

Cabinet – 18 March 2015

Charging Policy for Community Based Social Services

Portfolio: Councillor Diane Coughlan

Related portfolios: All

Service: Adult Social Care and Inclusion

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

- 1.1 This report presents to Cabinet the outcome of a 3 month consultation exercise, in relation to Social Care & Inclusion, community based charging model. The report details options, taking into account the consultation feedback and makes recommendations aligned to the Cabinet's approvals to consultation as agreed in September 2014.
- 1.2 There was a positive response to the consultation exercise undertaken during 8 December 2014 – 13 February 2015. Over 1,300 people were actively engaged in the consultation via surveys, meetings, and drop in sessions and other media forms. Detailed feedback is included in this report, alongside a summary paragraph below.
- 1.3 Key consultation outcomes have informed the development of the community based charging model, such as:
 - A general consensus that the Council should employ its discretionary powers to charge for services;
 - A charging approach should consider the level of services people access, as well as income;
 - It should not be assumed people can contribute 100% disposable income towards paying for services;
 - Disability Related Expenditure should be principled on an approach which considers a standard allowance and an option for individual assessment;
 - The charging methodology applied to extra care provision, should align to community based charging model;
 - A proportionate and simplified financial assessment process;
 - Carers support services should not be charged;
 - Those people classed as self funders (determined by income thresholds), should not be charged for support in arranging care;
 - Preventive services such as the community alarm and associated responder service should have a charge applied. This means moving away from a free service based on age (over 80 years) to one based on income levels.

- 1.4 Cabinet recommendations take into account the consultation outcomes, alongside alignment to the Care Act 2014 requirements for implementation on 6 April 2015. It is anticipated that the new policy will be implemented with effect from 6 April 2015, with appropriate reassessment of finances for all existing users.

2. Recommendations

- 2.1 That Cabinet **approves** the cessation of the existing contributions policy for community based services and approves a revised community based charging policy, effective from 6 April 2015 for new and existing clients, post financial reassessment.
- 2.2 **To approve** a flat rate charge is applied to 'preventative' services linked to benefits received, when eligibility for Social Care funding is not met as in table 6.11
- 2.3 **To approve** 90% disposable income forms part of the model;
- 2.4 **To approve** in the case of Direct Payment awards, the normal methodology will be to deduct the charge towards social care costs from the Direct Payments and Direct Payments will therefore be paid **after** this charge is applied (i.e. a net payment);
- 2.5 **To approve** a graduated scheme for assessing Disability Related Expenditure (DRE). As set out in table 2 paragraph 6.10. DRE costs greater than this would be considered on an exception, evidence based, case by case basis.
- 2.6 **To approve** the principle of contributions by carers towards their eligible support costs and to apply a 100% discount to this for 2015/16 whilst the implications of the Care Act are evaluated.

3. Report detail

- 3.1 The Care Act 2014 establishes a new framework of duties on local authorities in relation to the provision of social care. This includes revised financial assessment guidance, which Councils with responsibilities for Social Services, are required to implement when designing charging mechanisms for Community Based Services. This guidance has been utilised in formulating these proposals.
- 3.2 The Care Act also entitles two new groups of people to assessment for care and support, for their eligible needs, i.e. carers and 'self funders' (self funders as defined by income thresholds, currently £23 250. The current contributions policy, does not consider these two groups and the consultation exercise undertaken explored options to do so.
- 3.3 The recommendations will be subject to further policy review prior to April 2016, when the second phase of the Care Act is implemented and the full implementation of the social care funding reforms become clarified.
- 3.4 The proposed revised community based charging policy involves:
- A person's individual charge is calculated incorporating all of the costs of services arranged by the Council in accordance with this policy and eligibility criteria alongside their ability to pay;
 - Contributions are to be calculated with a person's input, via an individual financial assessment;

- People will contribute what they can reasonably afford, retaining at least the basic Income Support or Pension Credit Guarantee level, plus a protection of 25%, before making any contributions against services for eligible needs and prevention;
- Contributions will not exceed the actual cost of provision of all Council funded social care;
- Benefits advice will be available through the financial assessment process and will seek to ensure Walsall people have access to their full benefits and entitlements;
- Contributions will not be required for the cost of the assessment.

3.5 **Implementation Approach**

The Cabinet decision will terminate the existing contributions policy from 5 April 2015. It is proposed to implement the new charging policy from the 6th April 2015, aligned to the commencement of the new Department of Work and Pensions benefits year for 2015/2016. A dedicated Project Manager (from within existing Social Care and Inclusion staffing budgets) and a detailed implementation plan will underpin this project. It is proposed the first round of statements under the new policy will be issued to all new service and existing users (having been reassessed), during May 2015.

3.6 **Transport**

Transport will be excluded from the Charging Policy as this is covered by the Assisted Transport Policy approved by Cabinet on 23 October 2013. Within the Assisted Transport Policy, transport costs are classed an everyday expense for all people and as such should be met through personal resources, through appropriate benefits. There will be exceptional circumstances where individuals may need additional support with transport costs, and this will be considered on an individual basis, as set out in the transport policy.

3.7 **Equipment**

All equipment and minor adaptations costing less than a £1000 are provided free of charge as is the requirement of the Care Act 2014. Packages of equipment and adaptations costing more than £1500 are classified as Disabled Facilities Grants (DFG) and would therefore go through the relevant process for a DFG application. This means packages of equipment and adaptations costing between £1000 and £1500 are potentially chargeable. Equipment and adaptations promote independence and do provide cost effective alternatives to high cost care in residential settings. It is recommended a review of DFG's is undertaken to make proposals for how the issue of funding and charging for items between £1,000 and £1,500 are to be addressed.

3.8 **Personal Budgets/ Direct Payments**

The amount of Personal Budget and Direct Payment will be calculated using a menu of unit cost for each component service. This will ensure the level of resources allocated to meet the eligible need of everyone is sufficient. It will also mean consistency and fairness in resource allocation. These unit costs as shown in **Appendix A** are the actual cost of providing each service.

3.9 **Appeals**

A comprehensive appeals process will exist alongside the revised policy. This will be accessible in a range of formats.

4. Council priorities

- 4.1 Implementing a revised Community Based Charging Policy will ensure compliancy with the Care Act 2014. The revised policy will eradicate existing policy anomalies (as outlined in the Cabinet report in September 2014), leading to a fairer, and more transparent system of charging for adults in receipt of Social Care. The revised policy will also address current policy non compliance issues.

5. Risk management

- 5.1 The financial modelling presented in this report provides a high level estimate of the impact these changes will make on the financial position. Whilst all current service users' financial assessments are updated, there is a risk that financial reassessments of users means, may result in different outcomes to those in the model.

6. Financial implications

- 6.1 All assessed community based services will be included through personal budgets in this model as outlined below:

- Domiciliary Care
- Direct Payments
- Personal Budgets
- Extra Care
- Respite
- Adult Placements (Shared Lives)
- Community Supported Living
- Personal Assistants and support

Extra Care provision will be incorporated into the integrated costings of personal budgets. Consultation outcomes demonstrate a preference to include this type of service within the main charging system and treat the people residing in this accommodation consistently with all community based provision.

- 6.2 Chargeable unit costs included in the financial modelling are calculated based on the actual cost of service (including overheads) and actual service usage, and assume full cost recovery, within the financial assessments.

- 6.3 Essentially, the proposed model has 3 distinct phases, which determine the contribution a person makes towards the cost of their care:

- 1) Assessment of individual need for social care in line with eligibility criteria under the Care Act 2014;
- 2) Individual Financial Assessment being undertaken for all those people with eligible needs;
- 3) Calculating the charge and notification within 28 days of the financial assessment.

- 6.4 A person's ability to pay is based on the following elements:

A: Assessable Income

B: Less: Allowances and Disregards

C: Less: Disability Related Expenditure and housing costs

D: A calculation of disposable Income available to contribute towards services received.

- 6.5. Within this model a person will retain income equivalent to their basic Income support or Pension Credit Guarantee level, plus 25% known as minimum income guarantee, which is included in the assessment calculation. Once applying this calculation the Council would charge up to 90% of their disposable income towards assessed care costs as recommended.
- 6.6 A number of 'Pen pictures' have been produced, outlining scenarios of the charge to be levied, based upon a span of circumstances, under the existing benefits based charging model and under the new proposal. These are detailed in **Appendix B**. The anticipated impact is there would be 47% of current service users experiencing some advantage, compared to the current policy.
- 6.7 The value of income collected for all current community based charging policies (including Benefits Based Charging, Emergency Response Service and Housing 21 provision) for 2014/15 is forecast to be in the region £4.124m per year, which is in line with the current income budget. The arrears in income accrued under the existing policy, have been systematically reviewed and appropriate arrangements for any outstanding allowances have been put in place.
- 6.8 Current high level financial modelling of the proposed Community Based Services Charging Policy identifies a best case scenario, based on information currently available, for billed income of £3,795m per year, assuming a full year effect of the new policy. This assumes charges are based on 90% of disposable income, as contribution towards care costs, which would be £0.339m below the current income level, although this may change following an updated financial review of each client.
- 6.9 **Table 1 Outline of options recommended**

		Gain	Loss
1.	Varying the levels of Disposable Income against the baseline model would result in the following Income loss		Loss between £0.550M and £0.840M
1.1	80% - £0.550m		
1.2	70% - £0.840m		

- 6.10 **Table 2 Outline of Disability Related Expenditure (DRE) recommended**

Graduated DRE award model linked to % based of Disability Living Allowance benefit received	
Care Component Lowest Rate	10%
Care Component Middle Rate	10%
Care Component Highest Rate	10%
Individual assessment where appropriate	

6.11 **Table 2 Outline Preventative Services Approach recommended**

Community Alarms	Charge of £2.90 per week applied to everyone irrespective of age unless they receive an income equivalent to basic pension credit.
Reablement	First 6 weeks free Apply charge in line with recommendations unless there is ongoing therapeutic intervention identified

7. Legal implications

- 7.1 The Care Act 2014 brings in a new charging framework for care and support. The current legal framework will be repealed and many parts of the Care Act 2014 and associated regulations will come into force from 1 April 2015.
- 7.2 Section 14 of the Care Act 2014 gives local authorities the power to charge for care and support provided to adults. The recommendation is to approve in principle a charge for carers' services, but in practice to make no financial assessments or charge, through a policy of 100% discount.
- 7.3 Where local authorities exercise their discretion under Section 14 of the Care Act to charge adults for care and support services provided, Section 17 of the Act specifies the duty to carry out a financial assessment of the adult's ability to pay for those services provided to them. The Care and Support (Charging and Assessment of Resources) Regulations 2014 and guidance on Charging and Financial Assessment should be adhered to when developing charging policies.
- 7.4 The Care Act brings in a carer's legal right to both assessment and support to meet eligible needs. Recommendation is to approve in principle a charge for carers' services, but in practice to make no financial assessment or charge, through a policy of 100% discount.
- 7.5 The current charging legislation will be repealed and the Care Act 2014 comes into effect from 1 April 2015 (with implementation of the care funding changes to come in from 1 April 2016). The Care Act and supporting regulations will replace the current legislation with a single legal framework for charging and financial assessment.
- 7.6 While the intention behind the new regulations is to enable local authorities to continue with broadly similar charging policies and principles as now, local authorities need to review the operation of the local charging framework to check it is consistent with the provisions in the draft regulations and guidance. Where the proposed local approaches are a matter of discretion under the Care Act 2014 and associated regulations, local authorities are required to plan, develop and consult on a new charging framework in accordance with the Care Act 2014 and the regulations, ensuring that in exercising any discretion to charge for services, policies are drafted in accordance with the regulations and guidance⁴.
- 7.7 The Council must ensure that the contents and the application of the new charging framework is in accordance with the Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014 and guidance on Charging and Financial Assessment as a failure to do so will risk a successful Judicial Review challenge as well

as the charge levied being held to be unlawful and unenforceable in civil recovery procedures.

8. Property implications

- 8.1 There are no property implications arising directly from this report.

9. Health and wellbeing implications

- 9.1 The Council has a statutory duty under the Care Act 2014 to promote health and wellbeing, in a fair and equitable manner for all people in Walsall. The policy applies to all people in Walsall regardless of income or savings who request the Council to manage their social care and are eligible. Prevention is a big part of promoting health and wellbeing and the Council commissions numerous services through Social Care and Inclusion and Public Health. The paragraph 6.11 outlines the promotion of preventative services, this policy supports.

