

Appendix 2 - Fairer contributions policy consultation responses summary

www.southwark.gov.uk

The Council consulted on proposed changes to the existing charging policy for care and support between 16 June and 4 September 2015. Responses to the consultation are summarised in this document.

Consultation approach

The Council set out six proposals for changes to the existing charging policy for non-residential care and support in a consultation document.

The consultation approach included:

- accessible letters and information to respond posted to 2,236 individual service users;
- an online information and response form;
- invitations to 43 local advocacy groups to take part in the consultation;
- a public meeting for individuals and advocacy groups to attend and hear about the proposed changes before completing the consultation document; and,
- on-line information and access to telephone and email contact points for responders to ask questions and provide commentary for consideration as part of the consultation.

The Council agreed the approach and timeline for the consultation at the cabinet meeting on 2 June 2015.

Responses

The Council received 124 completed responses to the consultation on the proposals. Approximately 1 completed response to the consultation was received for every 20 service users we wrote to. The responses are set out below, by proposal. This indicates the number of respondents who agreed with, disagreed with, or did not comment on the proposal. We have also set out the 95 anonymised detailed comments received as part of the consultation response. The lowest number of responses was received for proposal 5, with a sample size of 105; the highest number of responses was for proposal 2, with a sample size of 118.

Proposal	Yes, I agree	No, I disagree	Not answered	Number of responses
<p>1 – To make sure that those with the least money don't pay anything for their care</p> <p>Introducing a 'no charge to the service user if the assessed contribution is less than £3 a week' rule</p>	89	28	7	117
<p>2 – To charge the full amount of what we consider people's available income (after a financial assessment)</p> <p>Changing the charge rate for assessed available income from 80% up to 100%</p>	67	51	6	118
<p>3 – Everyone who can afford to, pays a contribution towards their care, including mental health service users</p> <p>Including all people who receive our services when assessing ability to pay a contribution.</p>	60	52	12	112
<p>4 – To simplify how respite care, meals and telecare are charged</p> <p>Including further services in the policy so that separate charges are unnecessary</p>	85	28	11	103
<p>5 – Charge the same for non-residential care as we do for residential care, meaning that if a person's savings or capital are above £23,250 their care is not subsidised by the council</p> <p>Change the way we include savings above £23,250 in assessments</p>	49	56	19	105
<p>6 – To introduce a discount scheme for people who pay by Direct Debit</p> <p>This is seeking views on the viability of offering an incentive to encourage people to pay by direct debit in recognition that this is the most efficient way of collecting income.</p>	85	27	12	102

