

## Adult Social Care – Interim Charging Consultation Results

### **Introduction**

This is an interim report based upon the responses received to the consultation as at 23<sup>rd</sup> December '17. For this reason it represents a snapshot of the findings so far and the detailed analysis will be presented in the final report, after the consultation has closed on 21<sup>st</sup> January. The comments provide a useful insight into the thinking around the proposals. Whilst some stakeholder feedback is incorporated; this will be focused on more fully in the final report, after the stakeholder focus groups have taken place on 12<sup>th</sup> and 15<sup>th</sup> January.

### **Executive Summary**

The following is a summary of the responses received to date:

#### Proposal 1 – To remove the subsidy attached to home care

There is 60% disagreement with the proposal amongst service users, carers or their representatives. 29% of respondents from this group agreed with the proposal.

Within the stakeholder group there is the same level of agreement and disagreement at 42%. Of the 42% disagreement there is 23% strongly disagreeing.

#### Proposal 2 – To remove the subsidy attached to day services

There is 63% disagreement with the proposal amongst service users, carers or their representatives. 18.5% of respondents from this group agreed to the proposal.

Within the stakeholder group there is 62.7% disagreement with the proposal and 29.8% agreement. Of the 62.7% who disagree with the proposal, 46.3% strongly disagree.

#### Proposal 3 – To remove the subsidy attached to Extra Care

There is 47.4% disagreement with the proposal amongst the service users, carers or their representatives. 34.4% of respondents from this group agreed with the proposal.

Within the stakeholder group 46.9% of respondents disagreed with the proposal, with 34.8% strongly disagreeing. There is 44% agreement to the proposal.

#### Proposal 4 – To remove the subsidy attached to Telecare

There is 42% disagreement with the proposal amongst service users, carers or their representatives. 38.7% of respondents from this group agree with the proposal.

Within the stakeholder group 44% of respondents agree with the proposal and 43.9% disagree, with 31.8% strongly disagreeing.

### Proposal 5 – to increase the maximum assessed charge from £289 to £400

There is 59.4% disagreement with the proposal amongst service users, carers or their representatives. 26.9% of respondents from this group agree with the proposals.

Within the stakeholder group 50% of respondents disagree with the proposal, of these, 36.4% strongly disagree. 40.9% of respondents agree with the proposal.

### Proposal 6 – To remove the subsidy attached to two carer packages

There is 53.9% disagreement with the proposal amongst service users, carers or their representatives. 28.2% of respondents from this group agreed with the proposal.

Within the stakeholder group 61.2% of respondents disagree with the proposal and 34.3% agree with the proposal.

## **Background**

Adult Social Care currently subsidises a range of non-residential services. These include home care, day services, telecare and extra care housing. The amount charged to people who use these services is lower than the actual cost to the Council. Furthermore, people who use non-residential services also benefit from other forms of subsidy, which people who use residential services do not. For example, people who require two carers as part of their home care package only pay for the services of one carer, as the Council covers the cost of the second carer.

The maximum amount a person using non-residential services in Stockport will pay currently is £289 per week. This is the lowest maximum assessed charge in Greater Manchester and means that the Council is heavily subsidising packages of care in some cases, even when people have high levels of savings, above the upper capital limit of £23,250.

Continuing with this approach to charging for non-residential services is unsustainable given the financial pressures faced by the Council. Local authorities across Greater Manchester have changed their approach to charging for non-residential services in recent years. The proposals under consideration would bring Stockport into line with current practice across the sub-region, whilst still offering the benefits of lower rates than the private market and the protection of a cap on weekly care costs for those with higher cost packages of care.

This consultation focuses on a number of proposals to remove subsidies attached to non-residential services, so that people who use these services are charged the actual cost of this provision to Adult Social Care.

