

AGENDA MANAGEMENT SHEET

Name of Committee Cabinet

Date of Committee 2 November 2006

Report Title Fairer Charging - Care at Home Services

Summary This report sets out proposals for a revised charging policy.

For further information please contact: Philip Lumley-Holmes
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Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision] No.

Background papers Report to Cabinet 23 February 2006

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees Adult & Community Services Overview and Scrutiny Committee 17 October, 2006.
- Local Member(s)
- Other Elected Members Councillor F McCarney, Councillor R Dodd, Councillor M Stanley, Councillor J Compton
- Cabinet Member Councillor C Hayfield
- Chief Executive
- Legal Jane Pollard, Alison Hallworth
- Finance David Clarke, Strategic Director of Resources
- Other Chief Officers
- District Councils
- Health Authority

Police

Other Bodies/Individuals All service users, Customer First Steering Group,
Learning Disability Carers Forum.

FINAL DECISION YES

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by
this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Cabinet – 2nd November 2006

Fairer Charging - Care at Home Services

**Report of the Strategic Director of Adult Health and
Community Services**

Recommendation

That Cabinet approve the following proposals for a revised charging policy.

- (1) Increase “buffer” to Income Support + 40% and increase the charge to £8.70, half way between our current charge and the group average.
- (2) Charging on planned hours is continued at the present time but a review of this decision is taken when the electronic time recording system is in place. In the meantime remove what is now seen as inconsistency with our banded charges and charge on the basis of a standard hourly rate rounded to the nearest half hour.
- (3) That we do not increase the savings figure from the current level of £21,000 but that this is increased annually in April in line with CRAG guidance.
- (4) That for the time being we do not charge a higher rate for service users who receive more than 18 hours home care.
- (5) That the rate for day care is increased from £2.22 per day or part day to £5.00 per day or part day.
- (6) That rate for transport is increased from £1.07 per journey to £1.20 per journey.
- (7) Providing all the above are approved it is proposed to implement the changes from 1 January 2007. This would need to be reviewed should any of the above recommendations be changed or not approved
- (8) That the proposed charges remain the same until April 2008.
- (9) A further report on disability related expenditure be brought back to Members in due course.

1. Introduction

- 1.1. The report to Cabinet on 23 February 2006 outlined the reasons why it was appropriate to review the current charging policy for Care at Home Services. It also approved options as a basis for a statutory consultation exercise.
- 1.2. Attached at **Appendix A** is a detailed report to Adult and Community Overview & Scrutiny Committee on 17 October outlining the result of the consultation exercise and making recommendations on a revised charging policy for discussion by that Committee at this meeting prior to submission to Cabinet for final approval. Options are discussed in the context of the budget situation facing the Department.
- 1.3. The Adult and Community Overview and Scrutiny Committee endorsed the recommendations and an extract from the Committee's draft minutes is attached at **Appendix B**.

2. Recommendations

- 2.1. Cabinet is asked to approve the recommendations set out in the recommendations box above.

GRAEME BETTS

STRATEGIC DIRECTOR OF ADULT, HEALTH AND
COMMUNITY SERVICES

Shire Hall
Warwick

October 2006

AGENDA MANAGEMENT SHEET

Name of Committee **Adult Health and Community Services
Overview and Scrutiny Committee**

Date of Committee **17th October 2006**

Report Title **Fairer Charging - Care at Home Services**

Summary This report sets out proposals for a revised charging policy

For further information please contact: Philip Lumley-Holmes
Financial Services Manager
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Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees Report to Cabinet 23 February 2006
Fairer Charging – Care at Home Services
- Local Member(s)
- Other Elected Members Councillor F McCarney, Councillor R Dodd,
Councillor M Stanley, Cllr J Compton
- Cabinet Member Councillor Colin Hayfield
- Chief Executive
- Legal Jane Pollard, Scrutiny Manager
Allison Hallworth, Adult and Community Team
- Finance David Clarke, Strategic Director of Resources
- Other Chief Officers
- District Councils

Health Authority

Police

Other Bodies/Individuals

FINAL DECISION None

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee

To Council

To Cabinet 2 November 2006

To an O & S Committee

To an Area Committee

Further Consultation

Agenda No

Adult Health and Community Services Overview and Scrutiny Committee - 17 October 2006.

Fairer Charging - Care at Home Services

Report of the Director of Adult Health and Community Services

Recommendation

That Members discuss and comment on the following recommendations in relation to a new charging policy to be submitted for approval to Cabinet on 2 November 2006:

- (1) Increase "buffer" to Income Support + 40% and increase the charge to £8.70, half way between our current charge and the group average.
- (2) Charging on planned hours is continued at the present time but a review of this decision is taken when the electronic time recording system is in place. In the meantime remove what is now seen as inconsistency with our banded charges and charge on the basis of a standard hourly rate rounded to the nearest half hour.
- (3) That we do not increase the savings figure from the current level of £21,000 but that this is increased annually in April in line with CRAG guidance.
- (4) That for the time being we do not charge a higher rate for service users who receive more than 18 hours home care.
- (5) That the rate for day care is increased from £2.22 per day or part day to £5.00 per day or part day.
- (6) That rate for transport is increased from £1.07 per journey to £1.20 per journey.
- (7) Providing all the above are approved it is proposed to implement the changes from 1 January 2007. This would need to be reviewed should any of the above recommendations be changed or not approved
- (8) That the proposed charges remain the same until April 2008.
- (9) A further report on disability related expenditure be brought back to Members in due course.