Proposal 1

To make sure that those with the least money don't pay anything for their care

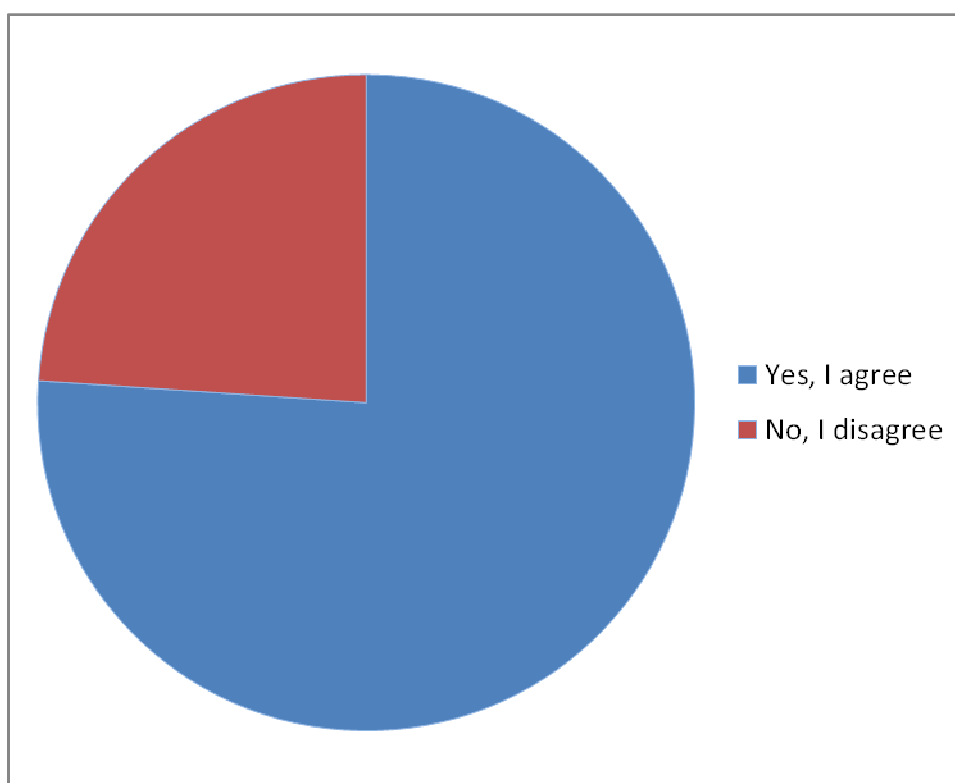
What we do now

At present, we ask service users to contribute if they have more than £2 per week available income after they have had a financial assessment. This means that those service users who can afford to contribute are charged at least £2 per week.

What we are proposing to change

We would like to introduce a further safeguard for people on the lowest incomes by making sure that if the result of the financial assessment shows that the service user has less than £3 per week income available to contribute to their care, they will not be charged.

Of the 124 total consultation responses, 117 people answered this question.



	Yes, I agree	No, I disagree
Total responses (number)	89	28
Percentage	76%	24%

15 comments were received

“We should all look after those who can't afford to look after themselves.”

“Because it would be more effective.”

“As fair.”

“For the reasons you mention: - cost of collecting small amounts of money - quality of life for individual.”

“The explanation is reasonable, whether it is going to be the same in practice is another question.”

“Because I believe that people that people on low incomes should not pay for their care. Because the rationale outlined in the proposal document relating to the administration time and cost of collating small amounts of money makes sense to me. And that because the costs of livings can vary for disabled people week to week there needs to be some leeway to stop people falling into crisis.”

“That those with no savings or income from any source and an illness, disability, condition and therefore vulnerability be targeted for primary attention.”

“Charges have allowed the poorest elderly people to keep £2 per week for more than ten years so that raising the level to £3 is doing little more than adjusting to the rise in prices during that period. Therefore, I think the minimum contribution should be raised to £5 per week.”

“Suggest a £20 minimum in line with the weekly earnings disregard for means tested benefits.”

“If they can afford to pay for it, they should.”

“To be fair, I think if the government should have a cap on what people can pay and if I have money and want better care then I can top up with my money.”

“Having the extra money does not mean that service users are able to contribute. Financial assessment, I believe do not do much especially when it comes to having a disabled person where anything can happen.”

“It's not fair.”

“Raising the threshold by £1 will not benefit many people but cause a lot of expensive administration to reassess those affected.”

“It should be left as it is. I don't pay.”

Proposal 2

To charge the full amount of what we consider people's available income (after a financial assessment)

What we do now

When we assess people to see what they must pay towards the cost of services they receive, we take into account their income and their expenditure and therefore how much they can afford.

Currently we take into account savings above £14,250, pensions and state benefits (apart from DLA mobility component, the highest level of DLA care component and the highest level of Attendance Allowance). From this amount we take off housing costs, and disability related expenditure. The government says that we must leave people with a certain amount (the 'living expenses') and this amount must be 25% higher than the minimum income guarantee (or equivalent).

The government recommended amounts, including the 25% are;