## **Methodology**

Consultation on the proposals to change the non-residential charging policy began on 20<sup>th</sup> November '17 and will end on 21<sup>st</sup> January '18. A number of approaches have been adopted to ensure that people who use non-residential services, their carers and representatives have an opportunity to respond. Stakeholders and

members of the public have also been invited to take part in the consultation. The methods adopted are outlined in the table below:

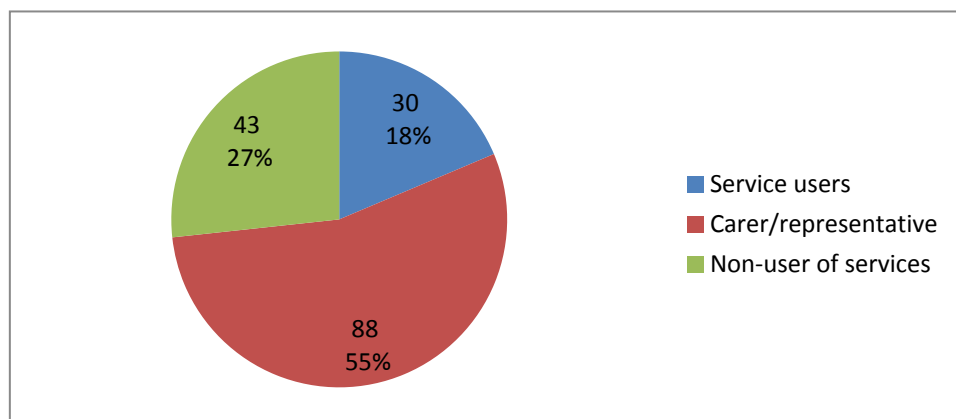
Groups of people	Consultation methods
Service users, carers and representatives	<ul style="list-style-type: none"> <li>- Postal questionnaire</li> <li>- Online questionnaire</li> <li>- Focus groups ran by an independent research company</li> <li>- Telephone helpline</li> <li>- Support available through local advice centres</li> </ul>
Stakeholders (including providers/voluntary sector)	<ul style="list-style-type: none"> <li>- Online questionnaire</li> <li>- Focus groups to be held on 12<sup>th</sup>/15<sup>th</sup> January '18</li> </ul>
Members of the public	<ul style="list-style-type: none"> <li>- Online questionnaire</li> <li>- Kiosks available in libraries</li> </ul>

In order to support the consultation and encourage feedback, a range of communication methods have been used. These have included social media messages, press releases, the Council website and a Stockport Review Extra article. We also requested that our partners including Stockport Homes, CCG and community groups share our messages via their communications channels.

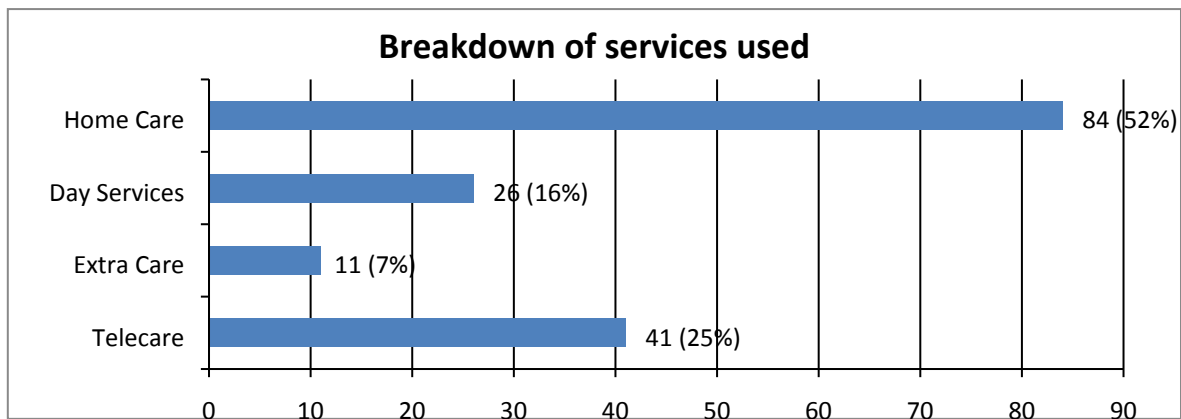
## Responses

### Service users, carers, representatives and non-users of services

As of 23<sup>rd</sup> December '17 there have been 173 responses to the consultation from people who use non-residential services, their carers/representatives and members of the public. The following pie chart represents a breakdown by the different groups of people:

