

Consultation report

The council set out six proposals for changes to the existing charging policy for adult social care in a consultation document which was shared through a number of channels which was proportionate to the limited scale of the changes proposed.

The questions we asked were around:

- Simplifying the FCP to make our approaches to residential and non-residential financial assessments clearer.
- Increasing the minimum contribution from £3 to £5
- Replacing the direct debit discount scheme
- Specifying a charge of £200 for the council to arrange care for full cost clients assessed for non-residential care excluding alarms
- Using light touch assessments or flat rate charges
- Promote deferred payment agreements and charges on property
- Place a cap on DRE (disability related expenditure)

The channels we used for engagement were:

- An online consultation via the council's consultation hub
- Invitations to 30 community organisations and advocacy groups to engage
- Call to action via Communities Southwark and the Forum for Equalities and Human Rights
- Paper questionnaires sent out to community organisations on request
- An article in Southwark Life, posted to every household in the borough
- An open invitation to engage in person or the phone with any interested parties
- Letters to service users who would be most directly affected by the changes
- Offer of drop in sessions for service users and carers at local day centres
- A question and answer session with members and staff of the Southwark Pensioners Action Group (SPAG)

Summary of responses:

Online consultation:

16 responses

The council's default consultation approach is supported by the consultation hub which is an online portal which collates responses and offers the opportunity to analyse the outputs. All comments made in the consultation have been included verbatim in this report.

Paper Questionnaires

10 responses

These were available on request, and were circulated to SDA and SPAG.

Letters to full cost service users:

0 responses

The council sent out 117 letters to service users or their financial representatives who may have been required to pay an administrative charge. This was based on those with significant weekly packages of non residential care. These letters were sent in December. Only one person responded to the letter by calling the number provider and they were no longer receiving services.

Responses from organisations:

3 organisations engaged

Of the organisations that were contacted by the council to engage we received responses from Bede House who completed one of the online surveys, from Southwark Disablement Association (SDA) who agreed to print paper questionnaires for their members and return them, and from SPAG who requested paper questionnaires be posted to them. They also requested a question and answer session with their members to engage with the consultation in more detail in January.

Communities Southwark and the Forum for Equalities and human rights both shared information about the consultations with members of their groups in November, but it is not clear that this resulted in significant engagement from third sector providers or advocacy groups in addition to those already contacted.

