't have money to spend on services that they are entitled to. What are these vulnerable people going to do if they cant attend services, sit and rot. This is not looking after the vulnerable in our society. its despicable and I have no idea how any one can think this is a good idea.

I don't think there is anything concrete to comment on.....there is no outline yet of what this will look like in reality.

3. How strongly do you agree or disagree with the principle of making the most of limited Council resources to support those who need it most?

This is a loaded question with emotive leading wording (ie limited, need it most). It is so biased in its nature, its not worth answering

Why should the most vulnerable members of society be deprived of the opportunities and life experiences others take for granted. How much have you as the council and government made the most of limited resources

If it is done with genuine consultation with parents, carers and providers. Also, I would agree wholeheartedly with this principle if the whole range of cuts in the public sector/national level were fair and equitable.

No one can argue against this principle. However, those who need it most may still require the same level of support and may not have the means to pay more proportionately.

Those who most need it even if they are not most able to demand resources

Some peoples needs are bigger than others so it's a fair way of sharing resources

No real understanding of the question

A good idea

People should be supported who need it

This is a loaded question. Who could vote for an unfair charging policy.

People who need care without charging should get it

Councils rarely help unless there is a charge to it

I am saving the Council thousands of pounds as a full time carer instead of putting my daughter into residential care

The people who are born with varying disabilities do not choose their situation. I believe that society/council should pay for their care.

All the people at present using the service have a need whether its more or less than others. All people with a learning disability should have resource available.

This should be priority

Who will judge whether one has the greatest need

We agree cost should be kept to a minimum. The services we receive allow this to happen in a cost effective way - if removed we believe the costs to the council will go up.

Depends who decides who needs it most

This is good

Those who have a disability should get the right funds in order to live reasonably normal lives, but don't believe they are being paid in the right circumstances i.e. drunken layabouts are funded for drink dependence, and being integrated into the community in areas where the cause anxiety and grief to the neighbours

As long as the criteria for those who are most at need is effective and ensures those who need it don't get lost.

Provided that the resources are maintained as high as possible given the vulnerable nature of the person, as you say ' who need it most'

'Making the most' is a vague phrase we should always protect services for the most vulnerable

Would anyone participating in this survey not agree with this question? It is loaded question to which there is only one answer, why is it included in this consultation?

I believe that if you are going to apply the principle then it should be across the board and local councils should work with central government to make the whole system fairer - eg stop winter fuel payments, TV licences etc to those with means and sort out CHC which is a major anomaly to the overall fair funding of older people's care.

Again, it is difficult to disagree with this. Is the point of the question to make us realised that WCC resources are very limited?

Of course this makes sense - but by reducing or removing support from those needing a minimal level of support is likely to have a huge impact on their lives and result in them costing more later.

Biased question

principles are not always practical

The councillors need to make sure that the vulnerable in our society are looked after and make sure there are finances in place to make it happen.

But this needs to be based on full, transparent core assessments being out. At the moment there does not seem to be enough adult social care staff to carry this out and waiting lists for these assessments seem to be huge. That's if people can even get to be on these lists and have a contact who to approach to get to this point

4. How strongly do you agree or disagree with the proposals to charge for the Take-A-Break service?

No explanation as to what this service is can't comment

This would make disabled persons pay for friendship and people to take them out. They already pay for entertainment as other people do so they would be paying twice over. This is not acceptable

I have never been offered this service so cannot comment.

Not fair on the most vulnerable in society

Have always been very pleased with Take A Break services. The staff are very good. Its important the TAB service doesn't change if the way its paid for changes but if there is less money in the budget some people should pay for the service.

No real understanding of the question

Prefer it to be free

Take a break can be charged if the person can afford it on their weekly money

We have concerns about the current funding - will proposals reduce hours and put vulnerable people at risk?

We did not find this particular service to be very helpful.

This should be means tested

Disabled people should have help and not be charged for it. Disabilities are not their fault.

This probably saves the Council money in the short term, but in the long term carers will be unable to carry on

It should not casue a big disruption to service users. They had enough to cope with during recent changes, some may not be able to afford more changes

Everyone needs a break

How often is take a break service used as a % of the number of people using adult social care services

An essential service for carers to enable them to recharge their batteries 24/7 caring is very debilitating

This service allows us to look after Leanne at home and not be a burden on the community budget

worry that people who really need the service will not be able to pay and not be able to use it and others who are not so needy will be able to use it

Surely 'Take a Break' means that it is for those who need it but can't afford to pay

Should not charge

As the only carer to my mum with Alzheimers this is an important service if further charges are made I will not be able to use them.

Families will not be able to afford the service which means that families will suffer

I am unable to use this service due to 'rural location' would gladly have paid. Maybe it should be a voluntary contribution?

I would have to give up all my voluntary work as I would not be able to afford support workers leading to isolation and depression.

This service is a lifeline to adults with special needs and any charges should be carefully assessed taking into account the person's specific circumstances.

I would be happy to pay but only if reasonable. Charging full cost will stop people using the service

I am not aware of this service.

Charging would mean that service users/carers cannot afford to use the service and thus would suffer increased stress but not being able to have a break from the person they care for.

Those with the most financial resources will be able to take advantage, while poorer members of the community will struggle on without the benefit of respite.

This is such an imperative and valued service and I think to charge for it may mean that people are having to give up either the Take a Break service or other things that are essential to them.

most carers are looking after family /friends for no payment, they require a break and the service user cannot always afford fees especially if they are on state funds

The problem is that those who really need this service are often unable to work and survive on Carers allowance. Respite is desperately needed but having to pay makes it a barrier to access.

It would mean some would not have the money to access services and will not have a fulfilling life. This needs to be thought through very carefully as those who are on benefits may get it for free, those who can afford it will pay for services, it's those in the middle that would lose out and it would be disgusting of the council to let this happen.

Proposal is not specific enough to comment on

5. How strongly do you agree or disagree with the proposals to charge for Night Support services?

No explanation as to what this service is can't comment

With a limited income and no prospect of increasing it and requiring care for their safety how is this proposal fair.

I have never been offered this service so cannot comment. However it is an essential service for some customers who have low incomes and it seems fundamentally wrong to charge for this service.

Not fair on the most vulnerable in society

Carers are saving the Council a huge amount of money - if they cannot rest at night they may be unable to care in the future

Provided means tested and people get the support they need

No real understanding of the question

To make more money

Some services have shared night support but don't all have same amount of benefit so could affect some peoples daily living.

Don't know how this will affect individuals who require night services

This should be means tested

Some people need night support, so charge will or may not stop the help they get.

No user should be left alone in the evening

Not everyone can afford services

If you need night support services you need it but might not be able to afford it.

Should not charge

If an adult needs night support and you price the cost out of reach then you condemn that person to living in a severe risk situation.

I do not know about this service (I am a provider)

Charging could deter people from using the service and thus not having a much needed break. The upshot of this would be that families/carers reach breaking point and thus require emergency support, which is much more expensive.

Those with the most financial resources will be able to take advantage, while poorer members of the community will struggle on without the benefit of respite.

If this is an assessed need then it should be funded mostly by the funder. Individuals do not choose to have this night time need.

most carers are looking after family /friends for no payment, they require a break and the service user cannot always afford fees especially if they are on state funds

Those that need night services are the most vulnerable, how could any decent person make a charge to meet someone's basic needs. It disgusting and immoral.

Proposals not specific enough to comment on

6. How strongly do you agree or disagree with the proposals to charge for 24 Hour services?

No real explanation as to what 24 hr services provide,can't comment

With a limited income and no prospect of increasing it and requiring care for their safety how is this proposal fair.

I have never been offered this service so cannot comment. However it is an essential service for some customers who have low incomes and it seems fundamentally wrong to charge for this service.

Not fair on the most vulnerable in society who can also least afford it.

You will force carers to breaking point unless you give them a budget to cover allthe care needs they have to pay for

Provided vulnerable adults are able to continue to access a reasonable service.

No real understanding of the question

It helps the council

This should be means tested

People will be forced into paying what they cannot afford

This should be standard

If you need it you might not be able to afford it
Ok with this

Should be assessed on individual cases

It seems that the customer's voice is not heard by both the provider and the county council.

I do not know about this service (I am a provider)

Charging could deter people from using the service. The upshot of this would be that families/carers reach breaking point and thus require emergency support, which is much more expensive.