Age 18-24 £133.00 per week

Age 25-59 £151.38 per week

Age 60+ £189.00 per week

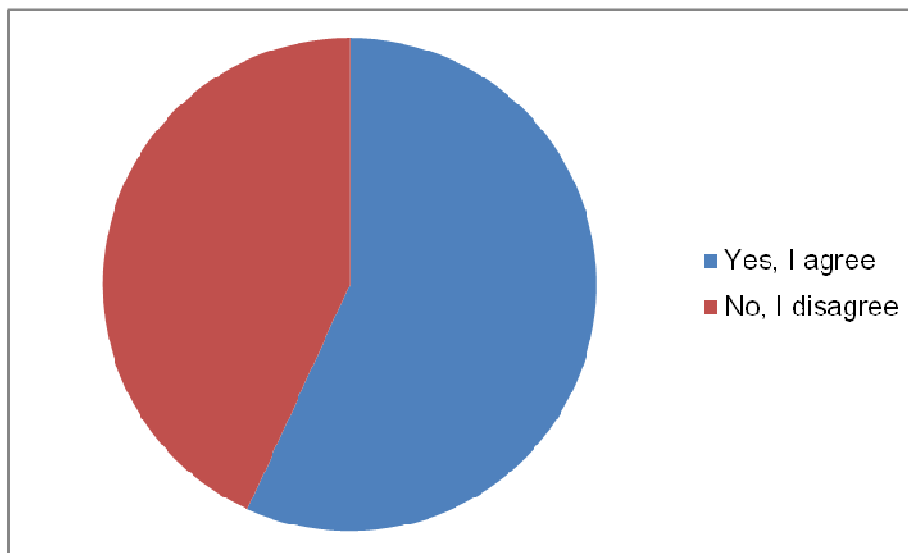
So we then deduct this value as well as the housing costs and disability related expenses and look how much money a person has over and above the government recommended amount. This final value is called 'available income'.

Currently we only charge 80% of this available income.

What we are proposing to change

We will continue to look at income and expenses in the same way, but propose to charge 100% of the available income.

Of the 124 total responses, 118 people answered this question.



	Yes, I agree	No, I disagree
Total responses (number)	67	51
Percentage	57%	43%

12 comments were received

"If they can afford to pay for it, they should."

"It's sensible!"

"As those who can pay more should."

"That of course, available income is considered before charge and that due to side effects, and inconvenience brought by disability or illness, the necessity for help in mobility and care is a cost I would be willing to share to assure my neighbours comfort. 80% is also well reasoned."

"Care will be unaffordable."

"Income to date is limited due to very low inflationary rises and every single £ counts. Every single free £1 that I have I need to hang on to."

"I disagree with a number of elements of this and have some questions.

1) I am concerned that the savings level - £14,250 has the potential to discriminate against people who work on a freelance basis and therefore need to save a proportion of their income on an on-going basis to pay tax at the end of financial year. What steps will be taken to protect people who put money aside to pay tax at a later point. Similarly some disabled people are not able to take out certain types of insurance such as mortgage protection insurance, a resolution to this is to save in order to cover mortgage costs in the event of the loss of their job or income. People in this situation will be at a substantial disadvantage compared to disabled or non-disabled people who are able to take out this type of insurance.

2) In relation to the inclusion of all of the highest rate of DLA care component for people who have overnight care on the grounds that this is awarded due to overnight care needs. This level of DLA is also for daytime care needs. To take it all to cover night costs would be very unfair comparability to as people on middle rate care would not have any of their DLA included. If higher rate DLA care is to be included this should only be the difference between middle and higher rate care.

3) Taking 100% of the assessed income allows no room for changes in needs or disability related expenditure for example broken equipment or new needs. This allows no room for people to save leaving them financially vulnerable. This would particularly disadvantage younger disabled people compared to there non-disabled peers."

"No in principle."

"The contribution should remain at the 80% or be scrapped; the 100% contribution assessment would be too draconian and unfair."

"Why should you be penalised for working?"

"We should be moving towards paying for social care from taxation not increasing the amounts individuals pay. Put up the council tax (preferably more for the higher band properties) and explain why - people who need care are the concern of all of us."

"20% increase in contribution cost is significant and much higher than inflation which is not fair for people on pensions or state benefits which are pegged to inflation."

Proposal 3

Everyone who can afford to, pays a contribution towards their care, including mental health service users