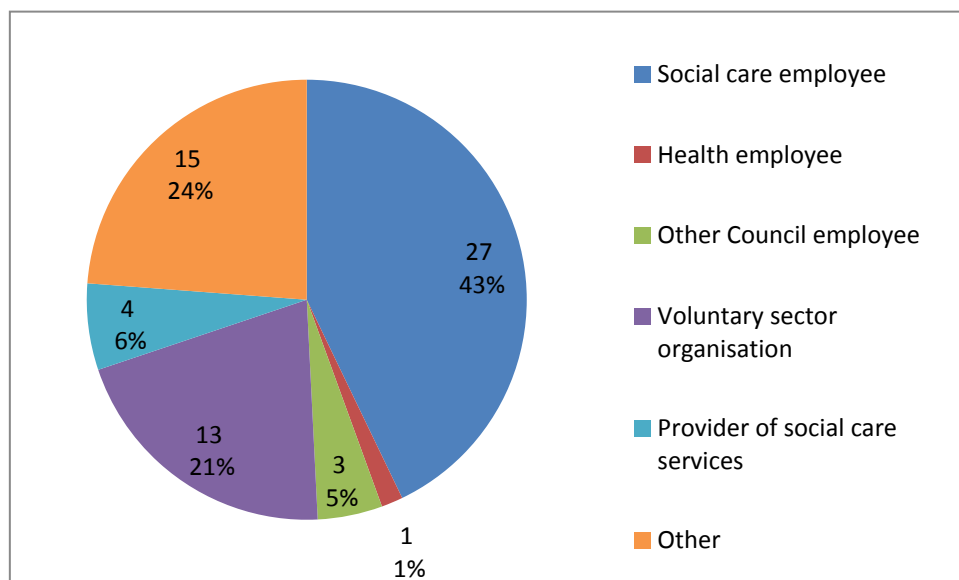


The following bar chart provides a breakdown of services used by the above people. However it should be noted that this is an approximate breakdown as some people who described themselves as non-users have selected a service type when answering this question rather than the option 'not applicable':



## Stakeholders

As of 23<sup>rd</sup> December there have been 63 responses to the online stakeholder questionnaire. The breakdown of respondents is included in the pie chart below:



## **Results**

The first set of proposals relate to removing the subsidies attached to the following services:

- Home care
- Day services
- Extra Care
- Telecare

### Question 1

How far do you agree or disagree that the Council should remove the subsidy so that people who receive home care are charged what it actually costs the Council?

## Results

The following table outlines the extent to which the respondents agree or disagree with the proposal to remove the subsidy attached to home care:

	Service users/carers/ reps	Stakeholders
Strongly agree	5 (3%)	14 (21%)
Tend to agree	42 (26%)	14 (21%)
Neither agree nor disagree	13 (8%)	3 (4%)
Tend to disagree	26 (16%)	12 (8%)
Strongly disagree	72 (44%)	23 (34%)
Don't know	4 (2%)	1 (1%)

The table above shows that there is 60% disagreement with the proposal amongst service users, carers or their representatives. 29% of respondents from this group agreed with the proposal.

Within the stakeholder group there is the same level of agreement and disagreement at 42%. Of the 42% disagreement there is 34% strongly disagreeing.

## Question 1 – Comments

Agree	Disagree
<ul style="list-style-type: none"> <li>- Stockport has an ageing population so it will have an impact on a large selection of the borough but if these proposals are brought in appropriately and in a phased manner it will be better for the Council in the long run</li> <li>- Paying for a service is what everyone has to do, however the savings made for the local council will still need to be used to support people who are unable to support themselves</li> <li>- Fortunately, I am in currently in a position to absorb the proposed increase and will be more than happy to pay the £1.52 per hour increase, but will everyone? For those [with savings] under the £23,250 threshold I feel the subsidy should remain in place</li> <li>- I do think the charge should be means tested and I know I could pay the full amount at present and think I should if it helps to subsidise those on a low income</li> <li>- As long as the same level of support is provided the cost increase currently seems reasonable. The current cost is very low and I am concerned that the wages paid to the support staff are not sufficient to encourage them to stay in the care sector</li> </ul>	<ul style="list-style-type: none"> <li>- People will find it difficult to pay the proposed increased charges and will reduce the amount of care they receive at the expense of their health and wellbeing</li> <li>- My wife would have to undertake more duties and we'd cut back on the days I have my care, she is also frail and elderly</li> <li>- [It would] make living at home unaffordable forcing a move to a residential nursing home</li> <li>- It would swiftly reduce my savings. I fear this is the 'thin edge of the wedge' along with other changes to the welfare state</li> <li>- Why should people who have saved all their lives be penalised for having savings, yet others with no pension or savings get it for free?</li> <li>- I think it is wrong that elderly people have to pay out for help when they have worked hard and paid contributions</li> <li>- More expense out of an already tight monthly budget</li> <li>- Quite simply those who are already struggling to manage on their limited incomes will have even less to spend on food and heating as they cope with their disabilities and health problems</li> <li>- Vulnerable people who use these services and fall into the category of paying more could drop</li> </ul>