10. Staffing implications

- 10.1 Appropriate resource deployment will be considered as part of the policy implementation plan, in regard to any additional assessments of need and finances for carers and self-funders required under the Care Act 2014. This will be funded from the 2015/2016 Community Capacity Grant up to a maximum of £660,000.

11. Equality implications

- 11.1 A comprehensive Equality Impact Assessment (EQIA) has taken place as part of the policy review. The results of the consultation exercise have been used to inform the EQIA review, see **Appendix C**. A further review will be conducted in March 2016 after the policy has been implemented.

12. Consultation

- 12.1 Cabinet approved a period of consultation on social care and inclusion community based charges in September 2014. During November 2014 a letter was sent to 7500 people, who were potentially affected by the change, advising that a consultation process was due to commence. A pre-consultation engagement period was undertaken where people were engaged, to find out what they thought of the current system including any ideas for how things could be managed differently.
- 12.2 The consultation launched on the 8 December 2014 with the publication of information to the Council's website www.walsall.gov.uk/localconsultation and a further letter accompanied by a questionnaire and pre-paid return envelope, seeking views on the areas of a charging policy that can be locally influenced. During the consultation period 8 public meetings were held and 14 drop-in sessions in a range of community locations and extra care schemes across the borough.

- 12.3 To ensure we were able to meet the needs of those with communication difficulties, bespoke sessions were also held to enable active participation, utilising appropriate communication methods. Additionally, regular service user and carer forums were also attended to seek a representative view of these groups.
- 12.4 The aim was to enable the outcomes of consultation to be given due regard in developing a fair and transparent system of charging for community based, adult social care services, that meets the new legal requirements.
- 12.5 The consultation focussed on the areas of a charging policy that can be influenced locally. The main areas for consultation included:
- Whether the council should use its discretion to charge?
 - What type of model should be adopted?
 - What percentage of disposable income should be considered in the charging assessment?
 - Whether there should be a maximum charge?
 - Should the full cost of the services provided be used in the charging calculation?
 - How people's disability related expenditure should be considered?
 - Whether the council should consider using a "light touch" financial assessment process as described in the care act guidance?
 - If those on Direct Payments should have an option for being paid NET of their calculated charge?
 - Whether those who reside in an Extra Care Housing Setting should be charged in the same way as those who live in their own homes in the community?
 - Whether the council are right to suggest Walsall would not levy a charge for providing support to carers, in recognition of the valuable contribution that carers make to supporting vulnerable people and their local community?
 - Should those who self fund their care (as they have enough income) be asked to pay an administration charge if they need help from the council to arrange services?
 - Should the council charge for some of the prevention services available?
 - Should the council charge everyone, regardless of age, the same for a community alarm?
 - Should a charge be made for equipment over the value of £1000, as the Care Act enables?
- 12.6 The results of the consultation have been documented in a report which can be seen at **Appendix D**. This will be published to the council's website and has been used to shape the policy proposals for presentation to cabinet along with the other components of the charging review.

Background papers

Cabinet – 10 September 2014

Review of Social Care and Inclusion charging policy for non residential services

Author

Terry Hawkins
Interim Assistant Director – Community Care
☎ 6547202
✉ hawkinst@walsall.gov.uk



Keith Skerman
Executive Director
9 March 2015



Councillor Diane Coughlan
Portfolio Holder for Social Care
9 March 2015

AVERAGE - UNIT RATES - CHARGING POLICY

HOME CARE - STANDARD - OLDER PEOPLE	SERVICE CATEGORY	COST (Average)	Rate Basis
Average rate Older people	Home care	£11.90	PER HOUR
RESPIRE - OLDER PEOPLE AND OLDER PEOPLE WITH DEMENTIA	SERVICE CATEGORY	COST (Average)	Rate Basis
Older people	Respite	£52.16	PER NIGHT
Older people with Dementia	Respite	£54.79	PER NIGHT
RESPIRE - COMPLEX NEEDS - EXTERNAL	SERVICE CATEGORY	COST (Average)	Rate Basis
Learning Disability, Physical Disability or Sensory Impairment - Standard Complexity	Larger Home – Standard Complexity	£52.16	PER NIGHT
Learning Disability, Physical Disability or Sensory Impairment - Higher Complexity	Higher Complexity	£80.94	PER NIGHT
Residential – Learning Disability, Physical Disability or Sensory Impairment	Highest Complexity	£175.56	PER NIGHT
IN HOUSE RESPITE - complex needs	SERVICE CATEGORY	COST (Average)	Rate Basis
Fallings Heath	Complex respite care	£335.72	PER NIGHT
PERSONAL ASSISTANTS	SERVICE CATEGORY	COST (Average)	Rate Basis
Personal assistants	Personal assistants	£8.50	PER HOUR
IN HOUSE DAY SERVICES - COMPLEX NEEDS	SERVICE CATEGORY	COST (Average)	Rate Basis
Satellite Units - Basic Complex needs	Day support	£34.55	PER DAY
Goscote - Higher Complex needs	Day support	£120.34	PER DAY

COMMUNITY ALARMS	SERVICE CATEGORY	COST (Average)	Rate Basis
COMMUNITY ALARMS	Community Alarms	£2.90	PER WEEK
EXTRA CARE HOUSING	SERVICE CATEGORY	COST (Average)	Rate Basis
COMMISSIONED EXTRA CARE HOUSING	Extra care	£74.87	PER WEEK
HOUSING 21	Extra care	dependent on Individual Budget	PER WEEK
COMPLEX CARE - SUPPORTED LIVING AND HOME CARE	SERVICE CATEGORY	COST (Average)	Rate Basis
Basic Complex	Complex Home care and supported living	£10.75	PER HOUR
Intermediate Complex	Complex Home care and supported living	£14.00	PER HOUR
Forensic Complex	Complex Home care and supported living	£20.75	PER HOUR
Specialist Physical Disabilities and Health needs - Including Autism	Complex Home care and supported living	£27.50	PER HOUR
COMPLEX - DAY CARE - EXTERNAL	SERVICE CATEGORY	COST (Average)	Rate Basis
Complex Day care	Daily rate	£70.00	PER DAY

PART 2 - ADULT PLACEMENTS

ADULT PLACEMENTS DAY CARE

LENGTH OF STAY	FEE PAID £6.19/hr
0 – 2 Hours	£12.38
2.15 – 3 Hours	£18.57
3.15 – 4 Hours	£24.76
4.15 - 5 Hours	£30.95
5.15 - 6 Hours	£37.14
6.15 – 7 Hours	£43.33
7.15 – 8 Hours	£49.52

Above 8 Hours	£61.90
---------------	--------

ADULT PLACEMENTS - OVERNIGHT SHORT BREAKS			
Number of Nights	Low rate of DLA Care	Medium rate of DLA Care	Higher rate of DLA Care
1 Night	69.75	81.36	92.97
2 Night	104.6	122.04	139.46
3 Night	139.47	162.72	185.95
4 Night	174.35	203.4	232.43
5 Night	209.22	244.08	278.92
6 Night	244.08	284.76	325.41
7 Night	278.95	325.45	371.89

ADULT PLACEMENTS - MILEAGE	
MILES	Per Mile
ADULT PLACEMENTS - MILEAGE £0.40P per mile	£0.40
ADULT PLACEMENTS - ATTENDANCE AT MEETINGS AND TRAINING	FEE PAID
0 – 2 Hours	£12.38
2:15 – 3 Hours	£18.57
3:15 – 4 Hours	£24.76
4.15 – 5 Hours	£30.95
5.15 – 6 Hours	£37.14
6.15 – 7 Hours	£43.33
7.15 – 8 Hours	£49.52
Above 8 Hours	£61.90

- Note - Average Unit rates - Actual costs will vary dependent on individual circumstances

Pen Pictures

1. Mrs S is 75, lives alone and receives seven morning and evening calls from a domiciliary care agency to support with personal care. Each call is 30 minutes long. She also has access to a key safe, community alarm pendent (£2.90 This is included in with the personal budget) and uses the 24 hour response service in an emergency as her daughter lives abroad. Mrs S lives in her own property and has £17,500 in the bank, Attendance Allowance £54.45, State Retirement Pension £113.10, Pension Credit guarantee component £82.35 (includes the severe disability premium £61.10) Pension Credit savings component £4.05. Household insurance £3.46 per week and no DRE

Income taken into account for charge

- Attendance Allowance £54.45
- State Retirement pension £113.10
- Pension Credit Guarantee £82.35
- Tariff Income on savings £11.00
- Total Income £260.90
- Less DRE £ 00.00
- Less Housing Costs £ 3.46 (House insurance)
- Sub Total £257.44
- Less MIG £185.44
- Available income £ 72.00 * 90% = **£64.80**
- Cost of services received £ 81.76

Minimum Income Guarantee

£148.35 + 25% = £185.44

As cost of service is less than available disposable income, the charge will be **£64.80**
(Under BBC charge would have been (£78.46))

2. Mr R lives alone in an extra care housing scheme where the alarm service is currently part of the 'Well Being Charge' (80% of disability benefit), he receives three 15 minute calls a day for helping with his medication and has access to 24 hour help if there is a problem. His daughter claims carers allowance for him so there's no Severe Disability Premium. He has to pay rent net of housing benefit of £9.82 per week and Council Tax net of benefit of £3.02 per week. His income is Attendance Allowance £54.45, State Retirement Pension £113.80, Occupational Pension £50.45, Pension Credit savings component £6.72

Income taken into account for charge

- Attendance Allowance £ 54.45
- State Retirement pension £113.10
- Pension Credit Guarantee £ 00.00
- Occupational Pension £ 50.45
- Tariff Income on savings £ 00.00
- Total Income £218.00
- Less DRE £ 43.56
- Less Housing £ 12.84
- Sub Total £161.60
- Less MIG £185.44
- Available income **-(£ 00.00)**

Minimum Income Guarantee

£148.35 + 25% = £185.44

- Cost of services received £ 304.50 Nil Charge as under MIG

If the well being charge is removed and a cost of (£5.90 example) is attributed for their alarm, door entry and monitoring system provided by the Housing Association as part of their service, the disposable income will be as follows:

Income taken into account for charge		Minimum Income Guarantee
• Attendance Allowance	£ 54.45	£148.35 + 25% = £185.44
• State Retirement pension	£113.10	
• Pension Credit Guarantee	£ 00.00	
• Occupational Pension	£ 50.45	
• Tariff Income on savings	<u>£ 00.00</u>	
• Total Income	£218.00	
• Less DRE	£ 5.90 (Housing Association Alarm)	
• Less Housing	<u>£ 12.84</u>	
• Sub Total	£199.26	
• Less MIG	<u>£185.44</u>	
• Available income	£ 13.82 * 90% = <u>£12.44</u>	
• Cost of services received	£ 308.42	

Using 90% of disposable income charge will be **£12.44** (Although there is a small charge you also have to consider the loss of income from not getting the well being charge)

3. Mr H is 45 year old man who is deaf blind he requires support from a guide to access the community. He has an alarm in case he gets into difficulty when alone at home. He is on Contribution Based ESA support group £108.15, Disability Living Allowance care component £54.45 and mobility component £56.75. He lives with his wife who works full time who earns £220.26 net and receives Working Tax Credit £42.74. They live in property owned by a social landlord where their rent is £92.50 per week and the council tax liability is £22.85 per week. He is allowed DRE at the banded rate £5.45 They also have household insurance of £3.80 per week

Mr H

Income taken into account for charge		Minimum Income Guarantee
• DLA care component	£54.45	£123.70 + 25% = £154.63
• ESA	£108.15	
• Tariff Income on savings	<u>£ 00.00</u>	
• Total Income	£162.60	
• Less DRE	£ 5.45	
• Less Housing	<u>£119.15</u>	
• Sub Total	£ 38.00	
• Less MIG	<u>£154.63</u>	
• Available income	-(£ 00.00)	
• Cost of services received	£ 57.92	

Nil Charge under Fairer Charging nil available income
(Charge under BBC £7.97)