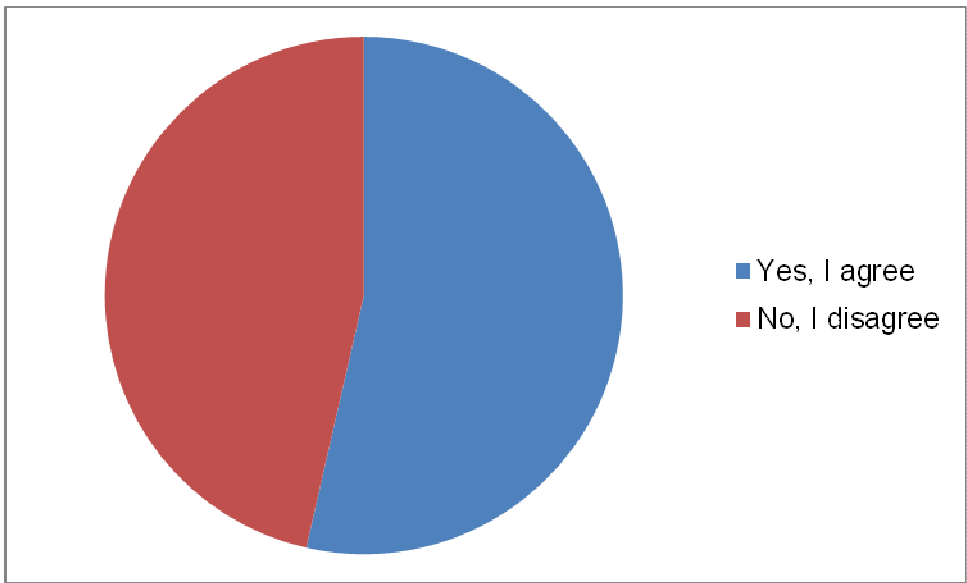
What we do now

Under the current policy we do not charge any mental health service users for their non-residential care services. Legally we cannot charge people if they are receiving their care as part of an aftercare package under Section 117 of the Mental Health Act.

What we are proposing to change

We think it would be fairer to all to ask everyone to contribute towards their care if they can afford to, including mental health service users (if they are not receiving their care under Section 117). In this way, almost everyone receiving care would be assessed to see if they can make a contribution towards the cost of the care they receive. We will not be financially assessing Section 117 people as this would not be within the current law.

Of the 124 total consultation responses, 112 people answered this question.



	Yes, I agree	No, I disagree
Total responses (number)	60	52
Percentage	54%	46%

14 comments were received

“As everyone needs to be treated the same.”

“If they can afford to pay for it, they should.”

“It’s not fair for those with physical health support needs to pay and not those with mental health support needs.”

“If it can be shown that income is regular and continuous for the individual and long term payment will not led to debt.”

“Equality and fairness.”

“Equity is the right way.”

“To bring current Southwark policy in line with other councils.”

“I do not think there will be anyone who can afford to pay. With a disability there is always money needed even if they have been assessed.”

“I do not have personal experience in this area but I have a number of concern including:

1) The risk that this would negatively impact on the uptake and utilization of support services by people with mental health conditions not covered by the Mental Health Act, leading to more series crisis further down the line.

2) The potential for this to incentivize the use of the Mental Health Act section 117 amongst healthcare professionals.”

“I think the administration of collecting charges from adult users of mental health services may be nearly as much as the money raised. Residents of Southwark with long-term mental health issues are likely to be on low incomes and dependent on benefits. One group who may have higher incomes and carers who can provide financial information are older people who have developed Alzheimer’s disease or other forms of dementia. Perhaps, there is no reason why they should be treated differently from older people with chronic conditions or physical disabilities.”

“Again don’t agree - if people are paying contributions why should it be the same for those who have never worked? There should be an incentive that if you have worked for a certain number of years you are entitled to x amount of care except if you have a disability because it is not something you have chosen. Mental health su should not pay anything towards their care.”

“Not fair.”

“Because you are going to be making savings by cutting administration in proposal 1 which will save money. Secondly for the same reasons as before, beauracracy reigns. Persons of disability do not cope well with assessments. therefore I disagree because it would more unnecessarily burden both the person in receipt of disability payment.”

“This would be quite wrong. Mental illness is enough to cope with. Means testing mentally ill people is inhumane.”