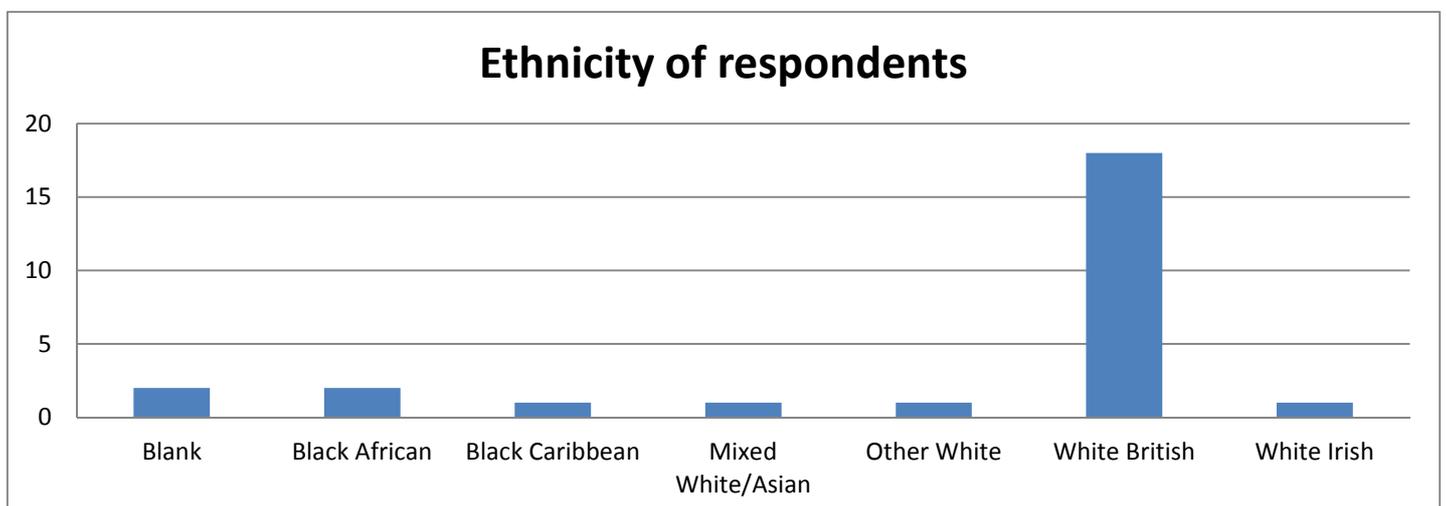
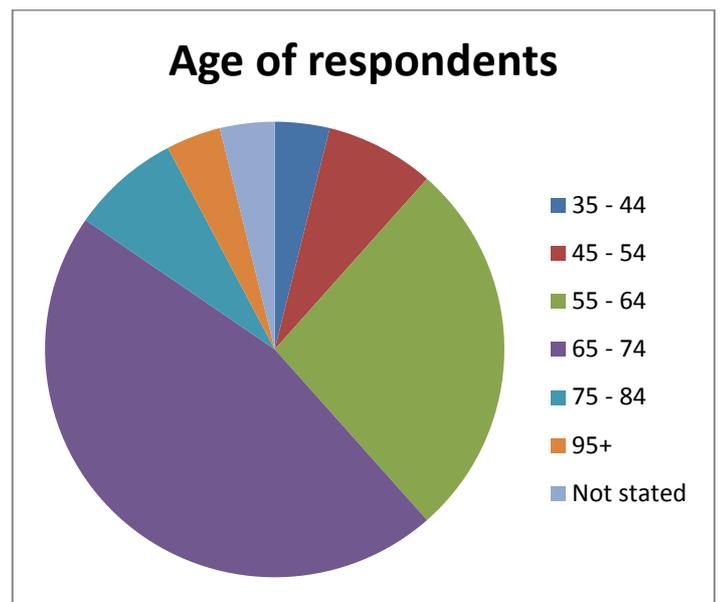
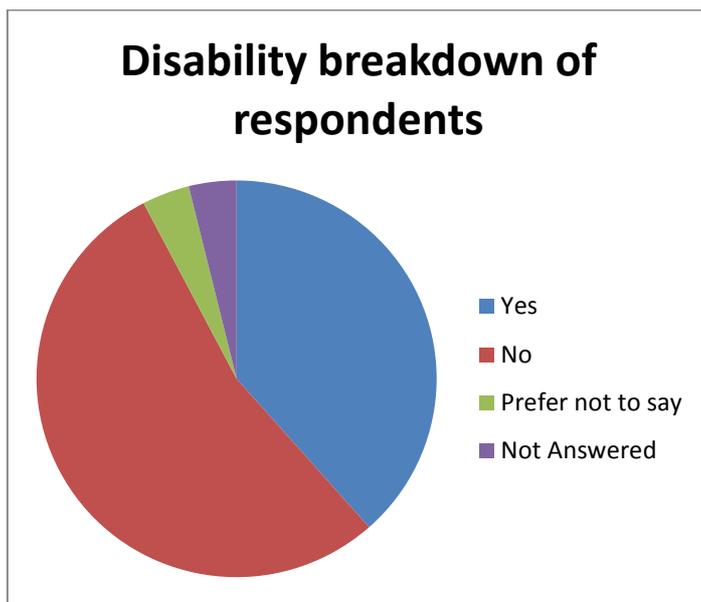
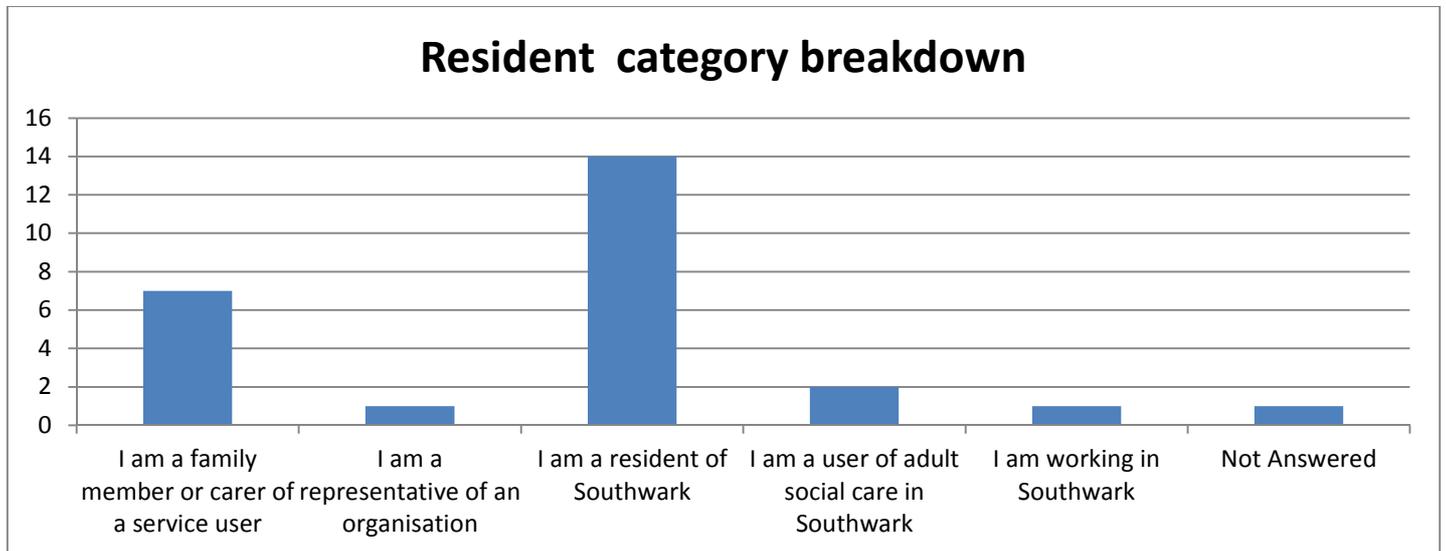
Question and answer session with Southwark Pensioners Action Group (SPAG)