<ul style="list-style-type: none"> <li>- At the moment it is affordable and is well worth the expense</li> <li>- Care is means tested so there should not be any change due to the proposal</li> <li>- I tend to agree that the Council should charge the service user the same cost as the Council pays for homecare (and telecare). My rationale for this is that the service user would still benefit from a lower rate due to the Council's contracted rate vs a higher rate if they were to go directly to the provider (stakeholder)</li> <li>- I think that charges should be the same between commissioned and direct payment – currently there are no subsidised costs for people who choose to have a direct payment, so it's only fair if this is the same for people receiving a commissioned service (stakeholder)</li> <li>- The council tax payer should not subsidise people who have the resources to meet their own care costs (stakeholder)</li> </ul>	<p>part of the service to save money, then become in danger of falling, not eating, more isolated... eventually leading to hospital admissions, further burdens on the NHS and other emergency services</p> <ul style="list-style-type: none"> <li>- This is a significant increase of care costs in one hit and although I appreciate your need to manage funds across all services, I feel that this increase should be introduced much more gradually over a number of years and more in-line with inflation</li> <li>- We will be paying £1.50 per hour for a service that is inconsistent most of the time. Time-keeping being the biggest problem</li> <li>- The Council should stand the cost and cut down elsewhere, this service is for older people</li> </ul>
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The key themes which can be drawn from these comments are summarised below:

- Concerns about people reducing their level of care due to cost
- Concerns regarding the impact on home care staff
- Potential pressures on other services
- Comments about the increase being too harsh in one go
- Agreement that people should pay for the care they receive

## Question 2

How far do you agree or disagree that the Council should remove the subsidy so that people who access day services are charged what it actually costs the Council?

## Results

The following table outlines the extent to which the respondents agree or disagree with the proposal to remove the subsidy attached to day services:

	Service users/carers/rep's	Stakeholders
Strongly agree	5 (3.2%)	5 (7.4%)
Tend to agree	24 (15.3%)	15 (22.4%)
Neither agree nor disagree	19 (12.10%)	4 (6%)
Tend to disagree	31 (19.7%)	11 (16.4%)
Strongly disagree	68 (43.3%)	31 (46.3%)
Don't know	10 (6.4%)	1 (1.5%)

The table above shows that there is 63% disagreement with the proposal amongst service users, carers or their representatives. 18.5% of respondents from this group agreed to the proposal.

Within the stakeholder group there is 62.7% disagreement with the proposal and 29.8% agreement. Of the 62.7% who disagree with the proposal, 46.3% strongly disagree.

## Question 2 – Comments

Please note – there are no comments in agreement with the day service proposal.

Disagree
<ul style="list-style-type: none"> <li>- People may decide to stop attending day care, which will force the day care centres to close and we will lose a much needed resource</li> <li>- £33 to £84 is a bit too much of a jump for people</li> <li>- £84 is completely unaffordable for the majority of people. Without day services people will become isolated and lonely</li> <li>- £84 is almost the cost of a full day in a care home. If this subsidy is removed fewer people will use the service</li> <li>- Doubling the charge is too high an increase, especially considering food and travel is not included</li> <li>- Feel extremely distressed just thinking about the impact this will have on X and us (the relatives who care for her)</li> <li>- This would make the service too expensive, so the number of days would have to be reduced, putting more strain on myself as a carer</li> <li>- If we couldn't send my son to day services he would be stuck at home alone all day and we would have to consider him going into a supported tenancy. We are getting older and finding it increasingly difficult to care for a full grown adult with severe learning difficulties</li> <li>- My son has no real income after living expenses, so he relies on the Council subsidies</li> <li>- I have some reservations about charging full cost for day care as this might price people out of day care (stakeholder)</li> <li>- I find the information regarding the day care charges misleading. Our service supports very few people at the highest rate of £84; most clients are at £44 per day. As a significant provider of day care in Stockport for people with a learning disability this is the first I have heard of a subsidy, which I also find concerning (stakeholder).</li> </ul>