4. Mr and Mrs T live in an extra care scheme. The alarm is provided inclusive of the well being charge (£2.90). Mrs T is 84 years old and has 4 calls a day two of them are 30 minutes and

two are for one hour, each call requires two carers to support Mrs T, Mrs T is incontinent and uses continence aids daily. Her income is Attendance Allowance £81.30, State Retirement Pension £67.80. Mr T is 86 year old and is the main carer for Mrs T. He has had a carer's assessment and received a one off payment to support him with taking a break by continuing his hobby as a fisher man. His income is State Retirement Pension £113.10 Attendance Allowance £54.45 Pension Credit guarantee £202.00 (includes double SDP and one carers Premium). Their rent is £120.00 and Council is £20.07 both of which are covered in full by benefit. Their house insurance is £3.46 per week

Mrs T (Current)

Income taken into account for charge Minimum Income Guarantee

- Attendance Allowance £ 54.45 (£81.30) £148.35 + 25% = £185.44
- State Retirement pension £ 67.80
- Pension Credit Guarantee £101.00
- Tariff Income on savings £ 00.00
- Total Income £223.25
- Less DRE £ 65.04 Well being charge
- Less Housing £ 03.46
- Sub Total £158.21
- Less MIG £185.44
- Available income **-(£ 00.00)**
- Cost of services received £490.56 Nil Charge as under MIG

Mr T (Current)

Income taken into account for charge Minimum Income Guarantee

- Attendance Allowance £ 54.45 £148.35+34.20+25%= £228.18
- State Retirement pension £113.10
- Pension Credit Guarantee £101.00
- Tariff Income on savings £ 00.00
- Total Income £268.55
- Less DRE £ 21.78 Well being charge
- Less Housing £ 3.46
- Sub Total £243.31
- Less MIG £228.18
- Available income £15.13 * 90% = **£13.62**
- Cost of services received £650.00 (one off payment)
- **Maximum available income if Walsall Council opted to charge carers the charge would be £13.62 if based on a weekly charge amount alternatively you could consider only paying a percentage of any direct payment awarded to carers.**

Mrs T (Without well being charge and the alarm being included in their personal budget)

Income taken into account for charge Minimum Income Guarantee

- Attendance Allowance £54.45 (£81.30) £148.35 + 25% = £185.44
- State Retirement pension £67.80
- Pension Credit Guarantee £101.00
- Tariff Income on savings £00.00

- Total Income £223.25
- Less DRE £ 2.90
- Less Housing £ 3.46
- Sub Total £216.89
- Less MIG £185.44
- Available income £ 31.45 * 90% = **£28.30**
- Cost of services received £490.56 Charge under FC £28.30

Mr T (Without well being charge)

Income taken into account for charge

- Attendance Allowance £ 54.45
- State Retirement pension £113.10
- Pension Credit Guarantee £101.00
- Tariff Income on savings £ 00.00
- Total Income £268.55
- Less DRE £ 0.00
- Less Housing £ 3.46
- Sub Total £265.09
- Less MIG £228.18
- Available income £ 36.91 * 90% = **£33.22**

Minimum Income Guarantee

£148.35+34.20+25%= £228.18

- Cost of services received £650.00 (one off payment)

- Maximum available income if Walsall Council opted to charge carers **the charge would be £33.22 if based on a weekly charge amount alternatively you could consider only paying a percentage of any direct payment awarded to carers.**

5. Miss P is a 53 year old lady with a learning disability and who uses a wheelchair. She is unable to communicate verbally and requires intensive support. She lives with her mother who is 85 years old in a privately rented property. Her mother has a pendant alarm in case of an emergency. She is not yet in receipt of a disability benefit but has applied for Attendance Allowance and is awaiting a decision. Miss P has support from her mother to manage all her daily living and her personal care needs. She attends a Council Day Centre 3 days a week to enable her mother have a break. She also uses a respite service for 4 weeks a year. Miss P's income consists of Employment and Support Allowance (support group) £123.70, Disability Living Allowance care component £81.30 and mobility component £56.75. She contributes to the household budget and shares all bills. Her personal DRE exceeds flat rate allowed of £8.13 per week and she has been allowed £12.60 per week

Miss P

Income taken into account for charge

- PIP £ 54.45 (£81.30)
- ESA £123.70
- Tariff Income on savings £ 00.00
- Total Income £178.15
- Less DRE £ 12.60
- Less Housing £ 14.50 (Non-dependant deduction £14.50)

Minimum Income Guarantee

£123.70 + 25% = £154.63

- Sub Total £151.05
- Less MIG £154.63
- Available income £ 0.00
- Cost of services received £389.11

Nil charge under Fairer Charging (Charge under BBC £40.65)

Miss P's mother who has an alarm is currently exempt from the charge however if her claim to Attendance Allowance is successful then she will be charged £2.90 if a light touch assessment was undertaken.

We would also maximise household income with regards Miss P's mother. However, consideration should be given as to her mother's health in being able to continue in a caring role long term. DRE could increase bearing in the mind intensive support and potential cost to the council if carers had to go in.

6. Mr K has suffered from mental health problems for many years. He is a 66 year old man who lives at home and requires support to maintain his medical appointments and manage his home. He has a pendant alarm (£2.90 which is included in his personal budget) He has help from a support worker 5 times a week to help him maintain his recovery. He lives in a property owned by a social landlord the rent is £90.00 and his Council Tax Liability with the single person discount is £15.05. He receives State Retirement Pension £113.80, Pension Credit guarantee £96.35 (includes SDP), Disability Living Allowance care component £54.45 and mobility component £21.55. He has savings of £14200 and has stated he has no DRE

Mr K

Income taken into account for charge

- Disability Living Allowance £ 54.45
- State Retirement Pension £113.80
- Pension Credit guarantee £ 96.35
- Tariff Income on savings £ 00.00
- Total Income £264.60
- Less DRE & Housing £ 0.00
- Sub Total £264.60
- Less MIG £185.44
- Available income £ 79.16 * 90% = £71.24
- Cost of services received £ 32.67

Minimum Income Guarantee

£148.35+25%= £185.44

Charge under fairer Charging **£ 32.67**

(Charge under BBC £78.47)

7. Mr F is a 35 year old young man with a learning disability. He lives in a supported housing scheme with 3 other people. Where he has support from a member of staff for 25 hours a week to attend to his daily living skills and prompt with personal care. He also attends the supported employment service 2 days a week. His income is £97.50 from the permitted work with the supported employment service, Employment and Support Allowance (support group including SDP) £184.80, Personal Independence Payment (daily living component) £54.45. His rent is £90.00 and Council Tax is £15.05 both of which are covered by full benefit. There is no alarm service and DRE allowed at banded rate £

Mr F

Income taken into account for charge		Minimum Income Guarantee
• PIP	£ 54.45	£123.70 + 25% = £154.63
• ESA	£184.80	
• Earnings (disregarded)	£ 00.00	
• Tariff Income on savings	<u>£ 00.00</u>	
• Total Income	£239.25	
• Less DRE	£ 5.45	
• Less Housing	<u>£ 00.00</u>	
• Sub Total	£233.80	
• Less MIG	<u>£154.63</u>	
• Available income	£ 79.17 * 90% = <u>£71.25</u>	
• Cost of services received	£350.00	

Charge **£71.25** under Fairer Charging (Charge under BBC £88.32)

8. Mrs O is 89 years old and lives alone in her own property, she regards herself as very fit and well for her age. She has access to a community alarm service including alarm, fire detector and key safe to give her and her family peace of mind. She receives State retirement Pension £67.80 and Pension Credit guarantee £80.55. Her Council Tax Reduction is covered in full by benefit. She also has savings in excess of £9000.00

Mrs O

Income taken into account for charge		Minimum Income Guarantee
• Attendance Allowance	£ 00.00	£148.35+25%= £185.44
• State Retirement Pension	£ 67.80	
• Pension Credit guarantee	£ 80.55	
• Tariff Income on savings	<u>£ 00.00</u>	
• Total Income	£148.35	
• Less DRE	£ 00.00	
• Less Housing	<u>£ 00.00</u>	
• Sub Total	£148.35	
• Less MIG	<u>£185.44</u>	
• Available income	- (£ 00.00)	
• Cost of services received	£ 2.90	

Mrs O is exempt from a charge for the Community Alarm as she is not in receipt of a disability benefit but we would check for benefit maximisation and entitlement to Attendance Allowance.

9. Mr Y is 75 years old and has had a period in hospital and on discharge is receiving 6 weeks reablement support to help him regain his independence. He has also been told about a range of services that can help him with his household cleaning and gardening. Mr Y has been provided with a telecare package of support to enable him to live independently. He receives Attendance Allowance £54.45, State Retirement Pension £147.96, Pension Credit guarantee 49.49, Pension Credit savings component £16.80. All housing costs are covered

by housing and council tax benefit. Mr Y also has savings of £16000.00 Mr Y has been allowed DRE at the banded rate £5.45

Mr Y

Income taken into account for charge

- Attendance Allowance £ 54.45
- State Retirement Pension £147.96
- Pension Credit guarantee £ 49.49
- Tariff Income on savings £ 07.00
- Total Income £258.90
- Less DRE £ 5.45
- Less Housing £ 0.00
- Sub Total £253.45
- Less MIG £185.44
- Available income £ 68.01 * 90% = **£61.21**
- Cost of services received £ 2.90

Minimum Income Guarantee

£148.35+25%= £185.44

£2.90 charge under fairer charging however you could consider a light touch assessment as a full assessment could be considered disproportionate. You would have to inform Mr Y that a light touch assessment had taken place and give him the option of undertaking a full financial assessment should she so wish. You may wish to consider cleaning and gardening for DRE if it is linked to health need and potential support plan but the charge would still remain the same.

10. Mr S

Mr S is in receipt of DLA (54.45) He has savings in excess of £70000 and the costs of his service is £1200 per week. He's not entitled to any means tested benefits as savings exceed the threshold.

His charge would be **£1200 per week** under fairer charging as savings are over £23250

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Charging Policy for Community Based Social Services		
Directorate	Adult Social Care & Inclusion		
Service			
Responsible Officer	Terry Hawkins (Interim Assistant Director) SC & I		
EqIA Author	Maureen Cooper (Strategic Lead Officer) SC & I		
Date proposal started	14/08/2014	Proposal commencement date (due or actual)	06/04/2015

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy	Yes	Revision
	Procedure		
	Internal service		
	External Service		
	Other - give details		
2	What are the intended outcomes, reasons for change? (The business case)		
	<p>The current charging arrangements for adults who receive community social care services require a review given the recent findings of the Local Government Ombudsman. The Ombudsman, in March 2014, recommended that the council complete a review of the charging model it uses for Housing 21 Extra Care and further recommendations in July 2014 suggested consideration of how the policy was applied, in particular the eligibility for a particular Welfare Benefit. This is timely given charging arrangements need to take into account new legislation in the Care Act and the Children and Families Act this year.</p> <p>In June 2014, in the Department of Health's Care and Support Statutory Guidance (Issued under the Care Act 2014) the following guidance was issued:</p> <p>Charging and financial assessment</p> <p>The Care Act 2014 provides a single legal framework for charging for care and support. It enables a local authority to decide whether or not to charge a person when it is arranging to meet a person's care and support needs or a carer's support needs.</p> <p>Where a local authority arranges care and support to meet a person's needs, it may charge the adult, except where the local authority is required to arrange care and support free of charge. The new framework is intended to make charging fairer and more clearly understood by everyone. The overarching principle is that people should only be required to pay what they can afford. People will be entitled to financial support based on a means-test and some will be entitled to free care. The framework is therefore based on the following principles that local authorities should take into account when making decisions on charging. The principles are that the approach to charging for care and support needs should:</p>		

- Ensure that people are not charged more than it is reasonably practicable for them to pay;
- Be comprehensive, to reduce variation in the way people are assessed and charged;
- Be clear and transparent, so people know what they will be charged;
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- Support carers to look after their own health and wellbeing and to care effectively and safely;
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
- Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so;
- Be sustainable for local authorities in the long-term.

Due regard has been given to the consultation outcomes along with other components of the review to shape the policy proposals for presentation to cabinet.

3 Who is the proposal potential likely to affect?

People in Walsall	Yes / No	Detail
All		
Specific group/s	Y	Adult Social Care Service Users/ Carers
Council employees		
Other		

4 Summarise your evidence, engagement and consultation.

Cabinet approved a period of consultation on social care and inclusion non-residential charges in September 2014.

A letter or information in suitable format explaining that a period of consultation was to be undertaken was sent to approximately 8,000 people who would be potentially affected by the policy change.