Those with the most financial resources will be able to take advantage, while poorer members of the community will struggle on without the benefit of respite.

If this is an assessed need then it should be funded mostly by the funder. Individuals do not choose to have this need.

again finances of service user. require checking.

Again these are vulnerable people and unless the charge is covered by their service level agreement people with the most needs will not have them met. This is not how a civilised society should behave.

Proposals not specific enough to comment on

7. How strongly do you agree or disagree with the proposals to charge for Residential Respite Care Services at the actual cost of the service?

With a limited income and no prospect of increasing it and requiring care for their safety how is this proposal fair.

I have never been offered this service so cannot comment. However it is an essential service for some customers who have low incomes and it seems fundamentally wrong to charge for this service.

Not fair on the most vulnerable in society who can also least afford it and who in most cases cannot be presented with the opportunity to earn money

This will lead to less respite being received as people not being able to afford it leading to cares and people with disability losing out and possible emergency situations

Provided service users can afford it

If some people can afford to pay a bigger contribution they should

No real understanding of the question

Families can't afford that

We rely on my daughter getting respite do not think she will be able to afford it if she has to pay full cost

Respite care serves both the carer and the service user. The home situation can be fragile and any extra worry may jeopardise the ability of the home to continue support. Withdrawal by some users because of financial considerations might also place existing services in danger, so affecting others.

It should be means tested. In my care it would mean I could not afford respite care.

The charge for this service is not good, as some people may have to have this service and no means to pay for it.

We would not be able to afford to pay the full costs so she would not be able to go each month. We have some peace and quiet and less stress. We are pensioners

Without regular breaks I will be unable to care adequately for my partner. When having to pay the full amount will make it impossible for me to care for him properly and we will have a breakdown of us both.

We carers need this break or else we wouldn't be able to cope - mentally and physically.

Everybody user and carer needs time out

I feel that this part of the service should always be subsidised. It is a key benefit for the carer.

We have limited resources and am 82 years old

People save not fair have to spend it on their care,Council should support.

we believe the current arrangements allow for a cost effective solution if this was not available we would not be able to continue our support and believe this would increase costs.

Respite care may be needed by those who cannot afford it.

Ok if reasonable price

I 5. Strongly Disagree with proposal because the accommodation and food at the place my dad goes is substandard

It will mean that the service we now use with payment towards will have to stop and both mine and my mums health will deteriorate.

WCC is dragging their feet until it is too late and then questions will have to be answered

Due to lack of respite services in Warwickshire I have to travel 200 miles each time I think WCC should be paying me

Residential respite is the only time full time carers get a brerak. Pricing this service out of reach of carers will cause severe strain on the carers who may then have to put their charge into full time social care which will cost the council much more.

All carers need some sort of respite for their own well being I do not think thesde services should be charged more for.

Those who require the service usually have limited funds, stemming from the fact that they are unable to work due to their disability or need. Where should this money come from in this instance? Furthermore, the cost of living for these customers is higher than for those who do not require this service. How is it then fair to expect them to pay the actual cost of this service, which is high due to the nature of the need?

Depending on ability to pay of the individual concerned

Charging could deter people from using the service and thus not having a much needed break. The upshot of this would be that families/carers reach breaking point and thus require emergency support, which is much more expensive.

Those with the most financial resources will be able to take advantage, while poorer members of the community will struggle on without the benefit of respite.

This is such an important service to people and their carers and as a provider we have seen the relief it gives both parties. To charge for the actual cost of the service will no doubt mean people are unable to access it as often as they currently do or need which again could result in a breakdown in home life and crisis and emergency situations which may in turn actually cost funders more.

i do not know the cost,so cannot comment- but should be checked independently

The people who use this service are desperate for respite, how on earth could you possibly think of charging for this service, that means that the person can not be looked after properly unless they can afford it. Its totally wrong on every level

Proposals, process and criteria not specific enough to comment on

8. How strongly do you agree or disagree with the proposals for introducing the option of hourly rates for Learning Disability Day Opportunity Services?

However, no further information to what this service is, is provided. If people rely on it and therefore need to use the service more than others I would disagree with the question

This is a question not applicable to my son as he attends day centre on a daily-weekly basis and therefore would not require the option of hourly rates. I would have thought this idea useful for some people but surely requires extra admin and efforts to execute.

This will inevitably lead to some customers spending hours of the day on their own or wandering the streets. Some will become victims of crime or involved in crime themselves.

This is short term gain for long term loss for WCC. By driving those who most need it away from LD Day Opportunities WCC is solving up longer term problems which will be even more expensive in the long run.

How do you come up with this figure? Those not in complex needs at places like New Directions do a fantastic service for much less

Provided service users can afford it and do not miss out

No real understanding of the question

More flexible

Day Opportunities already costing more to individual customer. Cost can stop people from doing/taking part in day opportunity, lots of people already have funding for hours but very few of them.

If people have to pay hourly they will be left with so little money how will they be able to live fulfilling lives

This would mean that I would not be able to afford services which I strongly need.

Wrong to make disabled people pay

We can then choose how long our daughter is looked after and if we cannot afford it our daughter would not be able to go and would miss out on the benefit as she needs the input from the group

Once being assessed and told what you have been allocated, I can see some not benefitting as with the new charges, we will only be able to get what we can afford.

I should think if different people are opting for varying times due to changes, this will mean a lot more work for TAB staff

No charge should be enforced for anyone with learning disability

People who have disability don't all work and cannot afford services, not fair to ask them to pay

If you run down Day Opportunities you may find carers cannot cope and then you will need to provide for them 24/7 and that will be more expensive

This is good

This is unfair - why is it disabled people have to suffer

Assuming that rate is agreed with supplier as being real cost and not something prescribed. Charging for day services may result in carers who cannot afford the charges to give up their day jobs in order to be there for their charges.

I think the cost should stay the same as benefits in a lot of cases have been reduced.

Again limiting what vulnerable people can access

This should be deemed as education and opportunity and not charged for.

Charging could deter people from using the service and thus not having a much needed break. The upshot of this would be that families/carers reach breaking point and thus require emergency support, which is much more expensive.

People will start paying for what they can afford, but this may reduce the hours available to them and reduce the opportunities open to them. It may result in the Council not actually increasing it's income because less will be purchased.

I feel this because a lot of people who attend LD day opportunity services do so to enable their carers to go to work, look after other family member and sometimes have that essential break, I think the cost they pay towards it needs to be a percentage of what is charged back to WCC

Again, these persons are state funded ,most cared for freely by family, their finances do not reflect the affordability

Service level agreements should be specific to the persons needs and the council should meet these needs. The needs need to be met and stuff the cost.

Proposals not specific enough to comment on.

9. How strongly do you agree or disagree with the proposals for introducing day rate charges based on the actual cost for Learning Disability Day Services?

However, no further information to what this service is, is provided. If people rely on it and therefore need to use the service more than others I would disagree with the question

My son has Downs Syndrome has no income other than benefits which is means tested and therefore is capped accordingly

This will inevitably lead to some customers spending hours of the day on their own or wandering the streets. Some will become victims of crime or involved in crime themselves. The providers should be given financial support in order to provide these services.

Again this is short term gain for long term loss. Does WCC really think that by cutting resources for those most in need that their respective disabilities will disappear. What about the long term consequences of those most in need in society with no opportunity to earn.

Charge must be based on ability to afford

No real understanding of the question

To help the council

My daughter attend a day service 5 days a week - if she has to pay the full cost she will be unable to go so what effect will that have on her and the rest of our family?

This would mean that I would not be able to afford services which I strongly need.

Wrong to make disabled people pay

People cannot help their disability and level of support needed - seems unfair

As before it depends on how much we would be expected to pay and reflect on our home situation

Only going to be able to access what you can afford not good for carers that need the break

Just depends what these changes are going to be and if people can afford them.

All adults/children's should be exempt life is hard enough for users and carers

As long as it does not mean more expensive

With any disability they need all the help they can get There But For The Grace Of God Go I

This service is sometimes the families get a little respite so why should they have to pay

Let us help the disabled as much as we can but not charge them - they didn't ask to be disabled.

Again, carers who cannot afford to pay for services may have to give up working to provide the care needed by the disabled.