Proposal 4

To simplify how respite care, meals and telecare are charged

What we do now

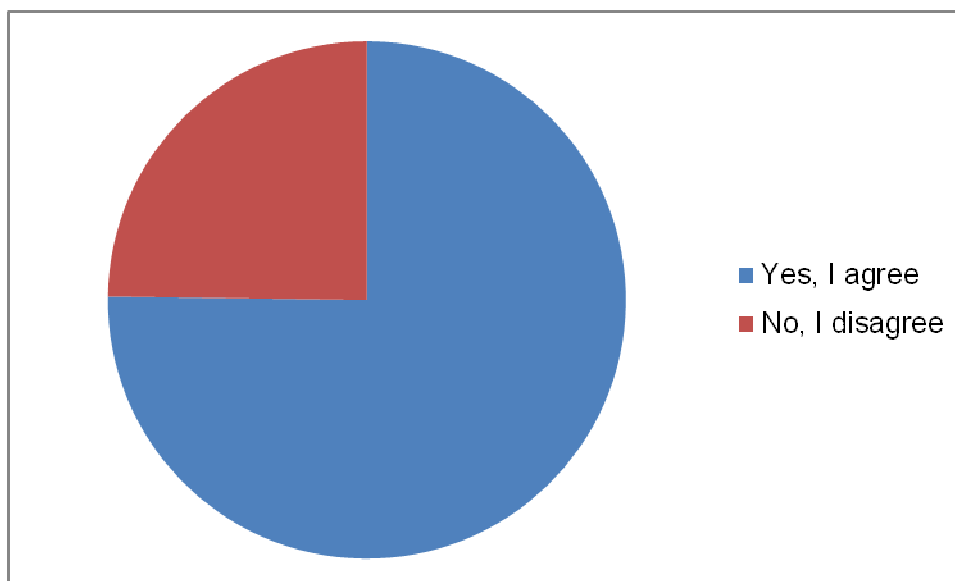
When people have residential respite, we make a 'flat rate' weekly charge, meaning everyone pays the same, set fee. The fee is the same as the higher rate of Attendance Allowance. If they have meals at home or at a day centre, we charge a set amount per meal. Some people pay a set charge for their personal alarm, regardless of their financial circumstances. The fee is the same no matter what the person's income is, even if they may not be able to afford it.

What we are proposing to change

We believe it will be fairer if, like with other services, people are only asked to contribute towards what they can afford.

Instead of paying separate charges for different services, the person will be financially assessed to see what they can afford to contribute so that they are charged only once per week.

Of the 124 total consultation responses, 113 people answered this question.



	Yes, I agree	No, I disagree
Total responses (number)	85	28
Percentage	75%	25%

12 comments were received

"Simplification and clarity of charges grouped together in order for care package be operational is essential."

"I agree with this based on the information provided here."

"As makes sense to only pay once."

"Easier system and fairer."

"If it's simpler it's better so long as no one is worse off."

"In principle, it sounds fairer to charge people what they can afford but it is introducing yet another means test and I think the Council will end up with an army of financial assessors who will cost as much as what is collected."

"The simplified rules will be easier for people to understand & probably easier for the council to administer, leading to fewer mistakes and the need for debt chasing / refunds. It also seems fairer that that same calculation is used for all support needs. The only part I'd question is the meals charge being incorporated into the others - my reasoning is that everyone needs to eat, so why should some people get theirs' free?"

"I agree with proposal four and hereby state that service users who require respite care and support, meals and telecare when assessed financially should only be charged for what they can only afford. This will only be fair as those in class one are getting their own care and support free and some in class two and three. From the examples given Mr G only pays £15 weekly when he goes into respite care even though his care costs £82.30 as this is the amount he can only afford to pay and for Mrs H she also will only pay what she can afford. She has been paying £2 weekly and under the new proposal it will increase to £26.25 which includes her home care and her meals service instead of paying for the meals service separately."

"Because asking them to pay what they cannot afford will lead to withdrawal of services and no alarm when very necessary or no food or the cutting back and budgeting on something else, which is perhaps necessary for those who will not even complain and that cannot lead to a positive outcome."

"Because people should not be charged more because they have higher disability related needs."

"Only pay what is affordable."

"Confusing."

Proposal 5

Charge the same for non-residential care as we do for residential care, meaning that if a person's savings or capital are above £23,250 their care is not subsidised by the council