A series of pre-consultation engagement activities were held throughout November 2014, to find out what people thought of the current system including any ideas for how things could be managed differently. The activity used a range of qualitative approaches, engaging hard to reach groups and ensured those involved were representative of those affected by the charging review.

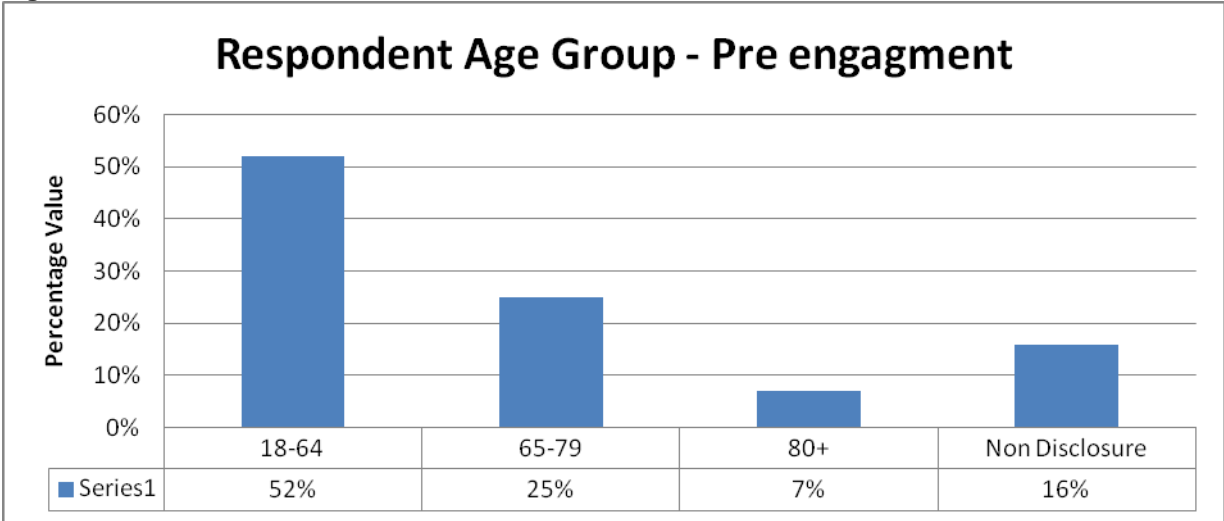
Activities included Focus Groups, 1:1 interviews, group discussions, workshops, telephone and written feedback. People, who specifically expressed an interest with supporting the Directorate with this consultation following receipt of the first letter, were contacted and offered the opportunity to become involved in these activities.

A report can be seen [Pre-engagement summary report \(http://cms.walsall.gov.uk/pre-engagement-summary-report-04-12-14.pdf\)](http://cms.walsall.gov.uk/pre-engagement-summary-report-04-12-14.pdf) which details the outcomes of the 3 week engagement. During the pre-engagement period data was collected around the protected characteristics and care was taken to ensure specific groups who may be adversely disadvantaged as a result of the policy change were engaged with throughout

the process. The information gathered has been used to determine an approach to wider consultation over a 9 week.

During the Pre-engagement activity much of the activity was carried out using face to face methods. The breakdown of respondents by gender were evenly split (44% male and 51% female 5% not responding). The age range of respondents can be seen in **Figure 1** below.

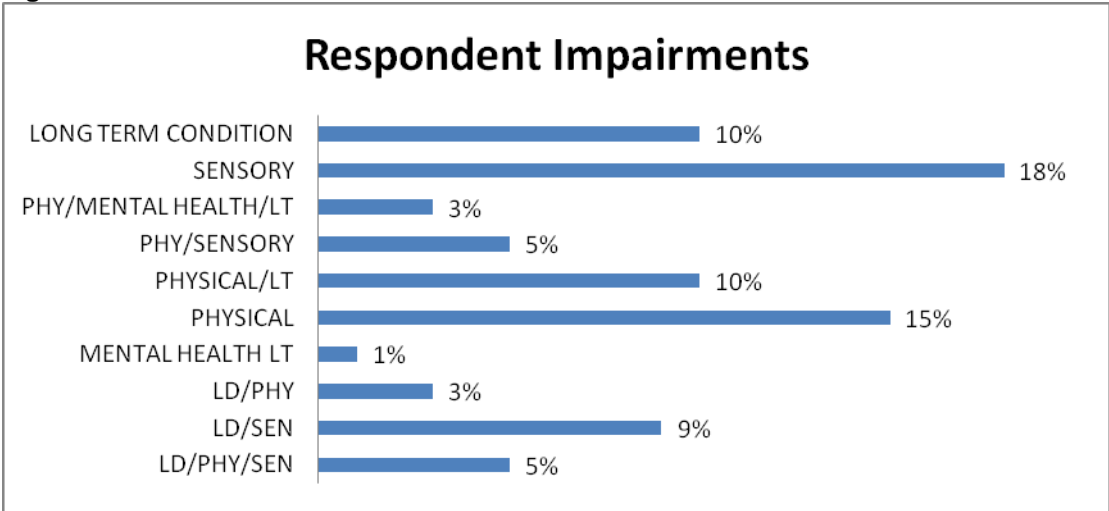
Figure 1



82% of responses were from people of a white background with the remaining 15% being BME or from another background and 3% preferring not to say. 69% considered themselves disabled, 28% considered themselves not to be disabled and 3% preferring not to say.

The graph at **Figure 2** shows the type of impairments people indicated

Figure 2



Feedback suggested that there was a difference of opinion about the one area of consultation for the “free service for over 80’s CAS customers” this will need to be considered in detail by the cohort of clients this may impact on if a change is made to this part of the policy.

The initial exercise did not identify any particular impacts for those with protected characteristics with the exception of the views around how to engage and consult.

In particular this period was used to seek views on how to engage and consult, a strong belief was that more needed to be done to reach groups who find traditional methods of consultation difficult. Many said that consulting people effectively takes time and when the subject is complicated time needs to be spent ensuring people understand.

The information gathered during this phase has now shaped the consultation and engagement planning. The formal consultation period began 8 December 2014 with the publication of information to the Councils website. This was supported through a range of mediums including press releases and social media, briefings for staff and providers were also conducted.

A further letter was sent to all those potentially affected by the policy following the formal launch, accompanied by a questionnaire, and pre-paid return envelope seeking views on the areas of a charging policy that can be locally influenced. The letter offered an opportunity for the information to be received in an alternative format and for support to be available for participation on request.

In support of this quantitative approach to receiving feedback, other opportunities were available for people to share their views. People were able to contact us and share their views through a range of mediums. Meetings were held and drop in sessions in over 14 locations across the borough. Specific representative groups attended to seek the views of those the groups represent. Specific sessions were set up to engage particular groups in their preferred manner, to enable the information to be shared in a format that can be easily understood and for people to positively contribute to the process.

During the formal consultation period 8 public meetings were led by member of the Executive Management Team, across the borough where people were able to hear more about the charging review and share their views, these commenced in January 2015, allowing time for people to understand what is proposed. In addition 14 drop in sessions were held at a range of community locations and extra care schemes across the borough to have an officer led discussion on the charging review providing an opportunity for citizens to contribute their thoughts, again commenced in January 2015. To ensure we were able to meet the needs of those with communication difficulties, bespoke sessions were held to enable active participation using the correct communication method and additionally regular service user and carer forums were also attended to seek a representative view of these groups.

The face to face sessions within the main body of the consultation also enabled the collection of demographic data through the drop in sessions, public meetings and some of the group sessions attended also gave the opportunity for people to complete demographic information. Examples of this detail can also be seen below.

Demographics

During the consultation process demographic information was collected from participants who were willing to share these details. It was explained that these questions were voluntary however the Council have a legal requirement to ask for the information. It was further explained that this was a really important part of the process to help us to gain a better understanding of the needs of different service users, the views of different people and how they could be impacted by any changes.

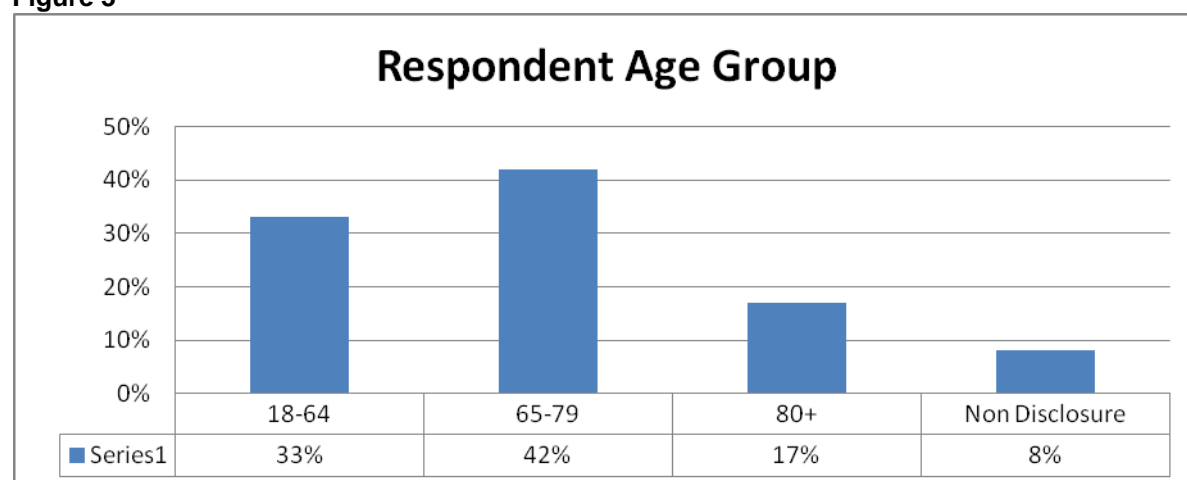
The overall process was broken down into 2 stages, the pre-engagement and the formal consultation stages. Demographic information was sought in all areas but was not universally shared by all participants.

The consultation report can be seen under **Section 13** with regards to demographics at www.walsall.gov.uk/localconsultation this section of that report gives a breakdown of the demographic information for the pre-engagement and the formal consultation activity in showing the difference in responses between the face to face activity and the survey responses.

At the end of the consultation period in February 2015 the feedback was drawn together, and used to shape the final draft policy for consideration and shared with the public along with Cabinet as part of the decision making process.

The breakdown of respondents by gender were evenly split (53% male and 47% female). The age range of the respondents can be seen in **Figure 3**

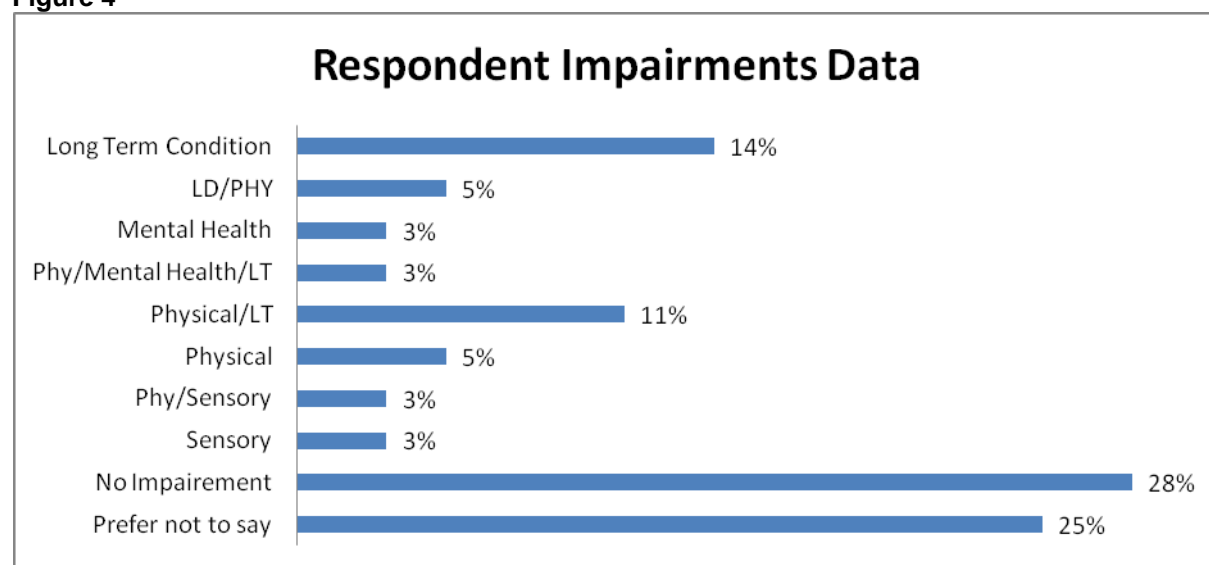
Figure 3



The breakdown of respondents by Ethnicity were split between 64% White British, 22% Black, African, Caribbean or Black British and 14% Asian or Asian British. 36% considered themselves disabled and 64% considered themselves not to disabled.