The key themes which can be drawn from these comments are summarised below:

- That the increase from the current charge to the actual cost may be too steep for people who receive a higher level of support
- Day services are viewed as a valuable community resource, which could be at risk as a result of these proposals
- These services offer valuable support to carers as well as people who access the service
- No respondents expressed any level of agreement to the proposal

## Question 3

How far do you agree or disagree that the Council should remove the subsidy so that people who access extra care are charged what it actually costs the Council?

## Results

The following table outlines the extent to which the respondents agree or disagree with the proposal to remove the subsidy attached to extra care:

	Service users/carers/ reps	Stakeholders
Strongly agree	14 (9.1%)	11 (16.7%)
Tend to agree	39 (25.3%)	18 (27.3%)
Neither agree nor disagree	24 (15.6%)	4 (6.1%)
Tend to disagree	19 (12.3%)	8 (12.1%)
Strongly disagree	54 (35.1%)	23 (34.8%)
Don't know	4 (2.6%)	2 (3%)

The table above shows that there is 47.4% disagreement with the proposal amongst the service users, carers or their representatives. 34.4% of respondents from this group agreed with the proposal.

Within the stakeholder group 46.9% of respondents disagreed with the proposal, with 34.8% strongly disagreeing. There is 44% agreement to the proposal.

## Question 3 – Comments

Agree	Disagree
<ul style="list-style-type: none"> <li>- I think as long as this is considered as a maintenance charge which most flat residents pay in private sheltered accommodation is reasonable</li> <li>- This is a minor increase and this service is essential to keeping my dad out of a care home, saving the Council money and places. But it should be capped</li> <li>- This is the only type of care my mother receives. It is essential for peace of mind. An increase of 41% is substantial but my mother does not currently incur other care costs so for her it would be manageable</li> <li>- This would seem reasonable and affordable to those with savings</li> <li>- The Council's extra care service is excellent, very responsive and vital to the peace of mind for those who need it. My mother will review her finances and make cut backs in other areas of</li> </ul>	<ul style="list-style-type: none"> <li>- A small increase of £4.62 per week but users in [receipt of] a fixed income/pension will have to find the money from somewhere so what will suffer, heating or eating?</li> <li>- It will have a massive impact on people who receive this care. Older people worry enough about not having enough money to last them the rest of their lives, without you asking them to pay more</li> <li>- Agree that the amount charged should closely reflect actual costs, but an immediate increase of over 41% is too steep for residents who may not be able to work or may be living on a retirement income</li> <li>- Don't use this service but can see for those who need the support of onsite care services the proposal would put an extra strain on their finances</li> </ul>



her expenses in the same way that local government does

The key themes which can be drawn from these comments are summarised below:

- Whilst the percentage increase is quite high, people feel that this is a relatively low cost service that represents value for money
- There are some concerns about the financial impact on older people who have a limited income and may be reliant on welfare benefits or a state pension only
- This a valuable preventative service that prevents people from moving into care homes

#### Question 4

How far do you agree or disagree that the Council should remove the subsidy so that people who access telecare are charged what it actually costs the Council?

### Results

The following table outlines the extent to which the respondents agree or disagree with the proposal to remove the subsidy attached to telecare:

	Service users/carers/ reps	Stakeholders
Strongly agree	16 (10.3%)	12 (18.2%)
Tend to agree	44 (28.4%)	17 (25.8%)
Neither agree nor disagree	25 (16.1%)	7 (10.6%)
Tend to disagree	19 (12.3%)	8 (12.1%)
Strongly disagree	46 (29.7%)	21 (31.8%)
Don't know	5 (3.2%)	1 (1.5%)

The table above shows that there is 42% disagreement with the proposal amongst service users, carers or their representatives. 38.7% of respondents from this group agree with the proposal.