1. Introduction

- 1.1. The report to Cabinet on 23 February 2006 outlined the reasons why it was appropriate to review the current charging policy for Care at Home Services. It also approved options as a basis for a statutory consultation exercise.
- 1.2. This report outlines the result of the consultation exercise and makes recommendations on a revised charging policy for discussion prior to submission to Cabinet for final approval on 2 November 2006. Options are discussed in the context of the budget situation facing the Department.

2. Results of the Consultation Exercise

Earlier this year a consultation questionnaire was sent out to 4,360 service users. We sought their views on the way they pay towards their care at home services. 1,587 (36%) of questionnaires were returned.

The responses to the questionnaire are detailed in Appendix A with a further view in pie chart form. The discussions with the Customer First Steering Group and the Learning Disability Carers Forum are similar to the results from the postal questionnaire. However, Learning Disability Carers Forum asked that we relook at the items within the disability related expenditure allowed against income assessable for charging. There is no reason why the proposals for charging can not be approved whilst this request is looked into when a further report will be brought back to Members.

In addition service users had the opportunity to make general comments on the questionnaire and service generally. These have been categorised under general themes and are summarised in Appendix B.

3. Comparison with Other Authorities

- 3.1. Before making proposals we need to consider what other authorities are currently charging. Attached at Appendix C is a comparison of rates of most authorities on our CSCI computer group plus a number of others in the Midlands area.
- 3.2. The comparison shows:

Warwickshire's current hourly rate for home care is £3.89 (this is the average of the current banded rates).

This is the lowest of any of the authorities listed in Appendix C. The highest charge of those listed is £16.46 per hour and the average of those listed is £12.34 per hour.

4. Budget Context

- 4.1. The Department is facing a significant overspend currently estimated in the region of £3 million. The County Council is likely to face increasing financial pressure over the next few years. As service demands and client expectations increase this Department will therefore have to make significant decisions on services provision.
- 4.2. One of the approaches originally assumed for a revised charging policy was to take more clients out of charging. The option preferred as identified in the consultation is to increase the minimum income guarantee over and above the 'Income Support plus a 25%' buffer. A rate of 40% would take approximately 245 extra clients out of charging (852 currently to an estimated 1097) reducing income by approximately £0.5 million. (Note: Only 5 of the 19 authorities contacted have increased the income buffer above the minimum level). The lost income would need to be recouped by increasing charges to about £5.15 an hour to those remaining in charging compared to the current rate of £3.89.
- 4.3. In the light of increasing pressure on the budget we need to reconsider whether we can continue with the proposition to take these extra 245 clients out of charging and indeed consider options for increasing income levels in order to reduce pressure on the potential need for service reductions.

5. Options

- 5.1. The following options are discussed:
- (a) Increase "buffer" to Income Support + 40% - takes 245 extra clients out of charging, reduces income by £0.5 million, increase charges to £5.15 per hour to recoup loss.
 - (b) Increase "buffer" to Income Support + 40% and increase the charge to £8.70, half way between our current charge and the group average – Increases income by approximately £1 million.
 - (c) Increase "buffer" to Income Support + 40% and raising the charge to the current average in those local authorities in group surveyed. The rate of £12.34 is still well below the cost of providing services – Increases income by approximately £2 million.
 - (d) Not increasing the "buffer" to Income Support + 40% would not take anybody out of charging and would increase the income options (b) and (c) by some £0.5millions.

6. Other considerations

Planned Hours/Actual Hours

- 6.1. In the Cabinet report dated 23/02/06 it was stated that 2 of the reasons for updating the Council's existing Charging Policy was the practice of charges being based on planned hours rather than the actual hours delivered and for charging to be based on bands of 2 hours with different hourly rates. It was also stated that there are plans to develop and introduce electronic time recording systems, but these are not expected to be in place in the forthcoming year.
- 6.2. As can be seen from the results of the consultation exercise 60% of service users who responded were in favour of continuing with the present practice of charging on planned hours, with a nil charge if less than half the planned hours are actually received. 30% said we should not charge on planned hours and the majority of that 30% said we should charge only for services that are delivered.
- 6.3. It is recommended, therefore, that charging on planned hours is continued at the present time but a review of this decision is taken when the electronic time recording system is in place. In the meantime it is possible to remove what is now seen as inconsistency with our banded charges and charge on the basis of a standard hourly rate or half hourly rate.

Savings

- 6.4. Currently service users with savings over £21,000 are assessed to pay our standard charges without a further assessment. This is the rate used in the national Charging for Residential Care Guide (CRAG) increased annually in April. The consultation exercise shows that 67% of the respondents were in favour of continuing with this policy. Only 46% said the figure of £21,000 should be increased.
- 6.5. All of the authorities compared on our CSCI computer group have the same threshold of £21,000. It is recommended, therefore, that we do not increase the savings figure from the current level of £21,000.

Separate hourly rate for Intensive Home Care

- 6.6. 63% of the respondents said we should not charge a higher rate for the extra care required if a Social Work assessment indicates care needs best be met in a Care Home but the person wishes to stay in their own home. Only 1 authority on our CSCI computer group charges a higher rate for their service users who receive more than 18 hours home care.
- 6.7. It is recommended, therefore, that for the time being we do not charge a higher rate for service users who receive more than 18 hours home care.

7. Day Care/ Transport Charges

7.1. If we changed the “buffer” for home care it would be necessary to do the same for day care charging. It is likely that a further number of disability users would be taken out of charging. Transport charges are not within the ‘fairer charging’ framework.

7.2. Day care and transport charges are well below the cost of providing the services. It would be reasonable to increase these charges in line with a rate change in home care. Appendix C shows a comparison of rates of most authorities on our CSCI computer group plus a number of others in the Midlands area.

Day care Charges

7.3. Warwickshire’s current daily rate for day care is £2.22. Not all of the authorities charge for day care. Of those that do the highest charge is £35.00 per day and the average is £15.08 per day. It is estimated that increasing charges to £5.00 should recoup lost income but not raise income levels generally.