Figure 4 below shows the type of impairments people indicated

Figure 4



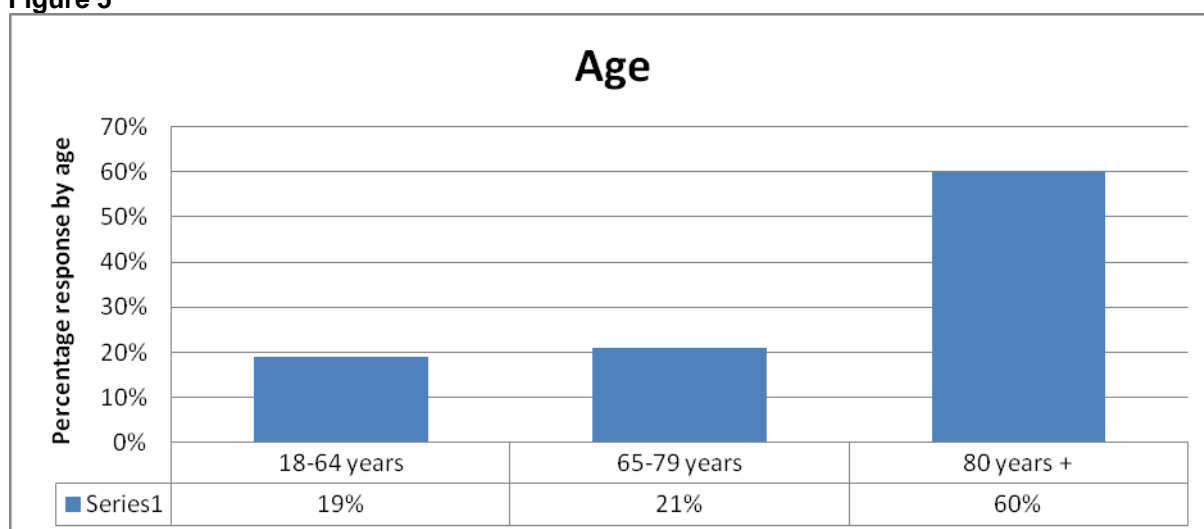
A questionnaire and pre-paid return envelope seeking views on the areas of a charging policy that can be locally influenced was sent to 7542 people. People were supported to complete the questionnaire on request. The questionnaire was also available through

the council's website for anyone interested in contributing to the consultation process.

The survey used within the formal consultation process collected demographic information across the protected characteristics. The base line data comes from 910 responses to the survey. It needs to be noted that all of those responding did not answer all the demographic questions.

With regards to gender 38% of those responding were male, with 62% female. Overall 73% of those completing the survey said their marital status was single with 27% married. From the 745 people who answered the question regarding their age 446 were over 80 years old, as shown in **Figure 5** below this indicates that those who were over 80 were more likely to respond in writing than attend a community type face to face session.

Figure 5



The Equality Act 2010 considers a person disabled if: 'they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out day to day activities.' People were asked if they considered themselves disabled 72% said yes, with 28% saying no. A breakdown of disability type is shown at **Figure 6** people were able to choose more than one disability.

Figure 6

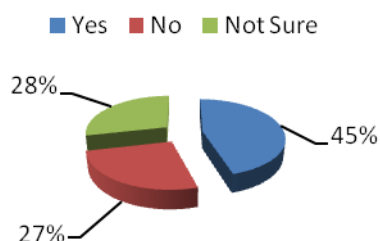
Disability or impairment Type	Count
Physical disability	501
Sensory impairment	113
Mental Health Condition	155
Learning disability/ difficulty	99
Long standing illness or health condition	374

91% of those responding to the survey were White British or White Other 7% were Asian or Asian British with 1% were Black African, Caribbean or Black British and 1% of people said mixed or multiple groups.

In the survey people were asked about whether the council should continue to use their discretion to charge see **Figure 7** below. 383 of those responding felt the council should continue to charge, 227 said no, 243 people said not sure.

Figure 7

Discretion to charge



Many respondents commented it is fair that everyone contributes something to the cost of their care, in particular the view was expressed those who receive non-means tested benefits should use these to pay their contribution.

In the face to face discussions held a general consensus was that councils needed to make a charging policy and most people accepted that this should remain the case in Walsall.

During a drop in session at Old Vicarage Court someone attending commented:

“I agree you need to charge but it seems unfair that a person with a disability has to pay to have the same quality of life as other people”.

Whereas during a group discussion held with the membership of Walsall Disability Forum a member said:

“There should not be a charge for Social Care services”

In the group and face to face discussions many people expressed that disability related expenditure should be assessed individually whilst others thought having a standard amount for all, with an option for full assessment seemed the best way of administering disability related expenditure.

One attendee at Willenhall Chart Centre commented:

“Disability related expenditure should be based on actual expenses not assumed expenditure”

Overall 677 people responding to this question in the survey chose an option with an element of individual assessment. **Figure 8** shows the breakdown. Comments in the survey about other ways to assess disability related expenditure identified some people did not understand the question and others said they were unsure how to answer, however the questions rephrased to ensure people could understand and answer appropriately

Figure 8

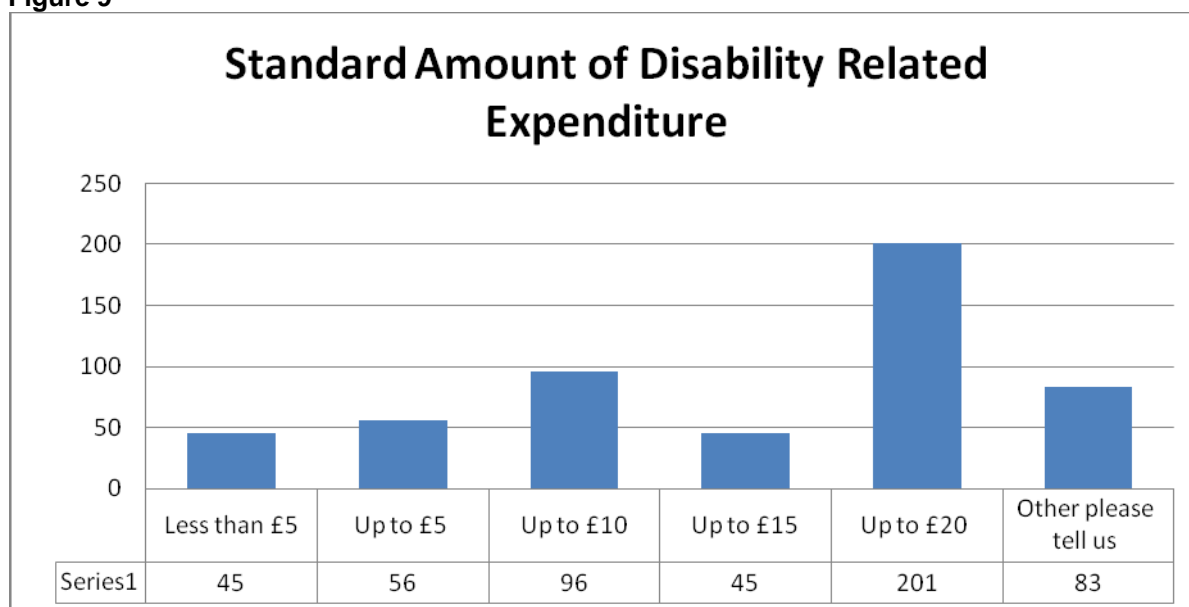
Option	Overall %	Count
Option A. A standard allowance given to everyone who has this type of additional expenditure.	13%	99
Option B. An individual assessment, based on evidence of the need and costs.	50%	399

Option C. A standard allowance for certain common illnesses and disabilities, with an option for more detailed assessment where people feel their expenditure is greater	35%	278
Other	2%	15

Where people had chosen an option in the survey that included a standard amount of disability related expenditure people were asked for suggestions on what level this could be set at, see **Figure 9** below.

Respondents chose other and they were asked to provide details of what this should be. A strong theme identified here was that many people who chose this option did so because they were not sure what disability related expenditure is or the current way it is assessed.

Figure 9



The Community alarm (maintenance and response combined) – which is already charged for most people using them; currently over 80s are not charged for this service. Those consulted were asked for their views on whether everyone should be charged the same for this service regardless of age and to give a view on what would be a reasonable weekly charge.

On the matter of those over 80 not having this for free some people in the group and face to face discussions felt that this could cause people to have the alarm removed and may leave them vulnerable. Some people argued that other groups should be considered when looking at whether the alarm should be given free of charge, these included people from the Deaf Community.

At a meeting arranged to specifically engage those who use services from the Deaf Community, Held at Walsall Deaf Peoples Centre the following comments were made:

“Deaf people have issues with community alarms so believe they should be free for all deaf people”

“When response are called no interpreter is called to come”

“Sometimes response have knocked down clients doors to get in as the person is deaf and hasn't heard the door, the client then has to pay for a new door” “Also

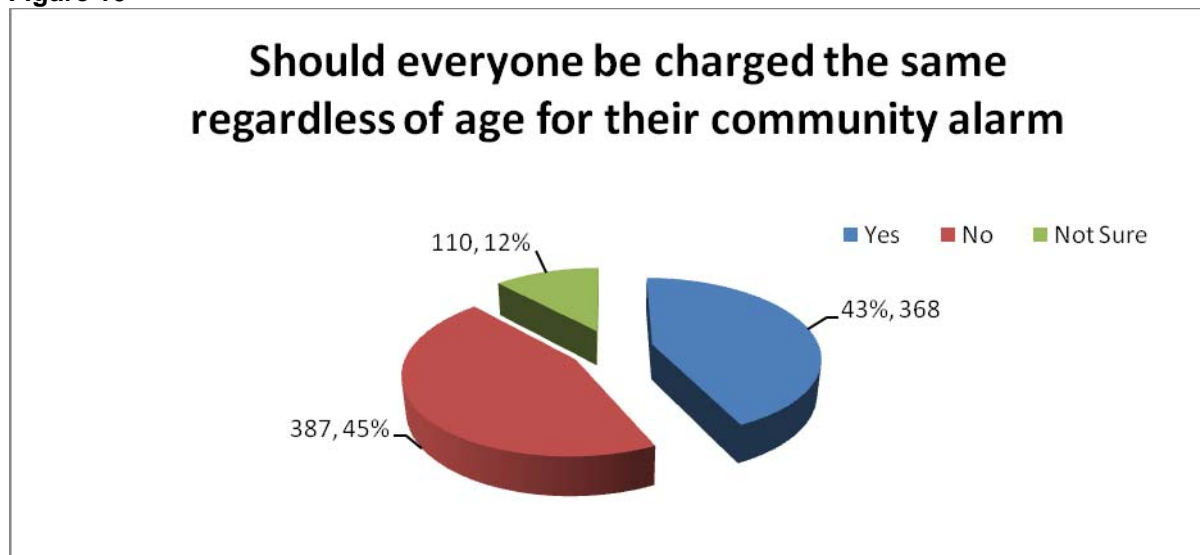
the alarms are talking – deaf can't hear them"

During a drop in session at Alrewych court one attendee said:

"A flat rate charge for an alarm in extra care is ok but disagree that you should charge the well being charge for care people don't receive"

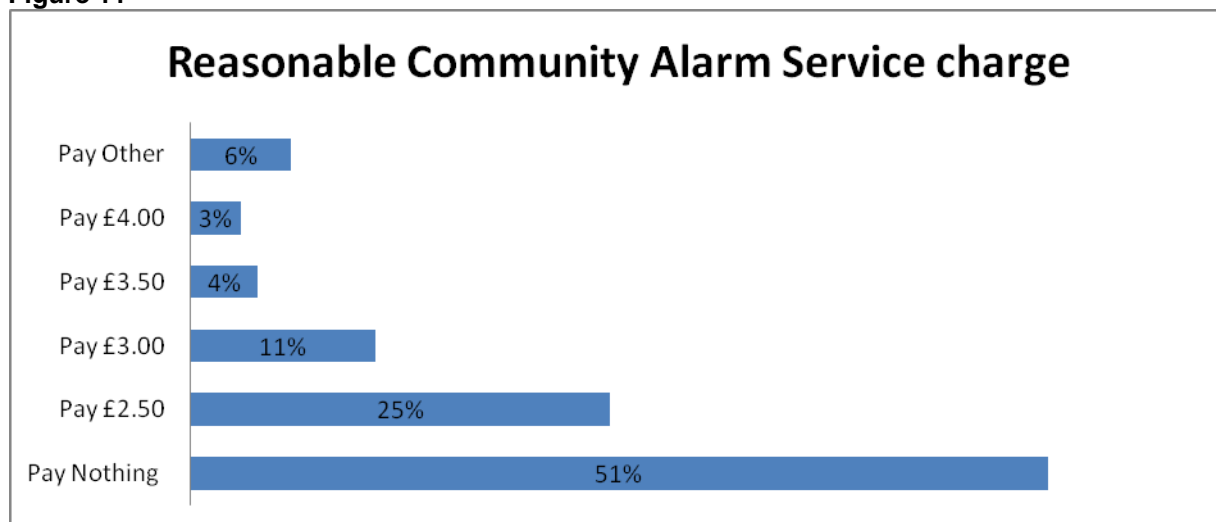
Figure 10 below shows the percentages of people who thought everyone should be charged the same regardless of age.