Those who require the service usually have limited funds, stemming from the fact that they are unable to work due to their disability or need. Where should this money come from in this instance? Furthermore, the cost of living for these customers is higher than for those who do not require this service. How is it then fair to expect them to pay the actual cost of this service, which is high due to the nature of the need?

This should be deemed as education and opportunity and not charged for.

Those with the most financial resources will be able to take advantage, while poorer members of the community will struggle on without the benefit of respite.

Again, these persons are state funded ,most cared for freely by family, their finances do not reflect the affordability

These proposals are completely unrealistic and most of the people needing these services would not be able to stick up for themselves. I cant believe the council actually want to make life harder for these people and not support them.

Proposals not specific enough to comment on

10. If the Council makes these changes, do you have any comments about how they should be implemented?

With actual consultation with the users so their routines are not disturbed. The phrasing of the question implies the council have already decided to make the proposed changes.

They should not be introduced on the most vulnerable of groups who have very little voice in society.

With a great deal of thought and planning - not a 'slash and burn' exercise where the medium to long term ramifications have not been thought out.

Please, please, please think very carefully indeed about the long term consequences of the most vulnerable people in our society with no earning potential.

need to ensure all service users are re assessed including ability to pay

It is important people are assessed accurately to make sure they can afford to help pay a contribution.

The money needs to go back into improving the service

Inform all who will be affected and how much it will cost them

You will do what you like anyway. Questions are asked to illicit certain answers. We know how you work. We believed the Council is greedy.

Any charging tariff should be subject to means testing, if in receipt of benefits or unemployed no charge should be made

Those who can afford the charges should pay but those who cannot should get them free.

These changes effect those who cannot take care of themselves and have no choice

Graduate starting with 25% for the first year going up to 100% in the fourth

It is fine as long as it is based on peoples ability to pay

With fairness taking into consideration the home finances and fitness of each carer. This means a home visit as we find it difficult to get an assessment from social services and have been waiting for months for this.

they should be base on age and infirmity and the ability of people looking after them at home.

None, just disgusted that the whole structure has to change

I should think council have already thought about implementation but I can imagine its going to be an onerous task.

Yes make money from forms and stop using vulnerable people

Phased in over a 1 year period and also include personal visits from Personal Care Social Services to confirm the current status of the patient

Due consideration should be made to service users income if using 2 or more services. Also allowance should be made for transport.

I thought we were a nation (council) who looked after vulnerable adults

People save for a long time then have to pay for their care whereas those who do not save don't pay, not fair.

These changes should not be implemented and we would strongly resist the change

I hope they make sure people pay according to their financial situations

Learning Difficulties people often rely on family members to support them. If you make it more expensive or restrict extent of care, carers in some cases will be unable to cope and alternative arrangements will have to be made.

If the council make these changes families and disabled children & young adults will suffer causing families to give up their children or young adults to council care.

if the council makes these changes disabled people will lose out and that is so unfair. Do you not think that disabled people and their carers have enough to worry about? Why does it always boil down to money?

A letter to the public and people who use the services

Communication through a variety of channels

Means tested to ensure that there are no charges for users that will cause their carers to forego the service to the extreme detriment of the users, socially and quality of life and the loss of the care from the job market.

Further consultation with service-users. Limited council resources clearly mean cuts and short-corners in service for its customers - however should those customers with the most severe needs be prioritized? Is it fair in principle to allow the most vulnerable in society to suffer because of bureaucratic issues? Clearly we all agree that not every customer can have their ideal scenario in terms of care - but should not those at the extreme ends of the scale be protected?

Communicate and implement sensitively.

Charges should be introduced gradually to reduce the impact on service users and their families.

After all the cutbacks made by the government, many of which affect the disabled, THERE IS NO MORE MONEY LEFT!! If the suggested charges are made for the services, my grandson will not be using the services in the future. This will cause distress to the disabled persons and to their carers, who have been under increasing pressure over the past months. These changes should not be implemented.

I certainly think for existing social care customers there must be as little change as possible as they are used to the amount of services they have now and the services have become essential components to their health and well being.

i do not have full and in depth details therefore cannot comment honestly

The council has just reportedly underspent! They've made cuts that were unnecessary and those cuts attacked the most vulnerable and needy people. Really disappointing when. Only is being wasted elsewhere.

No

Do not implement. These vulnerable people need support not charges.

Proper and transparent assessments being out by suitably qualified staff. Same level of provision made for mentally ill, learning disability, elderly and physical disability

11. Do you have any other comments you wish to make?

I feel the questions have been phrased to obtain a specific response, namely to introduce increased charging. The questions should be more neutral in their format should such as should charging be introduced. I could present equally emotive questions such as should charging be introduced to penalise the most vulnerable in society who have no chance of improving their income and are unable to respond to and challenge such changes to their livelihood.

Whilst recognising that the council has to make cuts, my overriding belief is that people with learning disabilities are a soft target. They often do not have an articulate voice to represent them nor do they have vote winning influence such as pensioners who will continue to receive fuel allowance even if they are wealthy. These policies hit society's most vulnerable and we have to sit by and watch other groups left largely untargeted because it is politically expedient.

WCC is targeting the most vulnerable in society who are probably least able to defend themselves. Get your priorities right!

How are the service users expected to pay for these services. Their income is not great.

Carers will be at breaking point and you will see more families in emergencies not able to cope and they are doing a lot of unpaid work so you need to provide the correct support and look at the organisations who provide value for more services and help them do more

It seems that once again people with a disability are the easy targets for cuts in services. The council should look at making savings in other areas. For instance, the amount of 'pocket money' to young people/children in care is beyond what most children get and gives them unrealistic ideas of what they will receive out of care.

It's hard to say whether proposals clearly say whether individuals will be better or worse off

All customers should have to pay something, a little, so that some customers don't have to pay a lot.

Most people in need of these services are vulnerable and not usually in a position financially to meet cost of charges

I am 90 years old. My husband and I can continue to keep our 54 year old son at home with us, as we wish to. We hope these changes are not going to make that more difficult.

All charges should be means tested so those that cannot afford them should get them free.

Take care of our precious disabled and stop wasting money elsewhere i.e. non-essential services and immigrants

There needs to be an understanding that services to people with learning difficulties will always look expensive

Circumstances of individual users and their carers needs to be taken into account as to the necessity of the use of these services.

The questions asked were quite complex and hard to understand for the client

Once again, when things have become settled for all the service users, a new worry comes along about the changes ahead.

It's appalling that the needy are penalised constantly this puts their wellbeing at risk constantly

We have made the point that these proposals are not cost effective

This is all to do with saving money in the short term but you have obligation to Learning Difficulties people and will lose out in the long run

if it means my mum has to pay all her respite fees we will have no alternative but to stop them as we would not afford to pay for it.

I know there are cuts but to way things up it could cost the council more in the end because families with disabled children or young adults will have to hand over their children & young adults to be cared for by the council which will cost a lot more money so the must think that would be very costly.

Life is difficult enough for the disabled and their carers. Why do you have to cause all of us more stress worrying about what you are going to do

With already limited budgets/income difficult to find money for any extra costs

None that would be printable. As usual the Council are targeting less fortunate people, Typical Tory attitude disgusting and that's why the country is in this state

If I had to give up Take A Break I would have to rely on my elderly parents.

Phasing out services will increase unemployment in the care sector, increase unemployment amongst relatives who provide 24/7 care.. It will have an effect on relatives who need respite for their health and cause greater numbers of people to be put into full time council care.

I feel that vulnerable people ie learning disability people in particular get a raw deal . A lot are totally dependant on benefit so do not have a lot of disposable income. Services should not have to cost more I feel these people pay enough for their services

I disagree with the format of this survey which attempts to influence the answers of those consulted. It is therefore not a fair or worthy consultation.

For the families of disabled people these services are a vital lifeline without which it would be very difficult if not impossible to keep the disabled person living at home.

Please consider your charging policy very carefully. The result could be fewer customers using the services due to financial constraints. This would mean that carers/families would reach breaking point and not be able to care for the individual at home for as long. This would ultimately increase the cost burden to WCC rather than save money.

I feel these changes are being driven by a need to make council savings and not by improving services for users. People may buy less, thus resulting in no increase in income for the Council and reduced quality of services. Those who cannot afford the changes will manage without, increasing the burden of care and families, and in the long term both clients and families will be able to manage less well, become in greater need of the services and in the long term cost the Council more. I am very much against the most vulnerable in our society having to manage with fewer resources as a result of mismanagement and constant reorganisation of Council services. Warwickshire performs poorly in comparison with other councils.