Transport charges

7.4. Warwickshire’s current transport charge is £1.07 per single journey. Not all of the authorities charge for transport. Of those that do the highest charge is £1.60 per single journey and the average is £1.14 per single journey. Although these levels of charges are way below the costs of service it is suggested that we remain nearer the average at this point with a charge of £1.20 per single journey.

8 Costs of collection

8.1. There have been some concerns about costs of collection. If Members agree to take some clients out of charging there may be marginal savings on printing, postage etc but it is unlikely to save significant staff time. Indeed there are risks that increasing charges will increase bad debts and any saving in time will be offset in pursuing debt. We will continue to seek efficiency savings in administration and support to keep costs down and carry out further benchmarking.

9. Timing and Inflation

9.1. If all of the recommendations are approved then it would be possible to implement the changes from 1 January 2007. It is normal to increase charges in line with inflation from the beginning of April, but it would seem reasonable to keep the proposed charges the same until April 2008.

10. Recommendations

- 10.1. Members are asked to comment on the proposals for changes to the charging policy set out below to be submitted for approval to Cabinet on 2 November 2006.
- 10.2. (1) Increase “buffer” to Income Support + 40% and increase the charge to £8.70, half way between our current charge and the group average.
- (2) Charging on planned hours is continued at the present time but a review of this decision is taken when the electronic time recording system is in place. In the meantime remove what is now seen as inconsistency with our banded charges and charge on the basis of a standard hourly rate rounded to the nearest half hour.
- (3) That we do not increase the savings figure from the current level of £21,000 but that this is increased each April in line with the CRAG guidance.
- (4) That for the time being we do not charge a higher rate for service users who receive more than 18 hours home care.
- (5) That the rate for day care is increased from £2.22 per day or part day to £5.00 per day or part day.
- (6) That rate for transport is increased from £1.07 per journey to £1.20 per journey.
- (7) Providing all the above are approved it is proposed to implement the changes from 1 January 2007. This would need to be reviewed should any of the above recommendations be changed or not approved
- (8) That the proposed charges above remain the same until April 2008.
- (9) A further report on disability related expenditure be brought back to Members in due course.

GRAEME BETTS
Strategic Head of Adult Health and Community Services

Shire Hall
Warwick

September 2006

ADULT, HEALTH & COMMUNITY SERVICES

RESULTS OF QUESTIONNAIRE ON CONTRIBUTING TOWARDS THE COST OF YOUR CARE AT HOME SERVICES

74% of people who returned the questionnaires were aged over 65 and 76% received Home Care Services and 26% used Day Care Services.

The results of the questionnaire told us that:-

- ❖ 75% thought that it was a good idea to make care at home charges free to more people on lower incomes. 15% did not think this was a good idea. 10% did not know.
- ❖ 56% said that if we end care at home charges for more people on the lowest incomes we should make up for the loss of income by increasing the charge for those people who would pay. 12% said we should reduce services. 32% said other ways should be considered, the main theme of which was the Government should pay.
- ❖ 43% said 'low income' should be decided by continuing the current detailed financial assessment for everyone, but have a 'nil' charge for those on the lowest incomes. 36% said we should exclude people from paying if they are in receipt of Income Support/Guaranteed Credit who in addition are also receiving Attendance Allowance/Disability Living Allowance/Severe Disablement Premium as well. 8% said neither of the above should apply, and 13% did not know.
- ❖ 60% said we should continue to charge for the planned hours as agreed in your care plan, subject to if you receive less than half of the planned hours in any one week we do not charge for that week. 30% said we should not charge on this basis and 10% did not know.
- ❖ 85% of those who said we should not charge on planned hours said that in the future we should charge only for services that are received. 2% said we should not charge on this basis. 11% did not know. 2% said another way should be found.
- ❖ 67% said we should continue with our current policy of charging our normal charges for people who have savings of more than £21,000. 19% said we should not continue with this policy, 14% did not know.

- ❖ 46% said the figure of £21,000 should be increased to a higher figure. 36% said it should not be increased to a higher figure and 18% did not know.
- ❖ 32% said the higher figure should be £25,000
39% said the higher figure should be £30,000
24% said the higher figure should be £40,000 and
5% said other
- ❖ 63% said we should not charge a higher rate for the extra care required if a social work assessment indicates care needs would best be met in a care home but the person wishes to stay in their own home, 22% said we should charge a higher rate and 15% did not know.

We also consulted with the Customer First Steering Group and the Learning Disability Carers Forum. The results from these consultations were similar to those expressed from the postal questionnaire.

COMMENTS – GENERAL THEME : WHY CHANGE?