Figure 10



People were also asked about what would be a reasonable weekly charge. During the face to face consultations many felt the small flat rate fee paid now was reasonable that it provided an essential lifeline for people and was valued. In the survey 412 people chose the pay nothing for the community alarm service option, See **Figure 11** below, it should be noted that of 745 people who responded to this question 446 (60%) were over 80 years old and the current policy is they do not pay for this service.

Figure 11



Some of the additional supporting comments from within the survey included:

"Older people who need an alarm may refuse one if they had to pay, an alarm can

save lives”

“Minimum care should be provided, this prevents deaths at home”

“Free for over 70’s and perhaps £2.50 per week for under 70’s”

“Depending on age, income and disability”

“I do not use or are offered any other services except the alarm. I will do without thank you, so will other people”

“Difficult to say but if it’s too much people will ask for removal of the system”

“My mother feels as though she has paid enough over her lifetime and would have this removed”

Equalities

As part of the pre-engagement to the consultation to assist us with completing the EqIA and planning for the consultative approach we spoke directly to a number of people with communication difficulties in order to understand the most effective way to engage and enable participation. There was a clear requirement to make available information about the consultation in the following formats: Audio, BSL and Easy Read

A transcription to audio was made available and utilised by those with a visual impairment, in addition we made available a large font version of all documentation and the information was also transcribed into Braille, these were made available through the transcription service contracts held by the council.

An approach was made to obtain transcription into easy read for those with a learning disability. Unfortunately the contract did not provide this type of transcription. In order to meet the needs of this cohort of people the Directorate purchased relevant tools and made all documentation available in pictorial easy read format.

In addition a range of bespoke sessions were held to ensure the views of those who are underrepresented in traditional consultation methods were given an opportunity to participate. For example a focus group session was facilitated by Walsall Deaf Peoples Centre to enable those who use BSL as a first language to share their views. This was agreed following the pre-consultation activity that identified difficulty for BSL users to engage in traditional methods. A Self Advocacy group for people with a learning disability was engaged twice throughout the process to ensure we sought the views, using the easy read materials available.

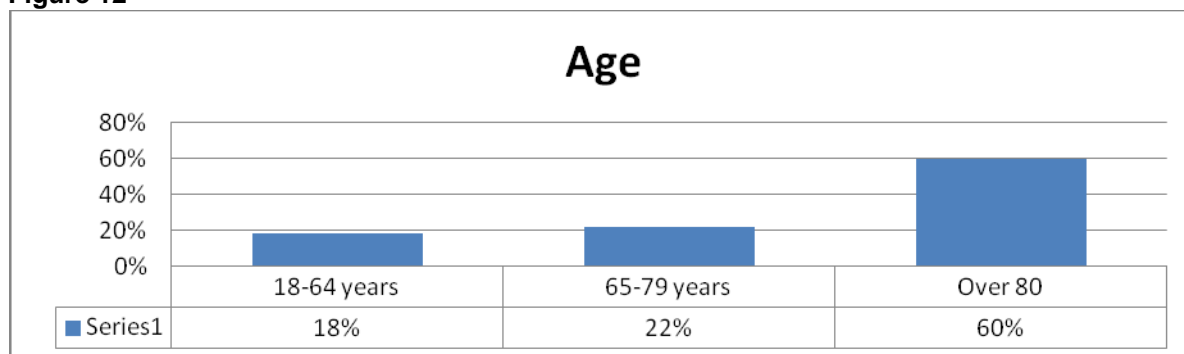
The overall reach of the exercise in terms of percentages was broadly representative of the population who use our services. The number of people that were engaged in the consultation was 7,524.

32% were male, with 66% female and 2% of people had not disclosed. Marital status of those consulted was not collected to enable comparison as 66% of people had not disclosed their status. The age categories can be seen at **Figure 12** below and is broadly similar to those responding to the consultation.

Ethnicity of those consulted was recorded in multiple systems and differently to how they were collected in the consultation. However 77% stated they were white British or white other, 7% from BME or another background and 16% or people who did not disclose

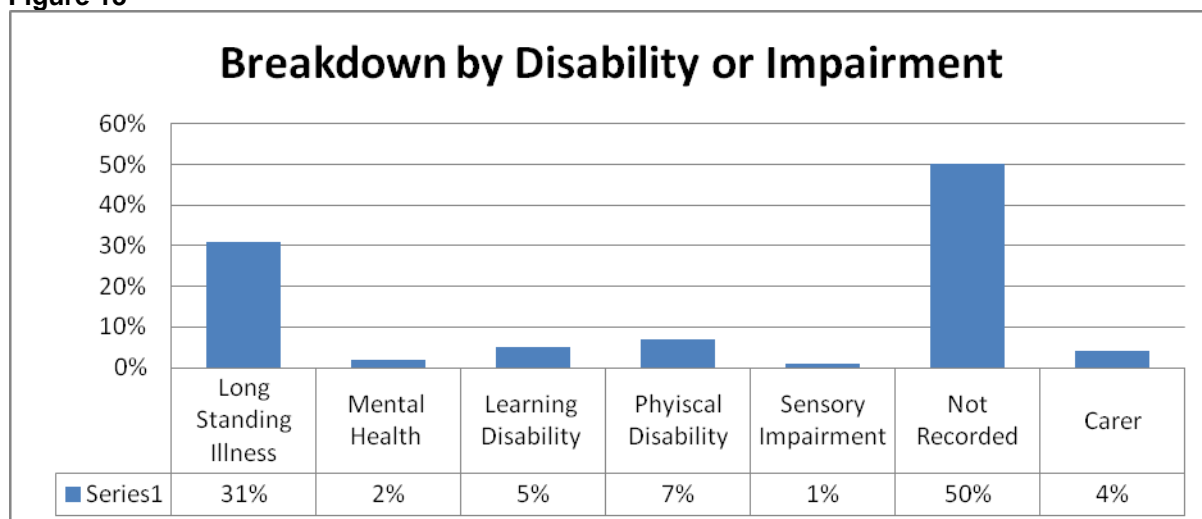
their ethnicity.

Figure 12



The breakdown by disability type of those consulted can be seen at **Figure 13** below, the data source for this category had a number of entries where the disability was not recorded.

Figure 13



It should be noted that the information used to understand the demographics of the 7,524 people who were engaged to participate came from multiple sources. However we are able to demonstrate the consultation broadly comparable.

5	How may the proposal affect each protected characteristic or group?			
	The affect may be positive, negative or neutral.			
	Characteristic	Affect	Reason	Action needed Y or N
	Age	Neutral	No foreseen impact	N
	Disability	Negative	Deaf people may not be able to fully access/ utilise the CAS There may be communications issue's with some disabled people for consultation and the new charging arrangements The potential mental wellbeing of some	Y

			people may be affected because of the changing charging arrangements	
	Gender reassignment	Neutral	No foreseen impact	N
	Marriage and civil partnership	Neutral	No foreseen impact	N
	Pregnancy and maternity	Neutral	No foreseen impact	N
	Race	Neutral	No foreseen impact	N
	Religion or belief	Neutral	No foreseen impact	N
	Sex	Neutral	No foreseen impact	N
	Sexual orientation	Neutral	No foreseen impact	N
	Other (give detail)			
	Further information			
6	Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details below.			(Delete one) No
7	Which justifiable action does the evidence; engagement and consultation suggest you take? (Bold which one applies)			
	A	No major change required		
	B	Adjustments needed to remove barriers or to better promote equality		
	C	Continue despite possible adverse impact		
	D	Stop and rethink your proposal		

Now complete the action and monitoring plan on the next page

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
End Nov 2014	Identify and provide suitable communication methods required for respondents	Communications/ Group	08/12/2014	Bespoke communication methods were used and sessions held to enable active participation using the correct communication method
6 th April 2015	The community alarm system should be accessible for Deaf people	Core Group		
6 th April 2015	All communication (e.g. assessments, forms, letters and leaflets) to be well designed and available in alternate formats and community languages	Communications/ Group		
6 th April 2015	The potential mental wellbeing of some people may be affected because of the changing charging arrangements This will be addressed within the detailed implementation plan	Implementation Owner		

Update to EqIA	
Date	Detail
16/02/2015	Reviewed EqIA post consultation and feedback from stakeholders on policy proposals and updated EqIA
End of March 2016	Review EqIA 12 months after implementation of policy

Charging for Non-residential Adult Social Care Services Policy Review Consultation Outcomes Report

1. Executive Summary

Cabinet approved a period of consultation on social care and inclusion non-residential charges in September 2014. A pre-consultation engagement period was then undertaken throughout November 2014 with the consultation running from 8 December 2014 until 13 February 2015.

The aim of the charging review was to create a fair and transparent system of charging for adult social care services that meets the new legal requirements. The consultation focussed on the areas of a charging policy that can be influenced locally.

During the consultation period 7542 people were contacted to seek their views as part of the charging policy review. Over 1300 people were actively engaged in the consultation taking part in surveys, meetings, and drop in sessions and contacting the council through other mediums to share their views.

In addition a number of service user and carer events, groups and forums have been attended to seek the views of those who are either potentially affected by the review or those they represent. The feedback from these sessions has been published in full to the council website and has been included in the overall report.

Due regard will be given to the consultation outcomes along with other components of the review to shape the policy proposals for presentation to cabinet.

2. Aim of the Charging Review

The aim is to create a fair and transparent system of charging for adult social care services that meets the new legal requirements.

3. What is charging for community based services?

The government expects councils to make people contribute to their community social services and the new laws give councils discretion to charge for such services. In the past people have told us they expect to pay something towards their services provided they can afford it.

Any new policy must follow the Care and Support (charging and assessment of Resources) regulations and have regard to the guidance in Section 8 of the Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health.

Walsall has a policy that asks people eligible for social service to pay towards the cost of their care services. These services include, Home Care, Day Centres, Extra Care Housing, Direct Payments and Community Alarms.

4. Why are we consulting?

There are several reasons why we feel it is necessary to review the way we charge contributions for community social services, such as:

Under the **Care Act 2014**, and **Children and Families Act 2014** all local authorities will have new responsibilities. Draft guidance from the Care Act confirms that local authorities can charge for arranging care and support to meet a person's needs, except in cases where it is required by law to arrange care and support free of charge. Charging will continue to be means tested, consider people's ability to pay, be comprehensive to reduce variation in the way people are assessed and charged, and be clear and transparent.

5. What is not currently included in this consultation?

The charging for residential and nursing home care where funded by the council, is not included in this consultation. The care home "Care Cap" and "Care Accounts" are part of the Care Act requirements for implementation from April 2016 and will be dealt with separate from community social services, following Government guidance next year.

6. Target Audiences

In undertaking this consultation the council aimed to ensure that those who use council funded services to meet their adult social care needs and their unpaid carers were engaged in the consultation. They also targeted those who self fund their services and their carers.