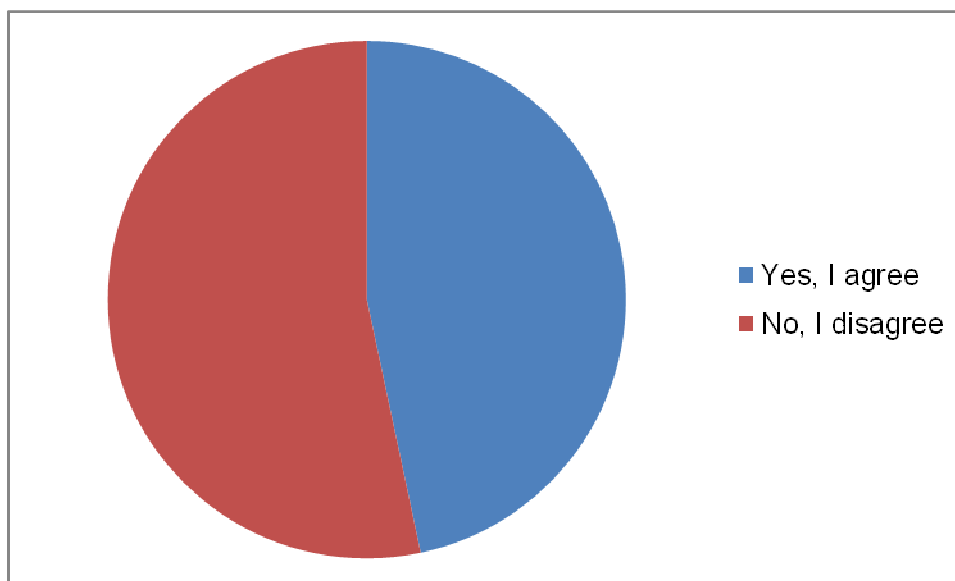
What we do now

At the moment, when we see how much someone can afford to contribute towards their care, people who have care at home and people living in a care home are charged in different ways. For people who live at home, we include their savings or capital when it is above £14,250 (this level is set by government) when we see how much they can afford to pay for care. For every £250 of savings above £14,250 they have, we add £1 per week to how much they are assessed as having available income. There is no 'cut-off' point or maximum saving to this system, for people receiving care in their own home. However, if someone lives in a care home, and they have more than £23,250 in savings, they automatically have to pay the full cost of their care until their capital is reduced to less than this amount.

What we are proposing to change

We would like to ask people living at home with a certain amount of savings to pay the cost of their care, in the same way that people in care homes do. The savings amount at which the full cost of care is paid for, known as the upper threshold amount, is currently £23,250 (this level is set by government).

Of the 124 total responses, 105 people answered this question.



	Yes, I agree	No, I disagree
Total responses (number)	49	56
Percentage	47%	53%

12 comments were received

"Care will be unaffordable."

"This encourages people to dispose their savings or capital before the need arise. People make savings to have a better life when they retire - why should they be penalised for this? Every person should be encouraged to work in order to qualify for care unless if you have a disability."

"Some of my concerns regarding this proposal relate to the reasons outlined in proposal 2. In addition:

1) I am concerned that people living at home are likely to have greater on-going and capital expenses that require savings for example large capital expenditure - major works etc.

2) I feel that younger disabled people will be particularly adversely effected by this as they will not be able to save income in the same way as there non-disabled peers. This means they would not have access to things like the housing market in the same way as non-disabled people or be able to save for their children's futures or education.

3) There is no information as to how savings would be judged or how much working disabled people would be able to have in their current accounts before this was judged as savings. My explanations are based on the understanding that earned income would not be included in the calculation as is currently the situation.

4) Would a person with over £23,250 of savings be responsible for the full cost of their care up until it went below the £23,250 threshold or until all their savings were gone? How often would this be reviewed?"

"The charges should be equalised in the other direction."

"This proposal has the biggest potential to increase the contribution from people who have care at home and be a major threat to their savings resulting in a great deal of worry for vulnerable people."

"A sliding scale of the ratio of savings against total cost, instead of an upper threshold triggering a 100% payment seems fairer."

"I want the 2 systems to exist separately. the needs of both are entirely different. Assessment targets assume rates of income or money saved which I feel are adequate to each case."

"If they can afford to pay for it, they should."

"I agree with proposal five and say that it is understandable to take the service users savings into account for home care as well as care and support in the residential setting. As for home care it has been stipulated above £14,250 by the government and for every saving over £250 £1 will be added every week when assessed to determine their available income and for those who are in residential setting the savings amount is fixed at more than £23,250 also set by the government. From the examples given as for Mr J who has £60,000 savings and his care package is £145 weekly and currently pays £39, under the new proposal he will have to pay the whole £145 until when his savings reduces to below £23,250 and for Mrs K who has £45,000 and her total care package is £265 she will not have to pay more until when her capital is reduced and then she will be financially assessed again."