<p>Fair at Present – the system operated at present seems to work well and is accepted, therefore, why change with all the disruption and confusion change always brings – please do not change for the sake of change.</p>	<p>Unable to pay more – fair at present but if charges are increased there would be an inability to pay without a reduction in standard of living and quality of life.</p>	<p>The proposed increase is way above inflation and quite unaffordable for many, not necessarily just the ‘low paid’. Strongly object.</p>
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COMMENT THEME : EVERYBODY SHOULD PAY				
<p>An understanding that Attendance Allowance, Pension Credit and other benefits have been assessed for the purpose of paying for care – everyone should pay something towards the service they get based on the money they receive from the State.</p> <p>Totally unfair otherwise.</p>	<p>To suggest that those of us who pay towards our care should subsidise others is outrageous.</p> <p>We are already dipping into our savings to pay for care that we actually need and not want and to suggest we dip even further to pay for someone else's is ludicrous.</p>	<p>It is the people slightly over the benefit threshold that always end up losing. On paper it may look as if they can afford to pay but, in fact, any increase in charges puts a severe financial burden on them.</p> <p>Doubly hard to meet in view of recent large increases in gas and electricity.</p>	<p>Charges should be according to a person's ability to pay; whether it is Occupational Pension, Attendance Allowance, Guarantee Credit or top ups and savings.</p> <p>Mr B & Mrs C both have similar total incomes, therefore, their ability to pay is equal. (DP)</p>	<p>Re. Note B – Feels that both should be treated equally with regards to paying charges, as their incomes are very similar.</p> <p>However, do feel that Attendance Allowance, Disability Living Allowance and Severe Disablement premium should be excluded from the total income.</p>
<p>Instead of making it free for low-income clients, why not reduce charges by 25% and increase charges by 25% for those able to pay. This would still help the low-income clients.</p> <p>Your proposal indicates that if you scrap charges for low-income clients, those clients that still pay would receive a 200% increase in charges and that is too much.</p>	<p>You need to quantify 'low income' by clients' needs. Just because a person does not receive Income Support, does not mean they are better off, as things like prescriptions, eye tests, dentists, still need to be paid for.</p> <p>A percentage of Attendance Allowance or Disability Living Allowance should be used to pay for homecare. That's what it's for! (DP)</p>	<p>In note B, why should Mr B be penalised for not needing additional state benefit. This is like an increased tax.</p> <p>A person who has provided resources to ensure a secure old age should not subsidise those that have not.</p> <p>They have supported the less willing / able / fortunate / throughout their working lives.</p>	<p>We are already paying for services we do not receive entirely due to the whim of your service providers and we are unable to influence this decision.</p> <p>Everyone should pay the same flat rate, regardless of savings or income; any short fall should be met by the Government.</p> <p>The Nanny state must stop playing the 'Supplier Unlimited' role. (DP)</p>	<p>All care should be paid for so that no one can abuse the system.</p> <p>Some people receive benefits but do not spend them on the purpose intended; this is wrong and unfair to people who do not receive benefits but who may have even less total income than the benefit receivers.</p>

COMMENT THEME : EVERYBODY SHOULD PAY				
<p>Stop playing us off one against the other, fighting for scraps and feeling deprived or guilty. Treat us like human beings.</p> <p>Allowing more people to fall into the 'no pay' bracket puts an extra burden on everyone else and would bring no further income.</p>	<p>Start campaigning for more and better services for us. (DP)</p> <p>If there is a need to get lower paid people onto free care, then the extra cost should be gained from central resources; not imposed on the infirm who have managed to prepare financially for their old age.</p>	<p>If people with savings are expected to pay more to subsidise people on low incomes, fewer of them will use the service leading to:</p> <ul style="list-style-type: none"> (1) An increase in charges to those on lower incomes (2) More housebound people with a poorer quality of life. 	<p>People who are hard up have avenues for assistance, eg. Attendance Allowance.</p> <p>You are now proposing that, in order to receive this less than minimum care we will be forced to pay for:</p> <ul style="list-style-type: none"> (a) The calculated cost of the care. (b) Additional costs to cover care for others on low income. 	<p>Start from the grass root – educate people from young on how to take care of one's own life and future. The State will benefit if people are taught how to budget and NOT to spend what they haven't got.</p> <p>Make up for loss of income by ensuring all people claim their Government allowances, eg. Attendance, Disability, etc.</p>

COMMENTS THEME : SAVERS PENALISED AND FORCED TO SUBSIDISE NON-SAVERS (THE LESS PRUDENT)				
<p>Charges should be based on net income after tax, which would include interest on savings and hence be fairer where general income is low.</p> <p>Charges should relate only to income from pensions benefits, etc, not to income from savings – as this penalises those who have saved in the past. (DP)</p> <p>Extra consideration should be given to the Over 80's; their savings have been reduced considerably at this time of life.</p> <p>As we are all living longer and everything goes up and up in price, one worries that one's savings are going down and down.</p>	<p>By 'Savings' inclusion, 'Savings' reduce to a 'low level' – leaving the client nothing in reserve – for house repairs, extra heating, even a holiday; very necessary if one is confined to a house and reliant on care for a good quality of life.</p> <p>No one wishes to be in this position – but finds themselves in this position because of their health, not by choice.</p> <p>It seems the generation that paid most, eg. Fought for their country, lived in harder times, and who could never afford to save or 'went without' to save a little, are now being penalised and ignored by the Government.</p>	<p>With regard to savings; because someone has savings does not automatically mean they are wealthy. They have often saved with a view to disability related items and quality of life in the future.</p> <p>Under current rules this money will pay for care needs and the client will never have the opportunity to replace it. Therefore, they no longer have the peace of mind of that extra security for the future. (DP)</p> <p>Ability to pay should be based only on income, regardless of how the income is made up; savings should not come into it.</p> <p>Occupational pensions did not exist years ago.</p>	<p>People who have earned well but chosen to spend it frivolously, should not be given preferential benefits over those who have been more prudent and forgone extravagances in order to provide for later years.</p> <p>It appears there will be a penalty for saving and reward for relying on state provision.</p> <p>How do we advise our children and grandchildren what to do for their future if this is the case?</p> <p>Basing charging on savings is misleading.</p> <p>Savers in real terms could be worse off when considering other commitments ie. Council Tax.</p>	<p>It is unfair for people who have saved to be penalised by having to pay higher fees to compensate Local Authority finances. Local Authorities need to put pressure on the Government to increase funding for social care.</p> <p>The 'savings' figure could be providing part of a pension and, therefore, should not be part of any calculations to allow more people to receive care.</p> <p>Unfairness that Savers end up no better off than Non-Savers – why should people who have been prudent all of their lives subsidise people who have not?</p> <p>It is a very difficult problem but a much fairer system should be found.</p>