Within the stakeholder group 44% of respondents agree with the proposal and 43.9% disagree, with 31.8% strongly disagreeing.

### Question 4 - Comments

Agree	Disagree
<ul style="list-style-type: none"> <li>- Very little impact, the cost is easily covered by my attendance allowance</li> <li>- Is it possible you can mean test as there are people who can well afford the price increases</li> </ul>	<ul style="list-style-type: none"> <li>- Agree that the amount charged should more closely reflect actual costs, but an immediate increase of over 64% may be too steep for residents even if the cost is still low</li> </ul>

<ul style="list-style-type: none"> <li>- Only a slight increase</li> <li>- My mother could probably afford to continue to pay for this service if that was to happen</li> <li>- As long as the service was maintained this would be reasonable</li> <li>- This compared to many increases is small and hopefully acceptable and affordable</li> <li>- It is a minimal increase so will have minimal effect</li> <li>- Not very much impact on us as it is only £2 a week. That is ok for us</li> <li>- The Council's Telecare service is excellent and very responsive and vital to the peace of mind of those who need it.</li> <li>- My father has telecare and would pay the full amount, however this I believe is value for money, even at the full charge</li> <li>- This is an amazing service which gives me great peace of mind. My only suggestion is that the cost rise is managed gradually over a number of years</li> </ul>	<ul style="list-style-type: none"> <li>- People who need these sensors, need these sensors. It is safer and cheaper to protect these people than leave them unprotected and vulnerable to injury or death. The cost of reactive care is far more than preventative care</li> <li>- This increase will mean I will probably have to remove the service. Without Carecall, there is no doubt my life would have ended by now due to my illness, the telecare service helps by calling an ambulance when needed. I would be able to afford an extra 0.50p but I do not know how I will afford nearly double the price</li> <li>- It would mean that a lifeline that could save me from falling on the floor and not getting any help could be removed which could be fatal. I couldn't afford this increase</li> <li>- Again small [increase] £1.90 a week but all these smalls are starting to add up</li> <li>- Will mean mum will have less to spend on essentials</li> <li>- Could have a detrimental effect on the NHS, if people are left on the floor longer after a fall and could lead to bed blocking</li> </ul>
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The key themes which can be drawn from these comments are summarised below:

- Whilst the charge is relatively low compared to other services, the percentage increase may be too high for some people which may lead to withdrawal from the service
- This is a low cost and valuable preventative service that diverts people away from NHS services such as the ambulance service and accident and emergency
- Some people feel that this proposal will have minimal financial impact for most people and that it is worth paying for the service for the peace of mind and practical benefits it offers to the person and their family

#### Question 5

How far do you agree or disagree that the Council should increase the maximum assessed charge from £289 to £400 so that people who have been assessed as being able to afford to pay more towards the cost of their care do?

## Results

The following table outlines the extent to which the respondents agree or disagree with the proposal to increase the maximum assessed charge from £289 to £400:

	Service users/carers/ reps	Stakeholders
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Strongly agree	13 (8.1%)	11 (16.7%)
Tend to agree	30 (18.8%)	16 (24.2%)
Neither agree nor disagree	21 (13.1%)	5 (7.6%)
Tend to disagree	37 (23.1%)	9 (13.6%)
Strongly disagree	58 (36.3%)	24 (36.4%)
Don't know	1 (0.6%)	1 (1.5%)

The table above shows that there is 59.4% disagreement with the proposal amongst service users, carers or their representatives. 26.9% of respondents from this group agree with the proposals.

Within the stakeholder group 50% of respondents disagree with the proposal, of these, 36.4% strongly disagree. 40.9% of respondents agree with the proposal.