Government should give council more funding to cover these health services.

If these charges are implemented as suggested, the services such as FABTABS, take a break, respite services etc. will no longer be in place, because there will not be sufficient disabled people who can afford the charges, to support their businesses. One way of reducing costs is to be more effective in negotiating charges made by certain services, which based on my knowledge, is vastly overpriced. I believe the council pays in excess of Â£1,300 per week for my grandson to go into respite to give my wife and I a short break. This is excessive. Why should it cost that much just for night care, when the council, during their financial assessment only allow a pittance as his living costs at home for 24 hour care!

No

I really find it hard to believe that the council can seriously think of implementing these charges. The most vulnerable of our society would be affected and not be able to stick up for themselves. I think it is the councils duty to look after these people and make their lives the best they can be not keep taking services from them. That is a backward step and it is despicable to be even thinking it. The people you are targeting need help and if there is not enough money to go around these people should under no circumstances have their services cut.

Consultation seems to be around statements being made, rather than a full outline of what the proposals are and how they would work within Warwickshire and importantly, in the different areas of the county. Payment for services is fine, if those services are equitable across the county.



EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)

[Customer Charging – SCS-D]

Equality Impact Assessment/ Analysis (EqIA)

Group	People
Business Units/Service Area	Social Care and Support
Plan/ Strategy/ Policy/ Service being assessed	Customer Charging SCS - D
Is this is a new or existing policy/service? If existing policy/service please state date of last assessment	<p>This is a set of proposed changes to adult social care charging some of which are changes in policy and some are changes in practice.</p> <p>A fundamental review of adult social care was undertaken in 2010.</p>
EqIA Review team – List of members	Jenny Wood Chris Norton Rob Wilkes Rosemary Rockcliffe Paul Walsh
Date of this assessment	January 2014 <i>[Updated October 2014</i> <i>Updates are set out in italics in and are prefixed with “update”]</i>
Signature of completing officer (to be signed after the EqIA has been completed)	Chris Norton
Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public? If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	Yes
Name and signature of Head of Service (to be signed after the EqIA has been completed)	Jenny Wood
Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer)	

A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team



Working for Warwickshire

Form A1

INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS



High relevance/priority



Medium relevance/priority



Low or no relevance/ priority

Note:

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services:	Relevance/Risk to Equalities																										
	Gender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Gender Reassignment			Pregnancy/ Maternity			Marriage/ Civil Partnership (only for staff)		
State the Function/Policy /Service/Strategy being assessed:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Homecare: Take a Break and Get A Life Services	X					X	X					X			X	X					X			X			X
Home Care: Live In Support	X					X	X					X			X	X					X			X			X
Homecare: Night Support	X					X	X					X			X	X					X			X			X
Residential Respite	X					X	X					X			X	X					X			X			X
<i>[update – new line]</i> Learning Disability Day Services	X					X	X					X			X	X					X			X			X
Deferred Payments <i>[update – no changes proposed]</i>	X					X	X					X			X	X					X			X			X
Transport	X					X	X					X			X	X					X			X			X

<i>[update – no changes proposed]</i>																										
Extra Care <i>[update – no changes proposed]</i>	X				X	X					X			X		X			X			X			X	
Carers Breaks <i>[update – no changes proposed]</i>	X				X	X					X			X		X			X			X			X	
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? If yes please explain how.																							NO			
<p>Are your proposals likely to impact on a carer who looks after older people or people with disabilities? If yes please explain how.</p> <p>The proposals will impact on carers directly, and also indirectly in that they will impact on service users who are supported by carers. They will impact by changing (increasing) the amount that carers and/or some service users have to contribute towards their costs. However contributions are means tested so increases will only happen where a person has the assessed means to pay.</p> <p><i>[update – None of the proposals finally put forward for consultation will result in charges to carers. The proposals will impact on carers and service users. They will impact by changing (in most cases increasing) the amount that some service users have to contribute towards their costs (charges for these services would only be payable by service users, not carers). However contributions would be means tested so increases in actual payments would only happen where a person has the assessed means to pay.]</i></p>																							YES			

Form A2 – Details of Plan/ Strategy/ Service/ Policy

<u>Stage 1 – Scoping and Defining</u>	
(1) What are the aims and objectives of Plan/Strategy/Service/Policy?	<p>The plan is to review opportunities for charging for adult social care related services in order to ensure that the fundamental principle of applying full cost charging is being applied consistently where it is appropriate and in order to deliver savings to support the Local Authority budget.</p> <p><i>[update – The proposals would make charging more consistent and fair, and would better reflect customer choices]</i></p>
(2) How does it fit with Warwickshire County Council’s wider objectives?	<p>It supports the objective of delivering savings in order to maintain a balanced budget.</p> <p>It supports the objective of applying a consistent approach to charging and therefore of being fair to customers as a whole.</p> <p>It supports the objective of ensuring that Council Tax payers do not subsidise service user charges.</p>
(3) What are the expected outcomes?	<p>An increase in client contributions resulting in a reduction in net spending.</p> <p>The introduction of charging may result in short term adverse changes in customer choices about services, but in the long term it aligns financial incentives for both customers and the Local Authority. Having the same financial incentives may also result in improved decision making regarding services.</p>
(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)	<p>This plan is intended to benefit adult social care service users (people with disabilities) by reducing the amount of savings that have to be delivered by reducing the services offered.</p>
<u>Stage 2 - Information Gathering</u>	

<p>(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?</p>	<p>Information used to date is a collection of information about known examples of current charging practice that amount to chargeable adult social care services either not being charged for at all or not being charged for at the full cost rate.</p> <p><i>[update – feedback from the public consultation has informed the final proposals].</i></p>
<p>(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?</p>	<p>The plan has to date only been consulted upon in so far as it is part of the One Organisational Plan which has been consulted on with the general public.</p> <p>The intention is to assess each of the proposals and identify what consultation or notification is required. Some proposals may require consultation with customers, some may not require consultation.</p> <p><i>[update – a public consultation on all of the final proposals has been completed].</i></p>
<p>(3) Which of the groups with protected characteristics have you consulted with?</p>	<p>There has been no specific consultation with specific groups yet, however action will be taken to be clear where consultation is and is not appropriate and consultation activity will be initiated where appropriate (refer to action plan at Stage 4).</p> <p><i>[update - Letters were sent to all current service users of the services concerned, and to the second contacts on the service user database (who would be relatives, carers, etc).</i></p> <p><i>Letters were also sent to partner organisations, representative organisations, and provider organisations.</i></p> <p><i>A press release was issued, and the consultation was also made available on the Warwickshire County Council website.</i></p> <p><i>The consultation was reported to Adult Health Overview and Scrutiny Committee and Adult Social Care Portfolio Holder before going ahead.]</i></p>
<p><u>Stage 3 – Analysis of impact</u></p>	

<p>(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination?</p> <p>If yes, identify the groups and how they are affected.</p>	<p>RACE n/a</p>	<p>DISABILITY</p> <p>All of these proposals relate to people who need support with a disability or who care for someone with a disability.</p>	<p>GENDER</p> <p>In the older people age range, the gender balance is that there are more females than males.</p> <p>In the working age range, the gender balance is that there are more males than females.</p>
	<p>MARRIAGE/CIVIL PARTNERSHIP n/a</p>	<p>AGE</p> <p>This impacts on adults of all ages who receive chargeable services, but because charges are based on means to pay it will predominantly impact on older adults who have the means to pay from income and savings. On average, younger adults tend to have less means to pay and so will be less affected by any changes in charging rates.</p>	<p>GENDER REASSIGNMENT n/a</p>
	<p>RELIGION/BELIEF n/a</p>	<p>PREGNANCY MATERNITY n/a</p>	<p>SEXUAL ORIENTATION n/a</p>