COMMENTS GENERAL THEME : PROPOSED NEW CHARGES				
<p>If the charges are going to increase in the near future we'd like plenty of notice to make enquiries of other care companies and charges.</p> <p>Only receiving meals at present but when do require home care will be very reluctant to pay £9.00 an hour.</p> <p>The proposed charge of £9 an hour is ridiculous.</p> <p>Half hour visits should be returned.</p>	<p>Charges of £9.00 per hour would cause many people to reduce their home services below what they really need.</p> <p>'Nil' charges would lead to a reduction in feedback; many people would be reluctant to make complaints or requests improvement in the service.</p>	<p>In this area, we have just been subjected to a traumatic and totally unwelcome change in our carers' teams – without any discussion with us – the users of the service.</p> <p>This is an unfortunate time for you to suggest payment changes.</p> <p>Any increase will be strongly resisted.</p>	<p>Under proposed new charges it would mean there would not be enough left out of Attendance Allowance for a cleaner and occasional gardener; we were informed this was for such small necessities.</p> <p>It seems this is another stealth tax – the Government clawing back money that they pay to help out.</p>	<p>Wouldn't it be the case, if charges rose to £27.00, a lot of people wouldn't be able to afford it and you would lose out?</p> <p>Modest charges of £3 per hour are about right, for those who can afford to pay it. Those who claim they cannot, should use the benefits they receive for this intended purpose.</p>

COMMENTS GENERAL THEME : SHOULD ONLY PAY FOR ACTUAL HOURS OF HOME CARE RECEIVED				
<p>Although a certain amount of time is allocated and charged for, in reality only about half the time is spent, eg. Half an hour becomes fifteen minutes; an inadequate time to get a slow, elderly person dressed or to cook a meal.</p>	<p>Please charge only for the services we receive.</p> <p>There are many totally missed visits – visits paid for but not received – which cause real problems to the client and to their families.</p>	<p>The current system of paying <u>full charge</u> for <u>51%</u> of planned visits is open to financial abuse by unscrupulous carers / Agencies.</p> <p>Make up for the loss of income by getting money back from the Home Care Agencies who are being paid to provide the service but do not keep to the package agreed with you and the client.</p>	<p>Feels the way care charges are worked out at present - dependent on the proportion of your hours you have received in a particular week - is very complicated.</p> <p>It would be simpler and fairer to charge for the actual hours of care received per day / week.</p>	<p>Any Agencies employed to cover the care indicated by an assessment should have to pay a fee to WCC for any calls they miss. This could then be offset against the fee the client is charged per week. This would mean that the same amount per week is still being received by WCC and ensure their Agencies make a greater effort to see that all calls are covered. (DP)</p>
<p>Home care should be based purely on care provided – anything else is open to abuse.</p>	<p>Although, on the whole, the services are very good, I often feel short changed because times are not kept but charges are.</p>			

COMMENTS GENERAL THEME : HOME CARE AGENCIES				
<p>If a Care Agency provides under half the weekly care then no charge is made by social services.</p> <p><u>BUT</u></p> <p>Many times the Care Agency manages to allow for just over half of the paid care each time, exploiting the system and we end up paying for a lot of care we do not get. (DP)</p> <p>We have a wonderful service from you. Our carer is very good and understands the needs of the client.</p> <p>Quite satisfied with home carers but would like to be prior informed who will be coming at weekends when regular carers do not work.</p>	<p>Any charging system needs to provide a mechanism for a regular assessment by either the client or the client's representatives, of the quality of care being provided.</p> <p>This is particularly relevant as the beneficiaries of care services cannot 'vote with their feet' as most normal consumers are able to do when dissatisfied with services provided.</p> <p>Who are these Home Care Agencies accountable to?</p> <p>Agencies are badly organised and inefficient. Lots of time is wasted going from one client to another – need to co-ordinate a carer's designated clients by home location.</p>	<p>It would help patients if they could have a regular carer and not several different ones during the week.</p> <p>Each carer then needs to be shown everything and told what is required; this is difficult for old, frail patients, particularly when the carers are always giving the impression they have no time to spare.</p> <p>We are considering private care at home where:</p> <ul style="list-style-type: none"> (a) the cost is higher but more reliable. (b) the same person visits at the same time every day. 	<p>Whatever you decide about charges, always remember that most of the people you are caring for are old and do not like changes in their routine.</p> <p>They need to see a familiar face at a regular time and be able to pass the time of day.</p> <p>Whatever their disability, be it age or invalidity, loneliness is their biggest fear. No one can put a price on his or her needs.</p> <p>Are they monitored at all?</p> <p>Would like to see the Care Agencies who overcharge every month sacked. They should be made accountable for the distress, chaos and anxiety it causes.</p>	<p>The Care Agencies should always know what is required and where.</p> <p>The client is always vulnerable and needs to know and trust the carer.</p> <p>The carer should be made aware of how to approach the client and work to this end. They need to attend at correct times, particularly when medication needs to be given.</p> <p>The carers should spend time building a rapport with the elderly person; many need to be coaxed eg. Into having a bath, eating properly; but what is happening is the carer does not bother if the person does not want to do a thing.</p>

COMMENTS GENERAL THEME : HOME CARE AGENCIES

<p>Approximately 85% of carers have left due to stupid management and the whole concept of care in the home is like a music hall joke.</p> <p>What used to be an excellent service is now a load of disorganised rubbish.</p> <p>Most complaints fall on deaf ears.</p>	<p>If paying for a service, the client should have a say in who is caring for them. Often a carer you like is changed without warning and then another carer arrives you are not so keen on. We should have a say in who is coming into our homes, even interview them, and not be expected to be grateful for who is thrown at us.</p>
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COMMENTS GENERAL THEME : CARE HOMES