"Yes. As if you can pay it yourself then you should."

"Fairness, clarity and simplicity."

"Makes the decision about going into residential care needs focussed rather than financial."

Proposal 6

To introduce a discount scheme for people who pay by Direct Debit

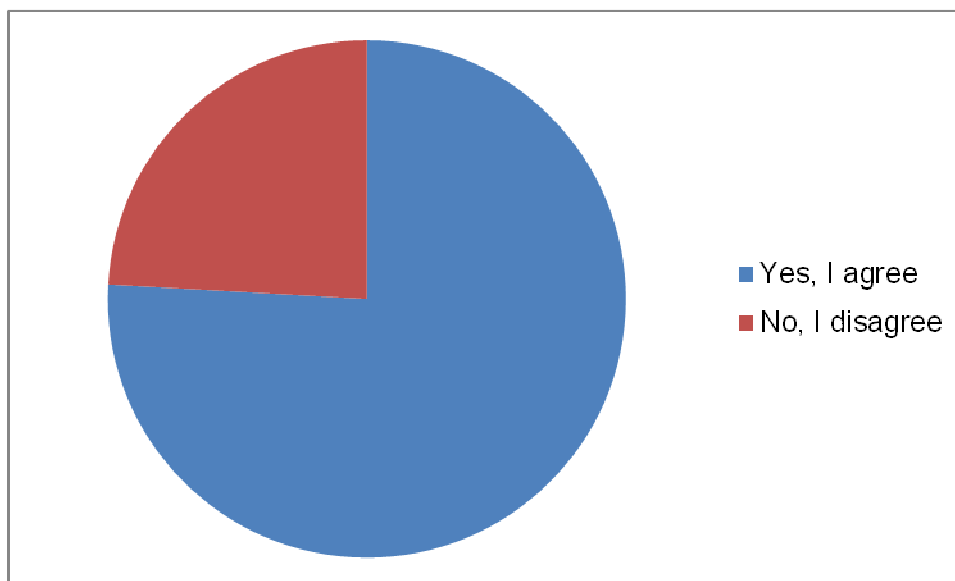
What we do now

At the moment we send statements of account and invoices regularly. We also send reminders and follow up when the charges are not paid.

What we are proposing to change

We would like more people to pay by Direct Debit because it is the most economic way of collecting income, so we can spend more on the care itself rather than administration costs. It is also usually the most convenient payment method for people. We are proposing to offer a discount to people paying by direct debit which would reduce their weekly contribution.

Of the 124 total responses, 112 people answered this question.



	Yes, I agree	No, I disagree
Total responses (number)	85	27
Percentage	76%	24%

17 comments were received
“Will make the system safer.”
“As it's easier to pay and better for the council.”
“Assistance should be offered.”
“I think the idea of giving discount to those should be encouraged, but made aware initially that giving banks such freedom to withdraw funding can be problematic.”
“A discount must be reasonable to serve as incentive.”
“I agree with incentivising payment by direct debit to streamline the process but that this should not be at a level that negatively disadvantages people not in a position to pay in this way.”
“To encourage people to pay by direct debit the level of discount should be attractive and there will be less arrears.”
“There should be a small discount, but it shouldn't be huge (similar to the £1 per quarter discount you might get from a utility firm).”
“I think 1% is too low to make it worthwhile and 5% will be easier to understand the calculation than 3%. It is a good idea to reward those who are paying by direct debit but it may militate against the very elderly who have never used modern banking methods.”
“I agree with proposal six that service users who pay by direct debit should be given some form of discount on their care package. This will reduce administrative costs spent on sending out invoices and the the difference can be used on the care provided rather than the paper work. I suggest 1% weekly. From the examples given Mr L pays £25 weekly for his care package and has requested for discount for paying by direct debit if given 1% weekly that will be $0.25 \times 4 = £1$ so he will be paying £24 instead of £25 and for Miss M who still wants to receive invoices will not get any discount and she must continue to pay the stipulated amount within the specified time.”
“You should make the case for dd to individuals. If they don't agree they should not be penalised. Many people don't feel in control of their finances if they have direct debits.”
“Please ignore the 1% above!! A discount makes perfect sense as it will encourage paperless billing / payment. It's similar to the way fuel billing works, so people should understand it. As more people become IT literate the proportion of those taking up this option should increase. On the level of discount: I can't comment - it has to be sufficient to incentivise people, but should be less than the council saves on this payment method.”
“Loss of control and also less savvy will end up paying more.”
“My Council is not trying to encourage the sale of utilities but the serious business of care for those who need it. Banks offer debit as a service, but if the person receiving care is paying in the way that they wish and do not trust such services, they will effectively be subsidising those with a DD, what if they wish to pay by direct electronic transfer as I do online with Council Rent? Online Banking has been here a long time.”
“What a ridiculous idea.”
“People who need carers are not always able to instruct their bank to pay DD and find it difficult to track their payment if they do, so cannot check if there are any mistakes.”
“Paying by direct debit is a very convenient way of paying for charges you can trust are being raised correctly. This is not the case. We believe we have been overcharged by about £3,000. The statements we receive are not produced on a regular basis and more often than not prove to be inaccurate. We have been charged for services we have not received and double charged in some cases.”