Specific groups were targeted to ensure a broad spectrum of views was collated and those who represented the views of people who use services were also targeted. A summary of the target groups can be seen in **Figure 1** below and the mediums used to meet their specific needs in relation to the consultation can be seen below:

Figure 1

Audience	Approach
All current users of adult social care services, including community alarms, and known carers	Survey sent to 7500 people by post and made available via the website.
Community and Voluntary Sector representatives	2 focus groups were held with representatives from the providers who support those clients affected by the policy
Walsall Society for the Blind	Focus Group run for people with a visual impairment
Walsall Carers Centre	Focus group attended by a cross section of Carers who receive support via the Walsall Carers Centre
Carers event	An event attended over 100 carers across all client groups
Bespoke Work Shop Event	Carers, People with a Visual Impairment, People with a Physical Disability, People with a Hearing Impairment, Older People, People with a Learning Disability.
Over 50's forum	Representative body for older people, focus group discussion held
Carer User Support Partnership (CUSP)	Service Users and Carers across client groups regular forum including transitions and Mental Health
Health Watch Walsall	Healthwatch engages with the public to find out the issues that matter most to them about health and social care services
Walsall Disability Forum	Held a focus group discussion with members of the Walsall Disability Forum
Making Our Choice	A self advocacy group for people with a learning disability was attended twice using easy read material to engage people with a learning disability
Stan Ball Centre	Interviews with Day Centre attendees as self funders
Goscote Pinfold Group	A group of people with physical disabilities using day opportunities facilities
Satellite Day Centre Sites	Group discussions with day centre attendees
Interviews at ILC	Individual semi structured interviews targeting those who self fund
Walsall Deaf Peoples Centre	A specifically arranged event for those
8 Public Meetings and 14 drop in sessions	Held at community locations across the borough the dates, times and locations were shared via an individual letter to 7500 people and in the media.

In the survey we asked people to identify whether they received social care funding or cared for someone who does or if they were self funders or their caring for someone who self funds.

The results shown below at **Figure 2** indicate 60% of those responding received funding for their services.

Figure 2

	%	Count
I receive Adult Social Care funded services and I am completing this questionnaire myself	24	163
I care for someone who receives Adult Social Care funded services and I am completing this questionnaire on their behalf	36	245
I pay for my own care privately and I am completing this questionnaire myself	17	111
I care for someone who pays for their own care privately and I am completing this questionnaire on their behalf	9	66
Other, please tell us	14	89

Of those responding to this question 89 people chose other in the survey from the explanations provided a theme can be seen. People referred to not having services only using a community alarm, the results and comments reflect that many of those in receipt of this service are unaware that the service they receive is provided by adult social care. Comments included:

“I live on my own and care for myself but pay the council for a community alarm”

“I live in St Peters court”

“I live in a retirement flat in housing 21”

People were also asked in the survey whether they paid towards the cost of their services of those responding 371 said they did and 370 said they didn't with 63 not sure.

The survey enables us to understand the type of services people currently receive people although were able to choose more than one option in the survey. **Figure 3** indicates the type of services people received.

A significant number of people (462) said they had a community alarm; this may be a factor in these results as the comments from people both in the public meetings, face to face discussions and in the survey

indicated that many people were not aware that community alarm is a social care funded service.

Figure 3

Which of the following services do you or the person you provide care for receive? Select all that apply.

Service type	Count	Service type	Count	Service type	Count
Day care	110	Extra Care Housing	46	Respite	37
Home care	201	Community Alarms	462	Carers Direct Payment	74
Community supported Living	39	Direct payments	76	Other, please tell us	20
Adult Placements	8	Personal Budgets	28		

7. Consultation Approach

Cabinet approved a period of consultation on social care and inclusion non-residential charges in September 2014. The current charging arrangements for adults who receive community social care services require a review given the recent findings of the Local Government Ombudsman.

The Ombudsman, in March 2014, recommended that the council complete a review of the charging model it uses for Housing 21 Extra Care and further recommendations in July 2014 suggested consideration of how the policy was applied, in particular the eligibility for a particular Welfare Benefit.

This is timely given charging arrangements need to take into account new legislation in the Care Act 2014 and the Children and Families Act 2014 this year.

A letter was sent to all those who may be affected by the change telling them that a consultation process was due to begin. Following this series of pre-consultation engagement activities were planned to find out what people thought of the current system including any ideas for how things could be managed differently.

The activities were planned to use a range of qualitative approaches, engaging hard to reach groups and ensured those involved were broadly representative of those affected by the charging review. Activities included Focus Groups, 1:1 interviews, group discussions, workshops, telephone and written feedback. People, who specifically expressed an interest with supporting the Directorate with this consultation following

receipt of the first letter, were contacted and offered the opportunity to become involved in these activities.

The formal consultation launched on the 8 December 2014 with the publication of information to the Councils website. This was supported through a range of mediums including press releases and social media, briefings for staff and providers were also conducted. A further letter was sent to all those potentially affected by the policy following the formal launch.

The letter was accompanied by a questionnaire, and pre-paid return envelope seeking views on the areas of a charging policy that can be locally influenced, people were supported to complete the questionnaire on request. The questionnaire was also available through the council's website for anyone interested in contributing to the consultation process.

Along with the outcomes of the pre-consultation engagement activity other factors were considered including learning from complaints about charging, statutory guidance and outcomes from recent audits on the charging process. This has culminated into a consultation document, outlining the areas for consultation; and was available on the council website, in a range of community locations and on request can be posted to individuals.

During the consultation period 8 public meetings were held led by member of the Executive Management Team, across the borough where people were able to hear more about the charging review and share their views, these commence in January 2015, allowing time for people to understand what is proposed.

In addition 14 drop in sessions were held at a range of community locations and extra care schemes across the borough to have an officer led discussion on the charging review providing an opportunity for citizens to contribute their thoughts, again commencing in January.

To ensure we are able to meet the needs of those with communication difficulties, bespoke sessions were also held to enable active participation using the correct communication method and additionally regular service user and carer forums were also attended to seek a representative view of these groups.

8. Key Lines of Enquiry

The consultation included a series of questions that were posed through various mediums to enable feedback on the areas within the charging policy that can be locally influenced, see **Figure 4** below. A consultation document was widely distributed posing these questions and they were used in the survey.

Figure 4

Topic for consultation	What you can influence
<p><u>Discretion to charge for services</u> Should we use the power/discretion to charge for community social care services? The Government expects councils to charge and the law gives councils discretion to charge for services. If we do not charge for services we would have to find another way to generate income or reduce council services – how could that be done?</p>	Do you agree or disagree with this?
<p><u>Charging models</u> There are different ways of designing a charging model.</p>	Which do you think works better – Flat rate vs. paying for what you receive?
<p>The council needs to make sure that it leaves people enough money to live on. The government decides how much this is and it's called the minimum income guarantee. After making sure you have enough money to live on the council can decide to take 100% of the money to work out what people pay, they can take 50% or less.</p>	Should we take 100% of the money to work out what people pay or should we take 50% or less? Do you have any other suggestions or alternative proposals?
<p>The charging guidance allows us to take into account partner income in a financial assessment.</p>	Should we include this (Yes or No)?
<p>The Care Act 2014 says that we should consider setting a maximum charge.</p>	Do you think there should be a maximum, what do you think it should be?
<p>We have the option of charging for the full cost of services for those with the income to pay this.</p>	Tell us what you think.
<p><u>Disability related expenditure</u> Councils must also allow for the money you have to spend on living with your disability before they charge you. This may include the costs of your heating, laundry, transport, special clothing or shoes, home equipment and paying a personal assistant. This is called disability related expenditure.</p>	Should there be a standard reduction (i.e., the same amount) for everyone from their assessed charge? Can you suggest any other way to do this?
<p><u>Financial assessments</u> When the council is working out what a person has to pay towards their care and support they visit people at home and look at what money they have coming in and what things they have to pay for. The Care Act allows councils to do a 'lighter touch' assessment which could be done by the person themselves and sent in the post or done on the council's website.</p>	What do people think about a light touch assessment is this something the council should offer? If so, how might this work best?
<p>Some people have a direct payment. This means the person, or someone else on their behalf, is given the money to spend on care and support they choose. Where people choose a direct payment councils</p>	Should people who have a direct payment have their charge deducted before

can deduct a person's charge before the money is paid to them.	the money is paid to them? Do you have any other suggestions on this?
Other charging areas People who live in extra care housing pay a contribution towards the service they receive. The council is considering having one charging policy for all community based social services.	Should the council charge those who live in extra care schemes in the same way as those who receive other types of service?
The Care Act comes in to force in April 2015. For the first time carers will be treated the same way as the people they care for, carers can have an assessment and receive services if they have eligible needs and they can be charged for this. Cabinet is minded not to charge for providing support to carers, in recognition of the valuable contribution that carers make to supporting vulnerable people and their local community.	Do you have any other suggestions? Should the council offer support to carers without charging them? Should carers be charged for all or some services? Do you have any other suggestions?
Some people have enough money to pay for their own care and support (self funders). The Care Act 2014 states that people who can afford to pay for their own care and support in full can ask the local authority to arrange their care on their behalf. Where this happens the council can charge a fee to cover the costs of arranging care and support for the person.	When people have to pay for their own care, should the local authority charge a fee for this? If so, what might this look like?
Preventative services are not always free. The Care Act requires services such as reablement or minor aids and adaptations must always be provided free of charge. People cannot not be charged more than the costs of providing or arranging the support. Walsall Council is considering a charge for: <ul style="list-style-type: none"> Community alarm (maintenance and response combined) – which is already charged for most people using them; currently over 80s are not charged for this service, this is no longer equitable or legal, so there should be the same charges for all users of community alarm services. For those who are eligible to receive other social care services this would be based on an assessment of their ability to pay under their personal budget. Personal support after the first six weeks of reablement (for those that are not eligible for social services) We could also charge for other preventative social services 	What do people think about these proposals? Should a flat rate charge with a simple financial assessment ("light touch") be the best way to assess for these services (instead of the full financial assessment that those on personal budgets will have)
Aids and minor adaptations must be provided free of charge, however, councils could charge for equipment that costs over £1000	Should all equipment be free for everyone? Should the council consider charging for this type of equipment? Do you have any other ideas about charging for equipment?

9. Methods

During the consultation period over 300 people contacted the council and share their views through the post, by email and by phone. 14 people requested support to participate in the survey and were enabled to complete the survey with support from staff.

Contacts were also made for the documentation and survey to be made available in other formats. These included transcription to Braille and Audio and increased font size.

During the public meetings and drop in sessions approximately 150 people were spoken with. A written record has been produce of all public meetings and the feedback has been used as evidence within the content of this report. All of the notes taken are available to view in full on the council's website www.walsall.gov.uk/localconsultation

Drop in sessions were also held at 14 key locations across the borough at varying times of the day to maximise peoples opportunities to discuss the charging review and contribute their ideas. In particular there were sessions held at all 11 extra care sites to ensure those who may find travelling to different locations had access to participate. Some of these sessions enabled people to have 1:1 welfare rights support, assistance to complete surveys and in some group and individual discussions also took place. Discussions have been recorded and the notes are available in full on the council's website.

In addition a number of service user and carer events, groups and forums have been attended to seek the views of those who are either potentially affected by the review or those they represent. The feedback from these sessions has been published in full to the council website and has been included in the overall report. A survey was sent out to over 7524 people who use services in Walsall, 910 responses were received however some people had chosen not to respond to each set of questions.

10. Equalities

As part of the pre-engagement to the consultation to assist us with completing the EqIA and planning for the consultative approach we spoke directly to a number of people with communication difficulties in order to understand the most effective way to engage and enable participation. There was a clear requirement to make available information about the consultation in Audio, BSL and easy read.

A transcription to audio was made available and utilised by those with a visual impairment, in addition we made available a large font version of all documentation and the information was also transcribed into Braille, these were made available through the transcription service contracts held by the council. An approach was made to obtain transcription into easy read for those with a learning disability. Unfortunately the contract did not provide this type of transcription. In order to meet the needs of this cohort of people the Directorate purchased relevant tools and made all documentation available in pictorial easy read format.

In addition a range of bespoke sessions were held to ensure the views of those who are underrepresented in traditional consultation methods were given an opportunity to participate. For example a focus group session was facilitated by Walsall Deaf Peoples Centre to enable those who use BSL as a first language to share their views. This was agreed following the pre-consultation activity that identified difficulty for BSL users to engage in traditional methods. A Self Advocacy group for people with a learning disability was engaged twice throughout the process to ensure we sought the views, using the easy read materials available.