<p>It is understandable that people wish to stay at home if they do not have any dementia as the prospect of going into care where the vast majority of people they will live with will not provide suitable company and also illness / dementia can be very upsetting to see.</p> <p>It would be nice (ideal world) if there were at least some care homes around the country provided for frail people who need lots of help, but did not take in people with dementia.</p>	<p>When are care homes inspected?</p> <p>Have found in the past, when in for Respite, the home was very dirty.</p> <p>Requires Respite to give main carer a rest from 24-hour care.</p>	<p>Care homes currently do not cater for anyone needing medical care.</p> <p>Would it not be a good idea to put someone with medical experience, such as a nurse, in a care home?</p> <p>This observation refers to Respite care and would reduce considerably the cost of using nursing homes.</p>
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COMMENTS GENERAL THEME : OWN CARERS (SPOUSE / RELATIVES) AND 24-HOUR CARE			
<p>At home carers really appreciate the extra support that home care offers and in many cases would not be able to cope without it as many are elderly themselves.</p> <p>Have to pay for private care also; therefore, it would still be very difficult to meet extra costs.</p>	<p>All-night care would be a great asset (re. Your Question where care needs would be best met in a care home – Q9).</p> <p>A higher charge would be acceptable for night care.</p>	<p>Anyone looking after a person that needs 24-hour care should be compensated in the same way a nursing home is paid.</p> <p>On numerous occasions, where the social service carer does not attend, own carers have to attend; meaning we end up paying twice.</p>	<p>Relatives who care should be give ‘money off’ because this often keeps disabled clients from needing 24-hour care.</p> <p>If the new system is applied we will end up with a deficit.</p>

COMMENTS GENERAL THEME : STAY AT HOME VERSUS CARE HOME – COSTS AND CARE IN THE COMMUNITY (RE. Question 9)				
<p>Staying at home for as long as possible is of paramount importance to quality of life and feelings of independence – very grateful for the home care that has enabled us to do so for many years.</p> <p>Some people have no family and the carer is the only person they see and this is greatly appreciated</p> <p>Question 9 – You have to look at what is best both physically and mentally – taking someone out of their home for purely cost saving would be barbaric.</p> <p>Entering a care home can be a traumatic experience for both the person concerned <u>and</u> their family and carers.</p>	<p>Keeping people at home must be cheaper than if they went into a care home so how is a higher rate in these circumstances justified?</p> <p>Why not just charge for the extra hours? In many cases the Council would have far higher costs for a care home – keeping people in their homes is more cost effective.</p> <p>The elderly and infirm should be prioritised in today’s society where we have never been richer; the abuse of this group of people is inexcusable. A ‘civilised’ society should reflect that in its care of these groups of people.</p>	<p>Feelings are that it is less expensive to keep someone at home being PARTIALLY cared for by a spouse, with professional backup from the County.</p> <p>Against this a visiting professional carer would probably cost the County more than a carer in residence in a County home.</p> <p>Only WCC can balance this equation. If specialist trained carers are needed then it would be appropriate to charge at a higher rate.</p> <p>If normal carers were used, higher charges would be totally unacceptable.</p>	<p>Question 9 is very subjective – best for whom? Best for the individual or best, ie. Easiest, for Social Services? If this change were introduced there would be a huge incentive on behalf of Social Services to conclude that a person would be ‘best’ at home.</p> <p>This would be potentially unfair and could result in an expensive, difficult to administer appeals process.</p> <p>The cost of a person going into a care home will be far great than if they stay in their own home with support from family and friends.</p>	<p>Question 9 – This would depend on how the assessment arrives at the conclusion. Many who lose the independence of their own home, also lose their dignity and will to live.</p> <p>I would hope everything possible is done before forcing people into a care home where frequently the term ‘care’ is applied loosely.</p> <p>It must still be considerably cheaper to receive help in one’s own home, so why should they be charged more? They will be much happier in their own home and relatives do not need to worry about how they are being treated.</p>

COMMENTS GENERAL THEME : STAY AT HOME VERSUS CARE HOME – COSTS AND CARE IN THE COMMUNITY (RE. Question 9)

<p>If carers, who look after their parents, etc, were paid a sensible wage it would enable them to have a life.</p> <p>Also, if the Agencies were able to pay their care workers more, there would be more and better people doing the job.</p>	<p>If a person wants to stay in their own home then the person should pay based on their ability to pay.</p> <p>If a homeowner; the home should be collateral if staying in it, to pay towards costs. If Council tenant or private rental, then savings and weekly income should be assessed accordingly.</p>	<p>People naturally want to stay in their homes after struggling for years to pay a mortgage and don't want to then sell their home to pay to go into care.</p>
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COMMENTS THEME : THE QUESTIONNAIRE