18 members and staff took part

The question and answer session offered a valuable opportunity to explore the consultation and related issues around financial assessments, charging and the collection of contributions. The attendees were able to offer insights as older people, service users, people with disabilities and as family and carers for services users. This enabled us to explore some of the queries that they had and provide additional information. Communications and the material available to service users and families was a recurring theme, with members expressing a wish to speak to people face to face to complete assessments and resolve queries. Difficulty accessing online services, the additional challenges for those with disabilities to access information, and the danger of fraud were also raised by a number of people. The audience asked a range of challenging questions including around government and NHS funding, and the role of the Better Care Fund, but was good natured with a positive focus. Those representing the council committed to engaging with the SPAG to develop more accessible materials to support the changes that are being proposed, and explore providing additional opportunities for face to face meetings through the drop in sessions and surgeries.

In both the written / online submissions and the face to face meetings, there was some awareness of the national issues around funding for social care, and recognition that the Council is following national policies.

Demographic of responders:



Simplifying the Fairer Contributions Policy

The first question set out in the consultation document was put clear and concise communications at the heart of the councils approach to charging for adult social care. We said that:

We want to make our policy, and roles and responsibilities as simple as possible including how they will have to contribute financially whether they are at home or in a care home and presenting this in a clear and concise way.

What the consultation told us:

When reviewing the limited results of the online and paper surveys it was clear that people supported simplifying the policy with 73% of respondents finding it helpful or very helpful and the remaining respondents stating it was neither helpful nor unhelpful.

What was clearer from the analysis of the comments provided and the discussions with members of the SPAG was that it was not only important for the policy to be clear but that there was a need for additional communications materials in plain English be available to service users and their families to support the policy. Even in the consultation materials where efforts had been made to make them accessible those we spoke to told us that they found the language difficult to understand, and not accessible enough. People also felt that the option for home visits should be available in some circumstances to provide additional support.

Online and paper questionnaires comments:

Clearer guidance would helpful, but only accompanied by national change to ensure social care provision is improved and funded by national government through effective taxation.
In the script above 'they' refers back to policy, roles and responsibilities, whereas I think you mean 'clients'? I don't see how 'unhelpful' could be relevant here.
We are fully self-funding so it's not relevant to us how the Council sets out its rules, but in general terms I support the aims of this work for the benefit of others.
Parents/ Carers often approach our service for support in filling out official documents and going through new procedures. It would be helpful for Bede to have guidance notes/ advice on what information is relevant.
As people get older their ability to comprehend policies often diminishes. The simplest formula would be the best. Help with accessing all the elderly are entitled to would also be useful.
Already 2017 and any related costs were not outlined upfront whilst family member waited for treatment that would have been co-ordinated by social care services. There were several missed opportunities, and the long waiting times prolonged the crisis.
A clear accessible approach is vital given how complex an area this is. This form was very confusing and a 2 hour session with HELPFUL council officers was helpful / essential. Personal visits to those who use it by well trained and sensitive staff essential.
I have recently been thinking of where to live, how or who will look after me if I need supporting, how to achieve this financially and what options there are.
I am retired, aged 73, but in general good health and do not need any help.
Need for home visits to be assessed on case by case judgement and overcome client vulnerabilities. eg hearing problems, not being on the net etc. needing extra support if dementia problem or mental health issues. Also sign posting to relevant areas of support.
Not clear what is proposed, no details.
I don't think the poor or elderly should really pay for their care, it should be down to the government to pay, these people work very hard when they were young.