Additional comments

Respondents were given the opportunity to provide any additional comments for the Council to consider. The comments received are set out below.

13 comments were received

“On a general theme, proposal 1 is a good idea. Other proposals will be perceived by most cases as overly intrusive. The idea concerning DD payment should be encouraged but also clear warnings must also be given especially to those persons whose finances have been assessed as the low income.”

“My key concerns about these proposals are: The implication for younger disabled people on their life chances and ability to save The increased likelihood of people refusing services on the grounds of cost - particularly mental health service users.”

“As is usual with Southwark Council's so called consultations, the examples you use are all very biased to get the vote you want...totally misleading and devious.”

“Not increasing council tax is cheap tabloid politics; the responsible policy would be to increase Council Tax by 50p per week which would raise over £3M thus reducing the financial burden of meeting disabled people's needs.”

“I would like to express myself as a lone parent of a young man who is currently on the transition team. It is at the best of times challenging coping with the demands of caring for my son who has complex health and additional needs. How are we supposed to fare well or even encourage our children to do their best, with the constant brutal onslaught from government regarding cuts which seem totally to target those of us who carry heavy burdens of responsibility? Worded as "proposals", I feel certainly cuts will be made that will not take what we do as parents into any type of consideration. How many of us will be able to cope? How many more casualties do you need? For myself, I fear that with these new "proposals", I do not stand a chance raising my son even though I want to. It seems more likely, that financially I will be defeated so where do I turn? The care system? Surely that is going to cost local authorities more than the proposed cuts ? I live in trepidation every single day for loving and caring for my son.”

“I think the council has come up with a great package of proposals - well done!”

“We should all help as much as we can, in times of austerity we should help for the future of our children.”

“As a disabled person, I can ask how much emphasis is put upon consultation with the actual people this effects directly. Obviously some will not be able to answer and so are represented by family carers for opinion?”

“I think it is very unfair that self-funders are charged considerably higher fees to live in residential care and nursing homes than elderly people who are placed by local authorities. I would like the Council to provide an advisory and review service to Southwark self-funders to ensure there is some overview of their care and they are receiving benefits to which they are entitled e.g. could they be eligible for higher rate Attendance Allowance or Continuing Care.”

“Social care is the most important local service after children's services. Why aren't councils campaigning effectively for social care reform and integration with health services?”

“I must mention that the six proposed changes from my own point of view seem to be fair and hope that after being deliberated upon would be accepted by the service users seeking social care services in Southwark as they are the only Borough that has been offering 80% compared to other Boroughs who have receiving 100%. Also Social Care is subject to review therefore this Social Care Act 2014 is part of

Professional Legislation and must be adhered too. I hope that all Social Care professionals and the service users in Southwark will accept these proposed changes willingly and enhance our career and promote the lives of our services users giving them person centred care tailored to their individual needs taking into consideration their choice, respect and dignity and promote their independence and ensure their safety at all times.”

“People should be treated fairly except for people with disabilities because it is not something they have chosen and there should be an incentive for those who have worked for a number of years to get better care and not to be penalised that they have a certain amount of savings or capital. This encourages people to dispose their funds and make themselves destitute in order to qualify for the so called care.”

“I believe there needs to be a stronger contract monitoring process put in place in regard to services provided by London care as we had to complain on a number of occasions about carers not turning up or turning up very late.”