<p>Opinions on this questionnaire are biased, as everyone will be looking out for their own interests.</p>	<p>The survey should identify the proportion of people who will get 'free' care.</p> <p>Their view <u>should not</u> be used to justify increased charges to those that pay.</p>
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COMMENTS GENERAL THEME : GOVERNMENT, COUNCIL BUDGET AND SOCIAL RESPONSIBILITY				
<p>Feels home care should be free for all - everyone should be treated the same regardless of any money in the bank or property. People cannot help being elderly, disabled and living longer.</p> <p>All costs should be met by the state – this is what we paid state pension and NI for.</p> <p>If the money dictates, the care will become secondary.</p> <p>If your budget is exhausted as a result of extra care services to more people and this extra care was within</p> <p>Make Council’s more accountable to the public.</p>	<p>Raise budget concerns at central Government level. The only way forward is to work in partnership with other community and voluntary organisations and empower them to get involved in local politics so their voices are heard and more funds are released to care for our elderly.</p> <p>There shouldn’t be any charges for home care; why should a ‘sick’, ‘disabled’ or ‘elderly’ person have to pay for a service they need.</p> <p>There’s a great deal of difference between needing care and demanding it. (DP)</p> <p>Winter fuel payment should be means tested to include younger clients on low incomes and exclude wealthy elderly.</p>	<p>Believes that the NHS should control all care homes. Far too many homes are at the mercy of unscrupulous people who are only concerned with profit.</p> <p>This Government and previous ones have wasted millions of pounds, which could have been used to finance well run homes for elderly people, many of whom were part of a generation that saved this country from fascist slavery.</p> <p>Tell the Government to subsidise the poorer among us, the sick and infirm; get them used to further supporting your good work.</p> <p>The ability to pay should be secondary to the needs of the patient.</p>	<p>Get rid of the Council Tax and put something fairer in its place.</p> <p>Stop wasting monies in other areas, to enable you to put more into helping the poorest of the people who need it. (DP)</p> <p>Home care should be available to anyone who needs it. If people are not in a position to pay, they may worry and not ask for help they really need, resulting in serious medical problems and further strain on the NHS</p> <p>Government policy guidelines; would it not be right to assume that an argument for a higher budget would be acceptable.</p> <p>Personal care free in Scotland – not in England.</p> <p>Strongly objects to this.</p>	<p>We understand the Government want to return people occupying hospital beds to ‘Care in the Community’, to enable hospitals to meet their targets. We understand there is a ‘Care in the Community’ Act granting money for this purpose. Therefore, the Government should make the funds available to WCC to carry out the extra home care.</p> <p>Otherwise, WCC is compensating the NHS. If a nurse goes into a client’s home, this is paid for by the NHS isn’t it?</p> <p>Pensions increase last year was 2%; water, gas and electricity went up by 40%, plus another increase to come. The Government should take this into account with Pension increases.</p>

COMMENTS GENERAL THEME : ASSESSMENTS				
<p>There are too many assessments; unless there are major changes in income, stay with the original assessment. The assessments are difficult to follow and too many mistakes are made. They must also be costly to administer.</p>	<p>The overall cost of the management of this and other schemes could be significantly reduced if means testing were abandoned – across the public sector there seems to be a vast array of people engaged solely in calculating means testing.</p>	<p>Make charges simpler to understand by making the bands obsolete so that the individual understands the hourly charge and is only being charged for the number of hours worked.</p>	<p>We would like to know how much it costs to collect payments against how much income is received? Is it worth the heartache that I'm sure the worry gives a lot of people receiving help and having to pay for it?</p>	<p>Why do people with health problems receive free care and those with mental problems going into care have to pay?</p> <p>Charges should also take into account whether the person actually owns their home or is renting the property.</p>
<p>Assessments should include a person's housing, eg. Do they have to meet their own maintenance / repairs and other costs?</p> <p>Means testing is the only fair way of assessment. Income from whatever source should be taken into consideration.</p> <p>However consideration should be taken of '<u>ALL</u>' the care requirements, of whatever nature, a client needs and has to pay for.</p>	<p>Feels the full amount a person should pay - if they have savings over £21,000 - is the full amount of their Disability Living Allowance / Attendance Allowance.</p> <p>People's financial circumstances can vary in a very short space of time, through no fault of their own, making a fair, financial assessment almost impossible. (DP)</p> <p>Many people have had no advice on allowances and benefits available to them</p>	<p>There must be flexibility built into a Direct payments package to cover emergencies and sudden deterioration in medical conditions. (DP)</p> <p>If paying extra, they would expect a much better quality of care, on time and completing all tasks.</p> <p>More time should be spent over social work assessments bearing in mind that one day one can cope and other days they may need extra.</p>	<p>If they're renting, the amount they pay should be far less than someone who owns a property as they only have their savings, whereas a property owner has the equity in their home.</p> <p>Means tests on income should not be necessary for pensioners who receive Attendance allowance, Pension Credit or Disability premium, because they have already been assessed on income</p>	<p>Please make this advice available to people - who may not be aware what they could have done when they first became ill - so that they do not miss out. Many people need help but have not had it explained to them.</p> <p>It should be made simple to access services – waiting time for an assessment should be shortened especially if a fall or hospital discharge, etc, means help is needed where it wasn't before.</p>

COMMENTS GENERAL THEME : RESPITE CARE				
<p>All charges should be fully explained prior to service. I recently had to go into Respite and was never advised of any charges, to be told later that I would have to pay food cost plus home care charges even though not receiving any home care service. Not notified until after returned home some six weeks later.</p>	<p>It would help if accounts for Respite care could be sent out quicker. At present, they overlap visits eg. Account for stay on 8-15th May has not been received on 23 June. Client is due to return into care on 3rd July.</p>	<p>There should be more Respite care for the elderly.</p>	<p>Respite care and nursing homes should be free to recipients as is already the case in Scotland.</p>	

COMMENTS GENERAL THEME : DISABLED CLIENTS			
<p>Does not think that disabled people should have to pay charges.</p> <p>It is not their fault they have disabilities and they may well only get more severe with time and need increasing care.</p> <p>They should not be penalised for this by paying higher charges.</p> <p>They also have so many other living costs, eg. Specialist transport and home adjustments.</p>	<p>Home care for the severely physically disabled should be free of charge for all, other than those disabled managing to earn a good income.</p> <p>Day centre charges should be abolished apart from transport charges to and from the centres.</p>	<p>Seems unfair to charge disabled on low income as they are, in the most part, precluded from the opportunity to earn. All other bills are constantly increasing, therefore, wherewithal to pay constantly reduced. (DP)</p>	<p>A female living with her husband, (who is in receipt of income credit and housing benefit, severely disabled himself) has only her DLA and pension, therefore, she should not pay any charge.</p> <p>She should be assessed in her own right; her husband's income should not be taken into account.</p> <p>Joint savings <£6,000.(DP)</p>

COMMENTS – GENERAL THEME : CONCERNED THAT SERVICES WILL BE REDUCED

Keeping Council contributions unchanged would suggest a reduced service to the now paying clients.