Increasing the number of people who pay nothing for their care

The second question we asked was around the minimum weekly contribution that the council will collect from a service user. The 2016 policy set out that any one who was assessed to pay less than £3 per week would be rounded down to zero.

The council is proposing to increase this level so that anyone assessed to contribute less than £5 per week will not have to make a contribution.

What the consultation told us:

Those who responded to the online and paper surveys were clearly in favour of increasing the nil charge threshold with 77% of those who responded with agreeing or strongly agreeing with this approach and less than 10% disagreeing.

The comments from service users and the discussions we had with members of SPAG covered similar themes including the opportunity to increase the no charge threshold to a higher level than £5 with £8 and even £10 suggested. A number of people raised that for those on low incomes; even a charge of between £5 and £10 per week was significant.

When discussing this in more detail with SPAG they appreciated that increasing this to more than £5 would have significant financial consequences for the council which relies on the income from charging for adult social care to enable it to provide adult social care to their residents.

A number of people also stated that they thought adult social care should be free on principle and paid for by the government.

Online and paper questionnaires comments:

Can only judge this if I knew what difference it would make to the client not to have to pay the £5. Surely though it would be helpful to the Council's finances to have this money, however minimal?
I also think that anybody over 90 regardless of ability to pay should be given a free service.
It's fine as long the user can afford it, five pounds is a lot to someone on Universal Credit.
To avoid to having to readjust the amount very soon with all the administrative costs it will be more beneficial to increase to £10.
Increase it to £8 per week. in principle the provision should be free at point of need, but I recognise the financial pressures the council is under.
It appears that any administrative cost for any amount £5 or under will outweigh the benefit to the council and it also helps people who are the most vulnerable.
At less than £5 per week, the administrative cost of collecting the contribution would be more than the contribution itself. This may also make the contribution pointless at a higher charges eg £10 per week.
Cap possible £10 per week.
Seems reasonable.
Because it is not fair.

Improving the direct debit discount scheme

A direct debit discount scheme was introduced as part of the previous policy, but it has not encouraged as many people as hoped to pay using direct debits.

The council would like your ideas on what would encourage you to pay via a direct debit.

What the consultation told us:

The subject of direct debits provided a range of views from respondents which can be seen below. Many people stated that they would be in favour of direct debits if there was more information available and a more adaptable system than was currently in place.

When discussing this with the SPAG fraud and lack of access to online services was raised as a significant barrier to the use of direct debits as a default option for collecting adult social care financial contributions. They also raised concerns with the governments approach to 'force everything online' when lots of older people either cannot get online, or do not want to complete financial activities online due to the fear of fraud. They also stated that they wanted the opportunity for face to face discussions and home visits as part of a complete assessment process.

When discussing this with the SPAG, we explained that direct debits formed one of a range of payments options, and recognised that accessible offline communications materials would help service users and their families understand what options are available to them.

Through all the discussions no overall preference was indicated as to a preferred incentive, although a clear preference for improving the communications around payments and payments options was articulated.

Online and paper questionnaires comments:

If there was an easy form to set it up, and some help with that. For direct debits not having to be renewed every year.

I can't recall a direct debit option being offered when my mum received home care. I'm sure we would have gone with it had it been offered....so just make sure it is.

Making it compulsory! Surely all who pay have a bank account into which pensions and benefits are paid.

When my husband was at Bluegrove House, we paid the fees by standing order and Anchor wanted to change it to direct debit. I think Anchor's motivation was that the amount of money of a direct debit can be increased and I imagine that is exactly the reason why people are against using direct debits, because they have no control over the amount debited. Care fees can be increased by any amount, at any time and for any reason. If you can provide contractual reassurance about how much fees can be raised by, how often and for what reason, that might help.