<p>(2) If there is an adverse impact, can this be justified?</p>	<p>The adverse impact can be justified in that the proposals aim to apply the same simple principle of full cost charging to all chargeable services. If a consistent policy is not maintained, then some services will be subsidised whilst others are not and this would be an unfair and unsustainable position.</p>
<p>(3) What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)</p>	<p>Consultation on how to implement any changes, where consultation is appropriate.</p> <p>Giving appropriate notice of changes and helping customers to understand the impact on them at a personal level so that they can plan and prepare for any changes to their charges.</p> <p>Although the proposals would increase the charging rates to full cost, the actual charges payable by individuals are based on a means test of ability to pay. These proposals do not change the means test or its applicability. Therefore no customer will pay higher charges unless they have the assessed means to pay higher charges. For many customers there will in practice be no change in charges actually paid.</p> <p><i>[update – 4 week’ notice of any changes would be provide, and changes would be introduced in two stages to spread the impact over a period of time.]</i></p>
<p>(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?</p>	<p>It promotes a more consistent and therefore fairer charging practice that by being fairer promotes equality by its nature.</p> <p>It reduces the need for alternative savings plans that actually reduce the services available to people with disabilities.</p>
<p>(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?</p>	<p>This proposal does not have any positive or negative impact in terms of relationships between groups.</p>

<p>(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?</p>	<p>It is possible that for some people increases in charges may promote a desire or a decision to reduce the services received in order to avoid the costs. However, short term decisions to avoid costs may result in customers deteriorating and losing independence more quickly and subsequently needing more intensive and expensive care sooner than they otherwise would. This in turn would mean having to pay higher contributions towards those higher costs. Therefore a way to avoid perverse short term decisions is to support customers in decision making about their care and to help them to consider the long term as well as the short term.</p>
<p>(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?</p>	<p>The impact overall is that customers social care needs will continue to be met and reductions in those services from having to make cost savings instead will be avoided.</p>
<p>(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)</p>	<p>Pro-active support planning where customers consider changing their support plans as a result of charging changes.</p> <p>Clear communication of the impact to customers and timely management of means test assessments and the provision of benefits advice to minimise uncertainty for customers.</p>
<p>(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?</p>	<p>No.</p>
<p>(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?</p>	<p>No.</p>

<u>Stage 4 – Action Planning, Review & Monitoring</u>	
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If No Further Action is required then go to – Review & Monitoring

(1)Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.

EqlA Action Plan

Action	Lead Officer	Date for completion	Resource requirements	Comments
Assessment of client data to understand the customer impact of each proposal in detail	Chris Norton	March 2014	Finance, commissioning, and care management officer time	How many customers currently receive such services? How many will see no change, how many will see increases? What levels of increases will occur and what is the mix of people affected by age, gender, and type of disability?
Organisation of initiatives into groups according to the type of consultation and notification that is required	Chris Norton	March 2014	Finance, commissioning, and care management officer time	Some changes may require full consultation with service users, some may not require consultation but only require notification.
Organise a programme of consultation as appropriate, and governing this by specific reports to Members seeking decisions and direction where appropriate	Jenny Wood	Spanning March 2014 to September 2014	Consultation and communications capacity. Finance, commissioning, care management, and legal officer time	Consultation will be resource intensive. Given the sensitive nature of the proposals consultation will need to be resourced adequately so that it can be done properly.
Organise a programme of decision making reports for Officers or Members to sign off changes for implementation.	Jenny Wood	Spanning March 2014 to September 2014	Finance, commissioning, care management, and legal officer time	
Make preparations to change systems and process and to notify and inform affected service users in good time in order to administrate the changes that are approved	Jenny Wood	March 2014 to November 2014	Finance, commissioning, care management, and IT officer time	This will be resource intensive. Pro-active consideration of the capacity required will be important in order to plan for it. <i>[update – need to keep to a minimum any preparatory implementation work done before decisions are known, as work would be wasted if proposals are not implemented]</i>
<i>[update - Prepare clearly worded letters to communicate any changes that are approved]</i>	Chris Norton	November 2014	Adult social care charging team	Different letters required for different customer circumstances
<i>[update - Ensure any changes are communicated to care management appropriately]</i>	Jenny Wood	November 2014	Social Care and Support Business Unit	
<i>[update - Ensure that means test and any existing charges are correctly applied in calculating charges that are actually payable]</i>	Chris Norton	November 2014- January 2015	Adult social care charging team	

(2) Review and Monitoring
State how and when you will
monitor policy and Action Plan

The implementation of the action plan will be driven and monitored by the Charging Board managed within the People Group.

The delivery of savings will be monitored both by the Charging Board in detail and by People Group GLT which will be monitoring the delivery of all savings plans across the People Group.

**Proposed Decision to be taken by the
Portfolio Holder for Adult Social Care
on or after
23rd May 2014**

Consultation on Customer Charges for Adult Social Care Services

Recommendation

That the Portfolio Holder for Adult Social Care gives approval for a ten-week public consultation on the proposed changes to charging for Adult Social Care services in Warwickshire.

14.2 Introduction

- 14.3 In 2010, the policies for charging for Adult Social Care services in Warwickshire underwent a fundamental change. The principle that there should be no artificial subsidies was established and the principle of charging at full cost was set out. The revised charging rates are now fully embedded.
- 14.4 However, whilst the last charging review did deal with removing subsidies from the most significant high volume services (home care, day services, and transport), there remain some services that are currently still subsidised. Due to the significant complexity and rate of change in Adult Social Care services, it is necessary to regularly review the position with regard to charging and consider if any further changes are required.
- 14.5 This report sets out a number of services where further changes to charging practice are proposed, either because a service is not charged for currently, or is not charged for at the full cost rate, and proposes steps to bring these service areas into line with the fundamental policy of full cost charging.
- 14.6 Removing subsidies would make charging arrangements fairer fundamentally, and the application of the means test means that no customer would pay any charges or any increases in charges that are not assessed as being affordable to them. However, any proposal to introduce charges where there were none before, or to increase charges, inevitably leads to financial implications for existing customers who have the means to pay more.
- 14.7 For clarity, this report is focussed on current local policies and making them consistent. It is not making recommendations in response to the Care Bill, although it does have regard to the Care Bill. A section at the end of the report explains briefly some relevant issues regarding the Care Bill.

- 14.8 The One Organisational Plan does include four-year savings targets for Adult Social Care charging which reaches £600,000 p.a. in 2017/18. Any additional income generated by these changes would contribute towards that target.
- 14.9 How much additional income is generated by a given change in charging policy is difficult to forecast because the means testing of contributions reduces the income chargeable in a complex way. In general terms, contributions from older people are higher (around 30%-35% on average) as older people receiving support have mostly developed disabilities in older age and have generated savings and income during working age, whereas service users of working age tend to have less income and less savings and so contribute less (around 5%-10% on average) towards the costs of their care. Many of these proposals relate to working age service users with less means to pay.
- 14.10 In some cases the clients affected by the changes proposed below are also in receipt of other chargeable services which they are paying contributions towards. Therefore, a customer who appears to have the means to pay more contributions may in fact already be contributing the maximum against other services and therefore will not be able to contribute anything towards these additional service charges.

2.0 Options

2.1 There are a range of options for how to approach potential changes to charging:

- Option 1 - Do not introduce changes
- Option 2 - Apply full cost charging to all services
- Option 3 - Apply full cost charging to services where it is pragmatic to do so
- Option 4 - Increase charges but not to full cost

2.2 A summary of the pros and cons of each option are set out in **Appendix 1**. The pursuit of Option 3 – charging at full cost for all chargeable services with some exceptions – is recommended. This would bring these services more into line with the overarching policy set out in the previous charging review. It would promote a fair and consistent approach to charging. All customers of care services are customers because of a degree of disability or dependency and this proposal is predicated upon the principle that there is no reason why any one group should be subsidised when another is not.

2.3 This would, however, leave some services as still not being charged for. These services and the reasons for not charging are set out in Section 9 of this report. Sections 3-8 set out the areas of service for consideration in respect of introducing changes and information about the nature of the customers affected are set out in the appendices. The appendices explain the

current position in terms of the contributions of customers affected. Set out below is a key to this analysis and the implications for each category:

- 2.4 **Full Cost Payer** : This refers to the number of customers who currently assessed as able to pay the full cost of any charge without any reduction due to means, and therefore increases in charging rates would result in increases in charges payable. It should be noted however that increases in charges may over time reduce the means to pay and some full cost payers may as a result become part payers sooner.
- 2.5 **Part Payer not at limit:** This refers to the number of customers who do pay the full cost of the services they currently receive because that cost is below the amount of contributions they are assessed as being able to pay. However there is a limit on what they are assessed as having the means to pay, and that limit could be reached if further increases in charges are applied. Therefore for these customers increases in charging rates would increase the amount payable up to that limit.
- 2.6 **Part payer - at limit:** This refers to the number of customers who are assessed as having a limit on what they can pay, and they are currently at that limit. These customers would therefore not pay any further charges if rates are increased or new charges are introduced.
- 2.7 **Nil payer:** These customers are assessed as having no means to pay. They pay no contributions now, and this would not change as a result of the changes proposals.
- 2.8 **No Assessment:** These customers have not had a financial assessment and so could fall into any of the above categories when assessed. The impact therefore on this group will depend upon which of the above categories individuals fall into when they are assessed.