Do not reduce services – but since means testing is in place – perhaps a simple to operate sliding scale of charging could be introduced.

Appendix C

OTHER LOCAL AUTHORITIES CHARGES

IS + 25%	Authority	Home Care Charges	Day Care Charges	Transport
✓	Warwickshire	3.89	2.22	1.07 per journey
	*Worcestershire	11.00	4.20	1.00 per journey
✓	Cheshire	16.46	25.00	1.50 per journey
✓	Cambridgeshire	15.58	2.00	1.00 per journey
✓	Gloucestershire	13.00	15.00	Nil
✓	Northamptonshire	13.82	11.33 (Ave)	1.00 per day
✓	Oxfordshire	16.34	4.00 (Ave)	?
✓	Staffordshire	13.50	Nil	Nil
✓	Leicestershire	7.20	Nil	Nil
✓	Bedfordshire	14.70	33.00 (Ave)	Nil
✓	Suffolk	14.40		
	*Wiltshire	12.95		
	*Hampshire	13.32	Nil	Nil
✓	Nottinghamshire	7.00	Nil	2.00 per day
	Derbyshire	Nil	1.50	
✓	Somerset	13.00	Nil	1.60 per journey
	*Coventry	9.92	19.81	1.40 per journey
✓	Leicester City	7.00	Nil	
	*Solihull	7.95	Nil	Nil
✓	Birmingham	14.90	35.00	
	Average	12.34		

* Income buffer increased above the minimum level.

Extract from the Draft Minutes of the Adult and Community Services Overview and Scrutiny Committee meeting on the 17 October 2006.

4. Fairer Charging – Care at Home Services

Members considered the report of the Strategic Director Adult, Health & Community Services setting out proposals for a revised charging policy.

Philip Lumley-Holmes noted the following:

- i. The Cabinet approved a report in February 2006 prepared in response to the performance assessment report from CSCI and the 2004/05 Strategic Review of Older People resulting in a consultation being carried out on a proposal for a revised charging policy.
- ii. The proposals attempted to make the policy simpler, easier to understand and taking into account comments of users while trying to achieve a balance between the need to charge and keeping the process fair.
- iii. The recommended increase in the hourly rate to £8.70 from just under £4 an hour for home care was approximately halfway between the current rate and that of like Authorities.
- iv. The preferred increase to £8.70 would increase the buffer to Income Support + 40%, take 245 users out of charging and increase income by approximately £1m.
- v. If the proposals were approved by the Cabinet the new charges would be implemented by 1 January 2007 and run through to April 2008.

During the ensuing discussion the following points were highlighted:

1. Although the decision would be made by Members, it was felt that the additional revenue received should be kept within the service and contribute towards the strategy of the Directorate to return to a balanced budget over a period of time.
2. Following discussions with user groups and particularly the Forum for Learning Disabilities, an exercise of benchmarking disability expenditure taken into account in assessing available income for charging against other Authorities would be carried out and the results of this would be reported back to the user groups.
3. The process of Fairer Charging had been introduced by the Department of Health in 2003. The calculation was based on gross income + 25% buffer, taking into account costs for services such as disability services and was calculated to ensure users were in a position to pay charges and income was not taken away in total in charges. Every Local Authority was required to follow a formula for all users, which could not fall below income support levels.
4. The complaints procedure was available to users who were not satisfied with their charges.

5. The current charge had been set approximately 5/6 years ago and increased by inflation only on an annual basis.
6. Learning Disability Forums had been consulted, but the issue of people with learning disabilities living at home with their parents would be reviewed.
7. Members noted their concern regarding the refusal of some users to pay and it was noted that any bad debts would be reported to Members.
8. The Directorate would liaise with the Communications team to ensure that the changes were clearly explained to all users in an understandable way, demonstrating that the County Council were aware of the implications on people's lives but were trying to be as fair as possible.
9. Members thanked officers for the work they had done in consulting with users and preparing a clear report with a fair set of recommendations.

Having considered the report, the Adult and Community Services Overview and Scrutiny Committee agreed to recommend to the Cabinet that they approve the following:

- (1) Increase "buffer" to Income Support + 40% and increase the charge to £8.70, half way between our current charge and the group average.
- (2) Charging on planned hours is continued at the present time but a review of this decision is taken when the electronic time recording system is in place. In the meantime remove what is now seen as inconsistency with our banded charges and charge on the basis of a standard hourly rate rounded to the nearest half hour.
- (3) That we do not increase the savings figure from the current level of £21,000 but that this is increased annually in April in line with CRAG guidance.
- (4) That for the time being we do not charge a higher rate for service users who receive more than 18 hours home care.
- (5) That the rate for day care is increased from £2.22 per day or part day to £5.00 per day or part day.
- (6) That rate for transport is increased from £1.07 per journey to £1.20 per journey.
- (7) Providing all the above are approved it is proposed to implement the changes from 1 January 2007. This would need to be reviewed should any of the above recommendations be changed or not approved.
- (8) That the proposed charges remain the same until April 2008.
- (9) A further report on disability related expenditure be brought back to Members in due course.