I would have thought more people would prefer direct debit! There does appear a degree of resentment over this charge from parents/ carers and they may want to pay at the last possible moment. Perhaps the Council should invest a little more time in client reviews going through the reasons of charging and the benefits in budgeting through DD.

Many elderly people do not really understand DD system anyway but certainly agree that - for the benefit of Council costs - some incentivisation should exist ...but be honest that it is for your benefit not theirs.

I wasn't told about this when I started paying contributions on behalf of my daughter. I pay by standing order but I might have paid by direct debit if I had know there was a discount. OTOH the charging department appears so chaotic that I might have felt it wasn't safe to pay by DD

even if it were cheaper
Sort out previous overpayment
You have to remember that if there are not enough funds to make a payment then there are charges, £25 at my bank.
Our parents are currently paying by direct debit which we have arranged on their behalf. We are happy that they are benefitting from the 5% discount, however we do not feel that there is enough clear, easily accessible information on how the system works. We have ongoing queries regarding how and when this regular direct debit is looked at in terms of cancelled visits by us, missed visits by the care agency or changes to the level of care required. As far as we can ascertain, July and September are involved as key dates, but we are still unclear exactly what happens and when. We are provided with total amounts to be paid and have had to have lengthy discussions regarding incorrect invoicing and no detailed breakdown of the amounts in question.
Stick to Standing orders and other methods of payment while offering direct debit and hope over time people will choose the latter. Because you need to encourage Direct Debits it is obvious that a majority of you service users don't like this method of payment, so why continue to waste your time and resources pushing the idea.
Disabled People do are either not in a Position to fill out the forms with regard to direct debit or unable to go to the bank. There is a Need for social Workers or council Workers to go to see These People in Person with the forms and help in filling out / Posting the forms.
Some visits would be advisable for sorting out direct debits and finance. It could result in a more effective collection of revenue. If I needed the service, I probably would pay direct debit online.
People of our age are very reluctant to divulge the bank details over the phone. or online. Too many frauds. One visit to the house of the person who needs care to be arranged and all the options of payment would be more beneficial. A payment card like your rent card to pay at the post office.
Forms must be completed in person - offer points (or home visits) where forms could be completed.
Keep social care at least local.
Publicise saving for paying via direct debit.
In my opinion paying by direct debit is a good idea as it is simple, ensures that i pay what i need to pay when it is due and get a discount for doing so.
If I needed help and could easily pay by direct debit which i already use for other payments.
Direct debit should be retained plus other options more under friendly eg payment cards at post office / news agent.
Personally happy with DD.
Well this sounds reasonable.

Charges for full cost clients

The Care Act states that where someone can afford to pay the full cost of their care, a local authority can charge them a reasonable fee for arranging their care. This was agreed as part of our previous policy but this did not identify the cost that would be charged or the frequency.

As part of the councils aim to be open and honest we proposed to include the amount in the revised policy. Based on what other councils charge, and the costs to the council we proposed that this was set at £200 per year.

What the consultation told us:

Of those who responded to the questionnaire 20% agreed or strongly agreed with the proposals compared to 27% who disagreed or strongly disagreed, with more than 50% not having a view or not answering. The responses around the level of the fee were similarly inconclusive. 31% of those who responded felt that the charge seemed reasonable and 23% felt the charge was too much.

The detailed feedback below and discussion with SPAG indicated that people were not against these charges in principle, although some people reiterated their view that care should be paid for by central government and should not be means tested. One of the areas for development for the council was around the communications available to self funders so they are clear what local options are available where self funders would like to arrange their own care. One of the requests was that this charge should only be implemented where there was a significant change in a persons care package, rather than as a recurring annual fee.

The council wrote to all self funders who were likely to be affected by this, or their financial representatives with an invitation to engage via phone or online, but only received one response. This was from a person who was no longer receiving services and did not express a view on these charges.