3.0 Take a Break

- 3.1 Take a Break is a service that provides support to customers in the form of social inclusion and day opportunities rather than home care. This service provides a benefit to families and carers by allowing them to have time off, but it is ultimately a service to the service user not the carer, and as such is a chargeable service. There are currently 148 clients recorded as receiving this service, at a unit cost of £15.54 per hour equating to a total cost of £1m p.a.
- 3.2 The existing charging policy arrangements for day services include charging for traditional day centre provision. However, where previously customers spent the majority of their day at one particular centre, there has been a move towards more flexible community based day opportunities. This arrangement impacts on the ability to charge for the more flexible services currently being delivered as individuals may be accessing a number of different day opportunities with different service providers for varying periods of time during the course of a day or week.

- 3.3 The proposal is therefore to charge the actual costs of care (currently £15.54 per hour). Administration costs will be kept to a minimum because the vast majority of costs are at this rate.
- 3.4 This method would be fair as it would allow for charging more closely in line with actual usage (customers often don't take day opportunities in chunks of a ½ or whole day but in hours), and it would be more consistent with the proposals for making learning disability day opportunities charging more reflective of actual usage (see Section 7).
- 3.5 As this would be a new charge, it is proposed to implement it in two stages. Implementing half cost charging (£7.77 per hour) in November 2014 and full cost charging in April 2015. **Appendix 2** sets out some information about the clients who currently receive these services.

4.0 Night Support

- 4.1 Night support care is homecare provided overnight and is provided in two different types: waking night support; and sleeping night support.
- 4.2 The provision of sleeping night support is defined as support required on the premises as an "on call" basis as the customer requires occasional support at night, or if leaving the customer unattended at night poses a high risk. The cost of this support averages at £4.46 per hour or £40.14 per night for a standard nine-hour night. There are currently 145 clients in receipt of sleeping night support, at a cost of £1.1m p.a.
- 4.3 The provision of waking night support is defined as support where the carer has to be awake and responsive to the customers' needs and requirements during this period. The cost of this support averages at £13.91 per hour or £125.19 per night for a standard nine-hour night. There are currently ten clients in receipt of waking night support at a cost of £309k p.a.
- 4.4 Of all these customers, a small number have their support hours delivered on a one-to-one basis, but most receive shared hours support. Sharing support also allows costs to be shared. Shared hours are defined as when one care staff member is supporting two or more people at one time. This is due to customers living in the same property or in close proximity to each other. Rates are paid on care staff hours, not customer support hours. Where night support care is shared between different clients it is proposed to share the chargeable costs equally between the benefitting service users.
- 4.5 The proposal is to charge at full cost for these services using average hourly rates to keep administration costs to a minimum (£13.91 per hour for waking night support and £4.46 per hour for sleeping night support, with costs pro-rated down where support is shared).

4.6 As these would be new charges, it is proposed to implement them in two stages. Implementing half cost charging in November 2014 and full cost charging in April 2015. **Appendices 3 and 4** set out information about the clients who currently receive these services.

5.0 24 Hour Live-In Support

5.1 24-hour support is continued support to a customer in their own home over the 24 hour period of the day by one or more care staff. The cost of this service is required to be less than the providers tendered rates for standard support over the same period (otherwise it would not be better value for money). The rates for this service vary from provider to provider, with an average cost per hour per customer of £5.17 after taking in to account sharing costs where costs are shared. There are currently nine customers identified as being in receipt of this support at a cost of £264k p.a.

5.2 The proposal is to charge for these services at the relevant hourly rate which varies from just under £4 per hour to just under £12 per hour, and averages at £5.17 per hour. However, 24-hour support services are being moved from the current homecare framework contract into a different contract and the pricing and charging for 24-hour care in the longer term will need to be reviewed in light of this. Because the volume of service users is low but variation in costs is high, it is proposed to charge the actual rates incurred as this would be fair but would not be too costly to administrate.

5.3 As this would be a new charge, it is proposed to implement it in two stages. Implementing half cost charging in November 2014 and full cost charging in April 2015. **Appendix 5** sets out information about the clients who currently receive these services.

6.0 Mental Health (Section 117)

6.1 A number of service users receive Section 117 mental health after care services which are not chargeable, but at the same time receive other services which are chargeable. At present however no charges are made for any costs relating to customers with any element of Section 117 services in their care package. There are approximately 200 service users currently in receipt of Section 117 services at a cost of approximately £6m p.a., of which approximately 128 are in residential care and the remainder in community care.

6.2 It is proposed to consider Section 117 services in two stages. Firstly, reviewing case law and government guidance to define exactly what can and cannot be charged for, and then to review Section 117 customers in light of that information to assess the potential impact. Following this work, specific proposals for charging would be consulted upon.

6.3 A small number of Section 117 residential care packages are jointly funded with health services. For these services the costs are shared and so the cost

to the local authority is less than the full cost, and the element of the cost that is health related cannot be charged for. Discussions with health partners will be undertaken to consider the implications of this.

6.4 **Appendix 6** sets out information about the clients who currently receive residential care services under Section 117. Detailed information about clients receiving community care services is not available for this report but is being compiled.

7.0 Learning Disability Day Services

- 7.1 The learning disability market has been shifting from a traditional core of council-operated, building-based services (“day care”), towards a more diverse, varied market with greater access to universal services within local communities such as leisure activities, community groups and opportunities for volunteering or work (“day opportunities”).
- 7.2 There are currently 263 learning disability clients in receipt of day opportunity services at a cost of £2.4m p.a., and 399 learning disability clients in receipt of day care services at a cost of £1m p.a.
- 7.3 The current charging mechanism for learning disability day services however is based on a daily rate for traditional day care (£46.74). However, because the day opportunity market is more complex, and because the variation in unit cost for different services is high, it is proposed to move away from using an average day rate towards a policy whereby the actual cost of the services received is more accurately reflected by using hourly rates for charging for day opportunity services.
- 7.4 It is proposed to introduce an hourly rate charging basis for learning disability day opportunities, applying the actual hourly rates for the services received. The hourly rates vary significantly with an average rate of £12.65 per hour.
- 7.5 It is also proposed to continue to operate a day rate so that this facility remains available to those customers who still choose to receive traditional day care services, but due to the very wide variation in rates, it is proposed to move away from an average rate of £46.74 and onto charging the actual rate for each service.
- 7.6 It is proposed to implement these changes in full in April 2015. The reasons for this timing are:
- These proposals will not generate additional income but will result in charging more accurately.
 - Some customers would start to have higher charges and some lower. Phasing increases to have regard to where charges increase would require a floors and ceilings approach in order to avoid causing a loss of net income which would be very complex to explain and implement and would only perpetuate inequality. It would be simpler to understand and implement to provide more notice of the change and have one simple change at one point in time.

- Implementation in April would help to spread the workload involved in implementing all of the changes in this report and avoid causing a bottleneck of work that becomes unrealistic to deliver.

7.7 **Appendices 7 and 8** set out information about the clients who currently receive these services.

8.0 Respite Care

8.1 At present residential respite care is charged at £51.80 per day. However, this cost is based on a historic residential care rate which is lower than the current cost of residential respite care. The costs of residential respite care vary from under £50 per day to over £400 per day. The lower end of the range is where the majority of costs lie and relate mostly to older people, the upper end of the range is for smaller volumes of more specialist care mostly for adults with learning disabilities and physical disabilities.

8.2 There are currently approximately 800 customers in receipt of residential respite care, at a cost of £1.8m p.a.

8.3 The proposal is to base future charges on the actual cost/rate of the respite care provided, subject to the means test. This would be fairer than an average rate which does not reflect the large variation in costs, and it would remove the subsidy that the current charging rate provides as the current rate is lower than the current average cost (which is £63.57 per day or £445 per week).