## Question 5 – Comments

Agree	Disagree
<ul style="list-style-type: none"> <li>- I strongly agree those who are able to pay should do. Those who cannot simply cannot</li> <li>- People should use their savings (if they have any)</li> <li>- Currently, I shall be able to absorb this increase. Would the introduction of a two tier threshold be worth considering, eg those under £23,250 have a max of £289, those with savings between £23,250 and say £28,250 a max of £345 and those with over £28,250 subjected to full cost?</li> <li>- I tend to agree that the Council should increase the maximum charge cap to £400. My rationale for this is that the Council cannot afford to offer large subsidies on care packages whereby individuals can afford to pay for what they have (stakeholder)</li> <li>- The Council faces an unprecedented financial challenge so it has to look to protect services for vulnerable people by maximising charges income (stakeholder)</li> </ul>	<ul style="list-style-type: none"> <li>- I think the % increase is too high, although a smaller increase does seem to be needed.</li> <li>- Living at home will become unaffordable and force people into care homes</li> <li>- The fee to be charged is approaching the fees in a care home. If a person lives in their own home they are paying for bills, food, laundry etc as well as home repairs. This could result in people who stay at home actually paying more overall than a care home resident, without the social benefits of residential accommodation</li> <li>- This is a lot of money. £1,600 per month will reduce savings very quickly and the council would be responsible for care sooner</li> <li>- Stockport should be proud that is able to look after its residents. Increasing the costs gives no incentive to save for old age</li> <li>- This is a significant increase and should be managed over a number of years</li> <li>- A big jump from £289 to £400, is there scope for a phased increase so that people affected can budget over a period of time for the increase? (stakeholder)</li> </ul>

The key themes which can be drawn from these comments are summarised below:

- The increase from £289 to £400 is considered to be too great
- There is a feeling that there should be a phased increase so that people can budget for the increase over a longer period of time
- Concerns that people's savings will diminish very quickly
- Some agreement that people who have the money to pay for the full cost of their care should do

### Question 6

How far do you agree or disagree that the Council should charge people for two carers if they have been financially assessed as being able to afford to pay towards the cost of the second carer?

## Results

The following table outlines the extent to which the respondents agree or disagree with the proposal to move towards the position of charging for a second carer:

	Service users/carers/ reps	Stakeholders
Strongly agree	13 (8.3%)	9 (13.4%)
Tend to agree	31 (19.9%)	14 (20.9%)
Neither agree nor disagree	23 (14.7%)	3 (4.5%)
Tend to disagree	21 (13.5%)	15 (22.4%)
Strongly disagree	63 (40.4%)	26 (38.8%)
Don't know	5 (3.2%)	0 (0%)

The table above shows that there is 53.9% disagreement with the proposal amongst service users, carers or their representatives. 28.2% of respondents from this group agreed with the proposal.

Within the stakeholder group 61.2% of respondents disagree with the proposal and 34.3% agree with the proposal.

## Question 6 – Comments

Agree	Disagree
<ul style="list-style-type: none"><li>- Agree that a second carer should be charged for, as double the service is required. However, the increase should be stepped annually and not made in full immediately, the allow the household to adjust to the increase</li><li>- Definitely, if someone can afford to pay for two they should</li><li>- Doubling costs would probably create hardship in certain cases but an upper ceiling on overall charges will probably take this cost out of the equation</li><li>- I would have thought it should be partially subsidised but not wholly</li></ul>	<ul style="list-style-type: none"><li>- Again this proposal penalises the most unwell and disabled people. In some cases this will double the cost of care per week. Family/carers will be at risk of unsafe moving and handling rather than paying the extra cost of the second carer. This will also impact on paid agency carers who may be asked to undertake unsafe moving and handling activities</li><li>- It is wrong to penalise people who are more disabled, it isn't their fault</li><li>- I would have thought that this discriminated against those in need and be illegal?</li><li>- If I was to need 2 carers I would expect the two from a health and safety point of view, it would be dangerous otherwise</li><li>- It seems the increase in cost will put pressure on nursing homes, as people leave their own homes as they can't afford to pay</li></ul>

	<ul style="list-style-type: none"> <li>- I receive a 2 carer package currently; if the cost were to double, my savings would rapidly disappear</li> <li>- If the proposal were introduced together with the increased hourly rate for home care, it would increase our charge by £137 per week or 124%</li> </ul>
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The key themes which can be drawn from these comments are summarised below:

- This proposal affects people who have the greatest need negatively
- Some people may choose to reduce their package of care, which may place pressure on unpaid carers and relatives
- Some concerns about the legality and health and safety implications
- It may no longer be affordable for people to remain at home
- Some agreement that there should be a part subsidy for the second carer but probably not a full subsidy