Online and paper questionnaires comments:

It depends if the client can afford this without going hungry or unable to pay bills.
Adult social care should be provided as a human right. Costs of social care are already prohibitive and an additional levy on arranging care is not in line with the approach taken in our country with regard healthcare - I believe health and social care should be integrated. Introducing an arrangement fee at a time which is already stressful and expensive for individuals and families seems churlish.
Not clear what this 'fee for arranging' means. Is it something separate from the cost of the care itself? I feel it must be, because £200 a year for care is surely ridiculously low.
As a self-funder, I arranged the care myself so didn't have any help from the Council. I was not offered any help from the Council. It would depend on what 'arranging the care' involved as to whether that fee is reasonable or not. Is it a one-off fee for arranging the care? £200 a year sounds like it's an annual fee but why would you need to charge an annual fee?
If the charge for this is up to £200 on top of the contribution I do think this is excessive. When something has been set up I would have thought there is minimal admin costs?
This is profiteering from people's age & distress. If it is necessary because of Govt. austerity measures be sure to emphasise that to all those caught in the trap
Should be set at cost. it shouldn't be a subjective matter. If someone has the means to pay, they should pay
This is the first we have heard of this policy in Southwark or elsewhere. We are struggling to see when you would apply this policy. In our experience when our parents have been discharged from hospital we have automatically been put on the social services 'train'. Their care needs have been assessed and services put in place all before anyone has mentioned financial assessment or indeed the option to go 'private'. To be charged an additional arrangement fee for something we feel we were given no choice about in the first place seems extremely unfair.
What is included in the 200 GBP??? Why a charge at all?
Although £200 is not an enormous amount, I do not think it is reasonable when those are the service users who will be paying for their domiciliary care in full.
This £200 is reasonable if it is a one off payment when the first care package is arranged. No other payment, only when there is an addition to the care package. Also to choose yourself, to shop around for the care package, you need to make it easy by publishing the list of different providers,

relieving work for the council.
Position needs to be very clearly outlined. What if the people don't want the council to arrange? Much bigger issue is the quality of care being delivered to vulnerable people. Essential that patients and their supporters / advocates are given copies of their discharge notes. Who is legally responsible for what (NHS/LBS) needs to be clearly stated. Very complex especially where mental health conditions exist.
This is a good idea as the council will ensure that professional organisations is used and any issues that may arise are appropriately dealt with. People paying for their own care have worked and saved hard and that they have to pay when others don't is unfair.
If as suggested that this is the 'going rate' - but i disagree with charging people for social care which is penalising people for having poor health. Do their disability payments include this fee?
Seems reasonable for people with capital or adequate income.
Needs more information. See page 6. How affordable is this to the individual? why should someone have to pay this when paying fully for their care? Better if charge (under £200) if major change to care package.

Reducing unnecessary financial assessments

This question was around the tools that the council can use to minimise financial assessments where service users do not engage, or where the value of the services and associated charges would be low.

The council would like to review the use of flat rate charges and light touch assessments.

For example, this means that if a service user only requires a community alarm (£5.75 per week) the council will assess them based on the benefits they already receive and then inform them of the outcome. This means that residents will not have to fill out any additional paper work or provide further personal details. This would reduce paperwork for residents and for the council and service users will still be able to complete a full assessment if they choose to.

What the consultation told us:

Those who responded to this question were mostly in favour of the recommendation to minimise unnecessary financial assessments with 70% agreeing, although as with some of the other questions people queried what this would mean in practice.

In the session with SPAG we were able to provide some examples of what this would look like. We recognised that this was one of the more technical questions that is difficult to convey in a static document such as an online or paper questionnaire. People were broadly in agreement, although they asked if there were other options for paying for the alarm service, and people wanted increased engagement from the SMART team including reviews to see whether people were still using the alarm service and whether they needed it if they would have to pay for it.

Online and paper questionnaires comments:

I don't really understand your explanation above, but reducing the number of assessments seems like a good idea all round.
Ideally this service should be free and based on need/
Flat rate charges for alarm seems reasonable to me as long as there is some assistance for people who find it too expensive.
Smart team need to review usage and effectiveness of these. NHS should pay for this and other

services to prevent people coking to hospital. Another confusing question.
I am not familiar with this service neither do i receive benefits so do not really know how this impacts those who do.
Get NHS to provide alarms as health prevention initiative (free of charge), courtesy of prime ministers pledge to increase NHS funding in 2020.
Seems a lot to pay for may who will not be able to use it. Perhaps reassess after a year

Deferred payments and charges on properties

The council would like to promote deferred payment agreements and placing charges on property, this will give service users and their families more control over how they use their assets.

We already have this power; but few people take up this service and it is not currently clear to residents when it would be suitable, or when the council will pursue this route of income collection. Promoting this service could also support people worried about selling their homes, or running up high levels of debt.