8.4 As this would be an incremental change and not a new charge, it is proposed to implement this in one stage. However, as some charges will increase significantly, it is proposed to implement initially with a cap of £100 per day in November 2014 and remove the cap in April 2015.

8.5 **Appendix 9** sets out information about the clients who currently receive these services.

9.0 Services Not Charged For

9.1 These proposals would still leave some services that are not charged for as a matter of policy. For example, reablement, community equipment, and advocacy/appointee services.

9.2 Equipment and reablement cannot be charged for by law. However, whilst reablement is being provided, care support or domestic support may be provided at the same time and that could potentially be charged for. However, at this time it is not proposed to pursue this option. This is because the Reablement service is at the heart of a number of changes under way in

social care and such a change would distract from other changes that need to be focussed on. It would create an additional administrative workload to deliver which may not be deliverable alongside the other changes proposed in this report, and it could create a disincentive to customers to take reablement and therefore create perverse financial outcome in that the additional income that is gained is more than offset by the loss of the savings that reablement creates by promoting independence.

- 9.3 Charging for advocacy and appointee services may create a disincentive to their use and result in customers taking inappropriate decisions that lead to higher costs and worse outcomes in the long run. There would also be an administrative cost to charging that would be significant in comparison to the cost of the service, and implementing changes in this service at the same time as the other proposals would increase the chances of not delivering the changes due to trying to do too much at once. Therefore it is not proposed at this time to consider charging for these services.
- 9.4 However, whilst it is not proposed to consider charging for those services at this time, they may be appropriate to consider in the future. It is also the case that over time new services and circumstances will develop which may result in services being provided free or subsidised when they do not have to be. Services will be reviewed periodically to identify if/where this is the case.

10.0 Costs and Savings

- 10.1 The estimated additional income from each proposal will be calculated based on data about current and expected clients, but calculating additional income is complicated by the following factors:
- Many clients will already be paying charges towards other services and already be at or some way towards their means test limit – therefore they may not have any more available income to pay further charges.
 - Changing charging rates has the potential to change customer choices, so in addition to seeing changes in income rates there may be changes in the services chosen.
 - The customer base and service usage levels are constantly changing.
- 10.2 The charging savings target is £600,000 p.a. by 2017/18. The changes proposed in this report would potentially deliver savings in the range from £200,000p.a. to £600,000p.a., depending upon (1) their impact on client choices, (2) how much chargeable income is already used up contributing towards other care services, and (3) what proportion of services provided to Section 117 customers is chargeable.
- 10.3 The cost of administration is a factor, and any administration costs will offset savings. The proposals have regard to balancing administration costs against the principle of fairness and against the levels of income generated. Administration costs arise both from an increase in charging activity and from

an increase in charging complexity (for example moving from daily rates to hourly rates).

11.0 Timescales

11.1 To have regard to the impact on customers, a general principle is proposed that implementation should be phased to have regard to the impact on customers.

11.2 The table below summarises the proposals and the proposed implementation phasing.

Charging Proposal	Current Arrangement	November 2014	April 2015
Take A Break	No charge	£7.77 per hour	£15.54 per hour
Sleeping Night Support	No charge	£2.23 per hour (pro rata when shared)	£4.46 per hour (pro rata when shared)
Waking Night Support	No charge	£6.95 per hour (pro rata when shared)	£13.91 per hour (pro rata when shared)
24 Hour Live In Support	No charge	50% of actual cost (average is £2.58 per hour) (pro rata when shared)	100% of actual cost (average is £5.17 per hour) (pro rata when shared)
Section 117 (non-care element of costs)	No charge	Further investigation into section 117 and non-section 117 costs and the options for charging under government guidance and case law, followed by proposals and consultation as appropriate	
Learning Disability Day Opportunities	£46.74 per day		Introduce hourly rates (actual rates)
Learning Disability Day Care	£46.74 per day		Remove average daily rate and replace with the individual actual daily rates
Respite Residential Care	£51.80 per day	Introduce charging at the actual daily rate, but capped at £100 per day.	Remove the charging cap and charge all services at full cost

11.3 The amounts above are at current prices but would be automatically increased in line with inflation year by year.

- 11.4 The consultation process is proposed to take 10 weeks. This will allow a reasonable timescale for consultation and then time to consider the feedback, make decisions, and provide reasonable notification for implementation starting from November. These timescales also need to allow for the development of any administrative changes that are required to actually deliver the changes in practice.
- 11.5 A consultation plan will be developed having regard to appropriate methods of engaging different client groups. The consultation process will adopt the following principles:
- Ensuring that people who are affected, and their carers or representatives are made aware of the proposals.
 - Ensuring that people affected have the opportunity to understand what it would mean for them individually.
 - Ensuring that comments and feedback are appropriately captured and considered.
- 11.6 An Equality Impact Assessment was undertaken at the time of the charging review savings plan being finalised as part of the one organisational plan. That assessment will be reviewed and updated in light of the consultation.
- 11.7 For any proposed changes that are implemented, reasonable notice will need to be given of the changes (4 weeks is proposed). In addition to this the proposed implementation dates will be shared in the consultation process.
- 11.8 Feedback and findings from the consultation and proposals for implementation will be reported to Cabinet for approval.

12.0 Links to the Care Bill

- 12.1 The changes proposed in this report will put more services under the standard umbrella of charging at full cost. This will make the implementation of the Care Bill simpler as Warwickshire will have less variation in policy.
- 12.2 The capital thresholds for charging will be increased under the Care Bill. This will shift many customers towards paying lower contributions. From the perspective of some customers therefore, a charge may appear and/or increase, and then may reduce in 2016/17 when the new thresholds become applicable, and charges would cease when the cap is reached.
- 12.3 The cap on care costs will be lower for younger adults and this will reduce the amount payable by younger adults.
- 12.4 The implications of the Care Bill on these proposals will need to be explained to customers in the consultation.

	Name	Contact Information
Report Author	Chris Norton	chrisnorton@warwickshire.gov.uk

Head of Service	Jenny Wood	jennywood@warwickshire.gov.uk
Strategic Director	Wendy Fabbro	wendyfabbro@warwickshire.gov.uk
Portfolio Holder	Jose Compton	josecompton@warwickshire.gov.uk

**Options Analysis
Appendix 1**

Option	Advantages	Disadvantages
<p>1 Do not introduce changes in charges</p>	<p>Avoids short term customer dissatisfaction</p> <p>Avoids the short term costs and workload related to planning and implementing the change</p>	<p>Perpetuates long term unfairness and inconsistency in approach to charging</p> <p>Shortfall in delivery of savings targets</p>
<p>2 Apply full cost charging to all services</p>	<p>Promotes consistency in the long term</p> <p>Promotes fairness in the long term</p> <p>Contributes towards savings targets</p> <p>Any adverse impact on individuals is mitigated by the means test – increases in charges will only occur where there is an assessed ability to pay</p>	<p>Adverse financial impact for some existing customers – but only where there is the means to pay</p> <p>Some services provide savings by reducing dependency so gains in income may be offset by increases in costs</p>
<p>3 Apply full cost charging to services where it is pragmatic to do so</p>	<p>Promotes consistency in the long term</p> <p>Promotes fairness in the long term</p> <p>Contributes towards savings targets</p> <p>Any adverse impact on individuals is mitigated by the means test – increases in charges at the level of the individual will only occur where there is an assessed ability to pay</p> <p>Avoids creating perverse financial incentives or outcomes</p> <p>Allows the possibility of phasing the implementation of changes so that they are realistically manageable and deliverable</p>	<p>Adverse financial impact for some existing customers – but only where there is the means to pay</p>
<p>4 Increase charges, but not to full cost</p>	<p>Contributes some additional income</p> <p>Moves towards a fairer approach</p> <p>Reduces the impact on some of the individuals affected</p>	<p>Perpetuates long term unfairness and inconsistency in approach to charging</p> <p>Adverse financial impact for some existing customers</p> <p>Contributes less towards savings targets</p>

Take a Break Service

Appendix 2

Age Analysis

	Age Group									
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	Total
Numbers	59	24	12	16	13	8	6	5	5	148
Average Hours Per person	6.6	10.5	8.0	8.3	8.9	10.3	12.8	6.0	14.8	8.4