What the consultation told us:

More than 60% of online and paper respondents were in favour of extending the use of deferred payment agreements and charges on properties and viewed it as an option that would offer home owners control on how they managed contributions towards their care.

As with other areas, a lack of available information in this area was a cause for frustration for respondents especially where that information was only available online. People also raised the need to have face to face discussions around such significant decisions.

Online and paper questionnaires comments:

I tried & tried to contact the deferred payments dept to no avail. Nobody got back to me. I was told one time that there was no dept, just one person. We were lucky in that Mum had just about enough money to pay for her care. Deferred payment MUST be offered as an option & the council has to ensure that this is delivered & managed in the proper manner with sufficient resources to do so. It was absolutely appalling that this option was not available 3 years ago when I thought we would need it. It also has to be offered as an option rather than service users and/or their carers having to seek it out themselves
Deferring payments to recoup costs from property assets may seem like an easy solution but when presented to people at a very stressful time of their lives (when social care is needing to be arranged), people are at risk of signing assets away without proper consideration or informed choice (e.g. exploration of whether costs can be covered under continuous care arrangements as another option). In addition as a point of principle, social care should be free at point of use and paid for nationally via effective taxation.
If the Council can afford this, and it relieves worries of service users, then it is a good idea.
The way I read this is that the Council currently has the right to put a charge on a property but doesn't use this power much and would like to do so - completely understandable for financial reasons.
I think this will encourage people to think of ways to avoid completely.
"Promoting this Service?" Again, this can only by done face to face.
I think it is a reasonable service to offer home owners.

Lots of information given to make a decision suitable for the person receiving care or their family.
i am not sure about promoting, but producing a comprehensive simple, and user friendly information of this will be very useful for the decision making by individuals.
This should be included on the new governments promise that nobody will have to sell their home to pay for care.
Sounds positive. Also to learn that equity in property becomes commensurate with any benefit outgoings.
Need to be able to access information without a computer.

Capping disability related expenditure

When you are assessed to contribute towards the cost of your adult social care, the Care Act allows a certain amount of Disability Related Expenditure or DRE to be added to the amount that you can keep on a weekly basis. This causes confusion with staff and service users as to what can be included within this allowance.

The council are proposing to introduce a maximum amount for all service users. This will be considered alongside other benefits and can still be adjusted to allow for individual circumstances in some cases.

What the consultation told us:

There was not a clear preference either in agreement or against this proposed change with 25% either agreeing or disagreeing, and 50% not expressing a view. The strongest 50% preference in relation to the level of cap for DRE was respondents who thought that it should continue to be determined on a case by case basis.

As indicated in the framing of the question in the consultation materials, what exactly constitutes a legitimate disability related expenditure DRE was subject to a lively debate when discussing this with the SPAG, and was highlighted in some of the comments received (below). As with all elements of the consultation, the online questionnaire included links to the Care Act and relevant supporting information, but this was not available to those completing the paper questionnaires. Given the volumes of information to be shared this would not have been practical on paper, and during discussions SPAG members stated that they would not have engaged with the paper questionnaires had they been any longer.

Despite the mixed results around quantifiable responses to this question, the approach to DRE seemed to elicit some of the strongest views with people passionate that those with disabilities should not be unfairly penalised and that their legitimate expenses should be considered on a case by case basis. Including the option for home visits for those not able to understand the implications and who required additional assistance due to their disability.

Online and paper questionnaires comments:

I don't know enough about this to comment
For some this wouldn't perhaps be enough, but I guess those clients would be dealt with as per the last phrase in your explanation above.
There are lots of gadgets that can help with dementia and other disabilities but they're all very expensive.
Cost needs to be consistent, realistic and understandable. If this will achieve this I am in favour of it
I think until there have been changes to PIP then it's not fair, many people who need the extra help aren't getting this extra money and the appeals process is long.
The Disable have been bashed enough already and have born the brunt of attacks on the rights and benefits a civilized country should provide. Southwark should avoid stressing them even more.
By definition disability related expenses varies with the individual so I think it should be assessed on a case by case basis.
A list of payments covered by this scheme and more information to make a choice of contribution.
Need to be clear and reasonable and this should not be capped.
i think the contribution should be on individual needs and assessment.
Needs to be properly assessed with home visits so costs can be dealt with on individual needs and explained clearly and emphatically.
Obvious disabled needs case by case.