Client Split

	Male	Female	Total
White British	85	55	140
Not Stated - Adults only	1	0	1
Other Asian	0	1	1
Other Ethnic Group	1	1	2
White & Blck Carib	0	1	1
Not Recorded	0	3	3
Total	87	61	148

District Split

District	Total
Nuneaton and Bedworth District	83
North Warwickshire District (B)	31
Rugby District (B)	31
Cotswold District	1
Warwick District	1
Stratford-on-Avon District	1
Total	148

Charging Status and Client Group

	Learning Disabilities	Physical Disabilities	Total
Full Cost Payer	0	0	0
Part payer - not at limit	24	0	24
Part payer - at limit	21	1	22
Nil Payer	34	2	36
No Assessment	64	2	66
Total	143	5	148

Sleeping Night Support

Appendix 3

Age Analysis

	Age Group											
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70+	Total
Numbers	13	19	12	10	11	12	20	16	10	13	9	145
Average Hours Per person	33.5	34.5	35.6	32.6	47.6	28.3	20.8	36.1	23.3	30.2	51.3	33.0

Demographics

Client Split

	Male	Female	Total
White British	79	57	136
Pakistani	0	1	1
Indian	1	0	1
Caribbean	1	0	1
Not Recorded	0	3	3
White & Bkck Carib	2	0	2
African	1	0	1
Total	84	61	145

District Split

District	Total
Nuneaton and Bedworth District	61
North Warwickshire District (B)	16
Rugby District (B)	34
Warwick District	23
Stratford-on-Avon District	11
Total	145

Charging Status and Client Group

	Learning Disability	Physical Disability	Mental Health	Total
Full Cost Payer	0	0	0	0
Part payer - not at limit	0	0	0	0
Part payer - at limit	89	2	0	91
Nil Payer	47	1	0	48
No Assessment	5	0	1	6
Total	141	3	1	145

Waking Night Support

Appendix 4

Age Analysis

	Age Group											
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70+	Total
Numbers	0	0	1	2	2	1	3	2	0	0	2	13
Average Hours Per person	-	-	14.0	48.3	26.3	21.0	35.0	24.0	-	-	44.9	32.8

Demographics

Client Split

	Male	Female	Total
White British	8	3	11
Pakistani	0	0	0
Indian	0	1	1
Caribbean	0	0	0
Not Recorded	0	1	1
White & Bkck Carib	0	0	0
African	0	0	0
Total	8	5	13

District Split

District	Total
Nuneaton and Bedworth District	4
North Warwickshire District (B)	1
Rugby District (B)	5
Warwick District	3
Stratford-on-Avon District	0
Total	13

Charging Status and Client Group

	Learning Disabilities	Physical Disabilities	Older People	Total
Full Cost Payer	0	0	0	0
Part payer - not at limit	0	0	0	0
Part payer - at limit	6	0	1	7
Nil Payer	4	1	0	5
No Assessment	0	0	1	1
Total	10	1	2	13

Live In Support

Appendix 5

	Age Group							Total
	18-25	25-30	30-40	40-50	50-60	60-70	70+	
Numbers	1	1	0	1	2	3	1	9
Average Hours Per person	168.0	84.0	-	41.2	124.7	129.1	50.1	108.9

Demographics

Client Split

	M	F	Total
White British	0	9	9
Pakistani	0	0	0
Indian	0	0	0
Caribbean	0	0	0
Not Recorded	0	0	0
White & Bkck Carib	0	0	0
African			
Total	0	9	9

District Split

District	Total
Nuneaton and Bedworth District	1
North Warwickshire District (B)	0
Rugby District (B)	0
Warwick District	5
Stratford-on-Avon District	3
Total	9

Charging Status and Client Group

	Learning Disabilities	Physical Disabilities	Older People	Total
Full Cost Payer	0	0	0	0
Part payer - not at limit	2	0	0	2
Part payer - at limit	2	0	1	3
Nil Payer	1	1	2	4
No Assessment	0	0	0	0
Total	5	1	3	9

Section 117 (Residential Care Only)

Age Analysis

	Age Group										Total
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65+	
Numbers	1	1	3	6	4	9	7	11	11	75	128

Demographics

Client Split

	Male	Female	Total
Not Recorded	4	0	4
White British	48	67	115
Caribbean	1	0	1
Other White	1	2	3
Not Stated - Adults only	1	0	1
Chinese	0	1	1
Gypsy/Roma	1	0	1
African	0	2	2
Total	56	72	128

District Split

District	Total
North Warwickshire District (B)	10
Stratford-on-Avon District	17
Rugby District (B)	17
Nuneaton and Bedworth District (B)	18
Warwick District	21
Out of County	45
Total	128

Client Group

	Learning Disabilities	Mental Health	Older People	Total
No Assessment	30	41	57	128
Total	30	41	57	128

Day Opportunities (other than Take A Break)

Appendix 7

	Age Group										
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65+	Total
Numbers	24	20	28	26	37	39	33	16	20	20	263
Average Hours Per person	11.6	10.9	10.5	22.3	15.6	17.3	15.6	13.7	11.8	13.6	13.7

Demographics

Client Split

	Male	Female	Total
White British	133	114	247
Other Mixed	0	1	1
Pakistani	0	1	1
White & Asian	0	1	1
Not Recorded	2	2	4
Other Ethnic Group	1	0	1
Indian	3	0	3
Other White	0	1	1
Not Stated - Adults only	1	3	4
Total	140	123	263

District Split

District	Total
Nuneaton and Bedworth District	65
North Warwickshire District	35
Rugby District	49
Out of County	1
Warwick District	50
Stratford-on-Avon District	63
Total	263

Charging Status and Client Group

	Learning Disabilities
Full Cost Payer	0
Part payer - not at limit	75
Part payer - at limit	91
Nil Payer	77
No Assessment	20
Total	263

Day Care Centres

Appendix 8

Care Packages	426
Unique Clients	399
Number of packages on Blocks	120
Unique Clients not on blocks	288
Average age of Clients	79
Unit Cost	£15.96

	Age Group										Total
	18-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65+	
Numbers	0	2	0	4	2	5	8	6	17	244	288
Average Sessions Per person	-	2.5	-	8.8	7.0	40.2	9.2	3.3	2.9	3.5	4.3

Demographics

Client Split

	Male	Female	Total
White British	77	127	204
Indian	11	53	64
Other Asian	2	4	6
Other Black	0	0	0
Not Stated - Adults only	1	2	3
White Irish	0	2	2
Not Recorded	2	1	3
Pakistani	1	2	3
Caribbean	0	0	0
Other White	2	1	3
Total	96	192	288

District Split

District	Total
Nuneaton and Bedworth District	127
North Warwickshire District	41
Rugby District	30
Out of County	1
Warwick District	53
Stratford-on-Avon District	36
Total	288

Charging Status and Client Group

	Learning Disabilities
Full Cost Payer	5
Part payer - not at limit	64
Part payer - at limit	69
Nil Payer	135
No Assessment	15
Total	288

Respite

Appendix 9

Age Analysis

	Age Group									Total
	18-25	25-30	30-40	40-50	50-60	60-70	70-80	80-90	90+	
Numbers	78	48	70	67	47	34	138	220	98	800
Average Weeks Per person per year	2.2	3.6	3.0	2.9	3.1	2.8	2.0	2.3	2.5	2.5

Demographics

Client Split

	Male	Female	Unknown	Total
White British	329	423	1	753
Indian	5	8	0	13
White Irish	1	4	0	5
Not Stated - Adults only	0	4	0	4
Other Ethnic Group	2	0	0	2
Other White	4	3	0	7
Other Black	1	1	0	2
Other Asian	0	3	0	3
Not Recorded	6	5	0	11
Total	348	451	1	800

District Split

District	Total
Nuneaton and Bedworth District	192
North Warwickshire District (B)	161
Rugby District (B)	98
Warwick District	140
Stratford-on-Avon District	198
Out of county	11
Total	800

Charging Status and Client Group

	Learning Disability	Physical Disability	Mental Health	Older People	Total
Full Cost Payer	2	4	0	119	125
Part payer - not at limit	0	0	0	0	0
Part payer - at limit	226	28	0	327	581
Nil Payer	60	13	1	10	84
No Assessment	0	1	0	9	10
Total	288	46	1	465	800