Looking at the demographic breakdown of participants taking part in the pre-engagement activity, the face to face consultation and the survey (**see section 13**) it is clear that those who are responding to equality questions in a face to face context were more likely to decline answering these questions, than those approached through an anonymous survey based approach.

11. Consultation Outcomes

The approach to reporting the range of feedback received has been to identify key themes in terms of the responses to the various areas of the consultation. The outcomes of the consultation come from qualitative methods of consultation and the results from the quantitative survey undertaken.

There were some differences in response based on method and key target groups, with regards to the method, people appeared to better understand some of the questions when there was an opportunity for more detailed explanation. Some of the survey questions appeared to generate a “not sure” or “don’t no” answer with comments to support that they did not understand the question.

11.1. Discretion to charge

The law gives councils discretion as to whether they charge for services, although the Government expects councils to charge. The consultation sought views on whether the council should use its discretion to charge for community based services and if not how else could they either generate income or reduce council services.

In the face to face discussions held a general consensus was that councils needed to make a charging policy and most people accepted that this should remain the case in Walsall.

During a drop in session at Old Vicarage Court someone attending commented:

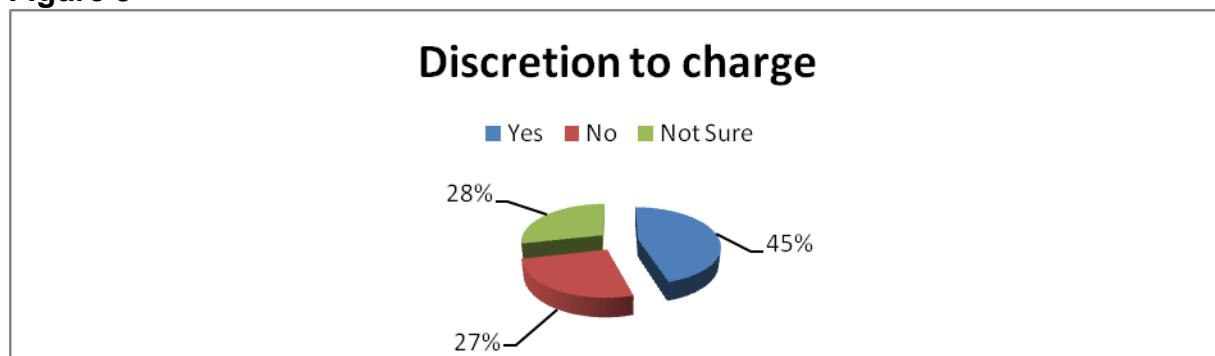
“I agree you need to charge but it seems unfair that a person with a disability has to pay to have the same quality of life as other people”.

Whereas during a group discussion held with the membership of Walsall Disability Forum a member said:

“There should not be a charge for Social Care services”

In the survey people were asked about whether the council should continue to use their discretion to charge see **Figure 5** below. 383 of those responding felt the council should continue to charge, 227 said no, 243 people said not sure.

Figure 5



Many respondents commented it is fair that everyone contributes something to the cost of their care, in particular the view was expressed those who receive non-means tested benefits should use these to pay their contribution.

Some people felt those who needed support, who have paid into the system all their working lives, should not be left out of pocket as a result. Others referenced the fact that people with disabilities should not be penalised financially for requiring support to live independent lives.

11.2. Charging Models

Councils can decide the best way to charge people for their support, but it must be fair and follow all the guidance. There are different ways of designing a charging model; some of these can be seen in **Figure 6** below.

Figure 6

Option A. A flat rate charge applied to all, with some exemptions
Option B. A charge based on the level of service received, with no regard to the user's income
Option C. A charge based on the user's income, regardless of the service(s) received
Option D. A charge based on both service(s) received and the user's income

People were asked for their views on which type of charging model would work best and to share any other ideas they had for a model. In the various group discussions and public meetings there were a range of views expressed.

Some suggested variances on the current scheme of benefits based charging, describing changes such as a reduced percentage of benefits to be used and not to take Severe Disability Premium into account.

Others suggested that a charge based the amount of services and people's income was the best model. People were keen to ensure the charge was affordable to vulnerable people but also to make sure that any charging model did not penalise those who had saved for their old age and retirement.

The over 50's forum felt people who have specific benefits for their disability needs should be charged because that's what the benefits are for and people should make a contribution. During a discussion in Bentley at a drop in session the point was made that

"If a flat rate model, such as the one in place now, is adopted then perhaps a better percentage of benefits to take would be 35%".

At a public meeting in Collingwood Centre this point was made

“People who are disabled should not pay a flat rate charge, but there should be some kind of charge.”

At Moxley Court one individual attending a drop in session expressed:

“The policy should be based on the amount of service and the type of service people have and be based on the income they have and their ability to pay “

One of the people attending a public meeting at Stan Ball Centre asked:

“Why has BBC got to be changed it is a fair scheme? My sister was assessed and this seems to be the best way, she lives in Accord Housing.” “If she has to pay more it will bring down what she has to live off.”

During the public meeting at Willenhall Chart Centre a number of suggestions were made about the charging model these included:

“The charges should operate like the ones for Independent Living Fund.”

“Using 100% of Severe Disability Premium is unfair. I agree that 50% of DLA or AA is Ok, however SDP is needed for other expenses.”

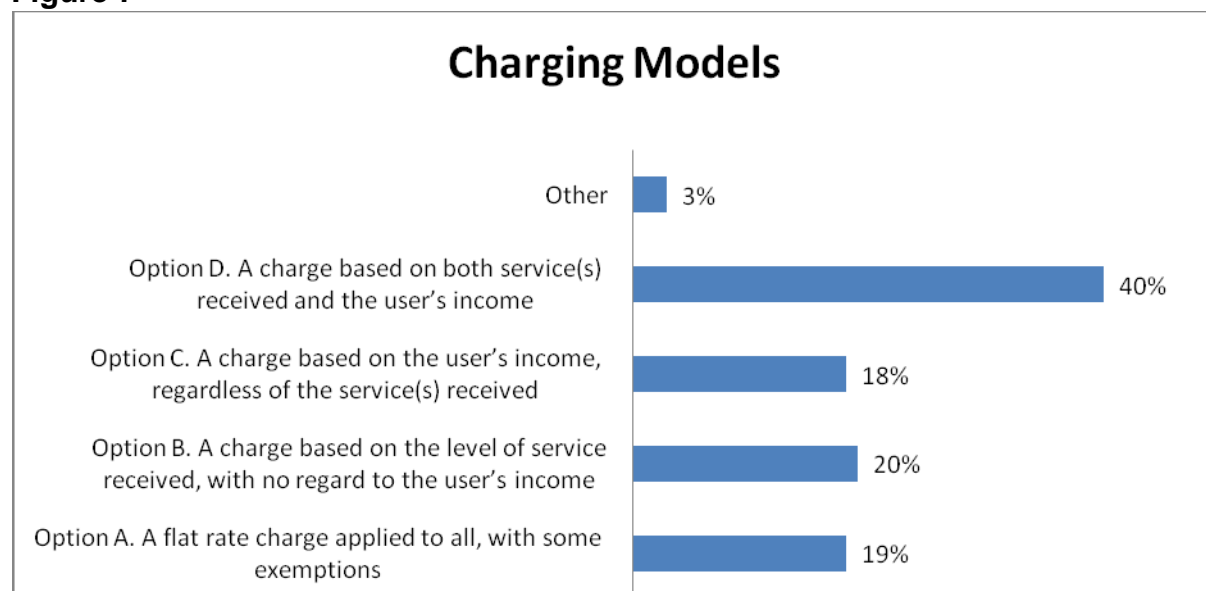
“The council should not assume SDP as an equivalent where people don’t receive it.”

In the survey people responding to the question of a preferred model of charging 320 people opted for **Option D**, a charging model that is based on the services people use and their income. The remaining people who responded opted for the other options in similar proportions, as shown in **Figure 7** below. However 26 people responding to the survey chose other as an option, see comments below.

Of those who commented some common themes emerged including the council not charging at all and using the money it would save through administration costs instead to bridge any gap. Another common suggestion was the council should choose a charging model that does not discriminate against those who have saved for their retirement and

should take account of people who have paid into the system. Others suggested a flat rate system with some exceptions as this would be easier to understand, cost less to implement and may bring less complaints.

Figure 7



11.3. Disposable Income

The council needs to make sure that it leaves people enough money to live on. The government decides how much this is and it's called the minimum income guarantee, equivalent to Income Support plus a buffer of 25%. After making sure this is left the council can then decide whether they use all of the remaining income to calculate a charge.

When discussing disposable income in the face to face session's people had mixed views on the level of disposable income that should be used to calculate the charge. Some people said that taking 100% of all disposable income would be too harsh whilst others felt that it should depend on individual circumstances. Many suggested 50% felt like a better option.

The Over 50's forum suggested that with regards to disposable income the council should be fair on this and look at the financial impact of taking a proportion of this into account, they should look at the impact on the household as a whole. People will naturally worry about what income they are going to be left with.

At one of the drop in sessions held at Bentley Community Centre an individual said

“The council should take 50% or less disposable income into account when working out the charges.”

During a meeting at Willenhall Chart Centre the following comments were made:

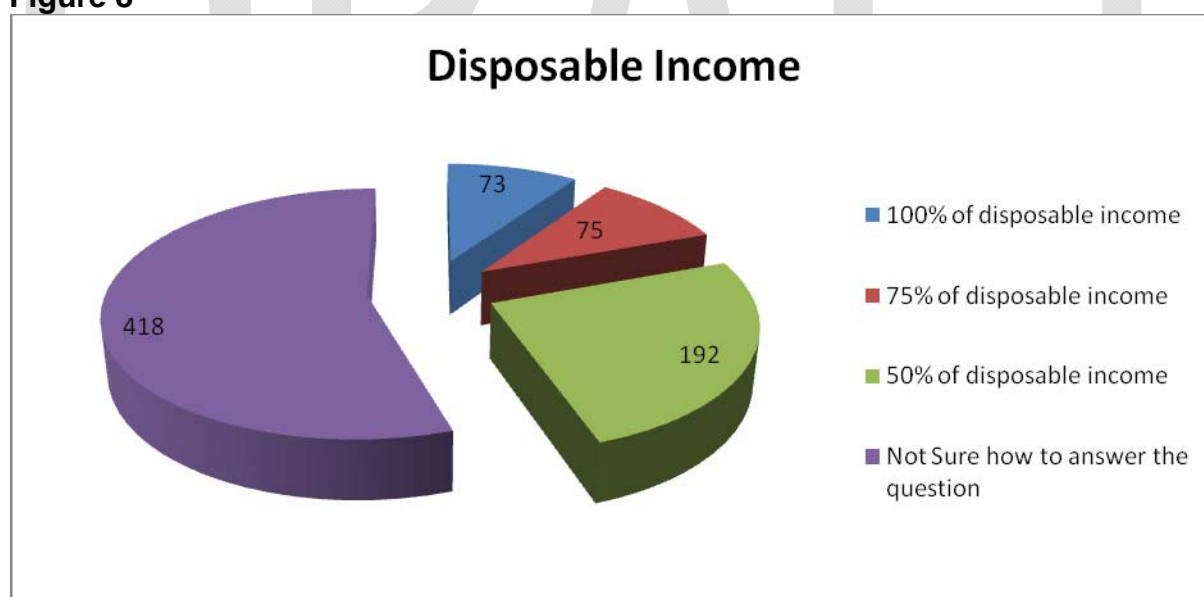
“Taking 100% of disposable income for everyone isn’t going to work, its unfair, people will be punished by the charge”

“It is unfair to take 100% of disposable income. People are being ‘punished’ for being disabled; I would not expect to be punished because I have a disability”.

“There should be a higher level of Minimum Income Guarantee protected.”

The results from the survey, shown at **Figure 8** show 55% those answering this question were unsure on what response to give.

Figure 8



It should be noted that during the face to face consultation there was limited understanding of the question in relation to disposable income. In many of the discussion groups explanations were required for people to understand the context of the question. This may account for the high percentage of people who responded to the survey with “not sure” in the graph above, as there was not the same contextual discussion. The survey enabled people to make alternative suggestions for disposable

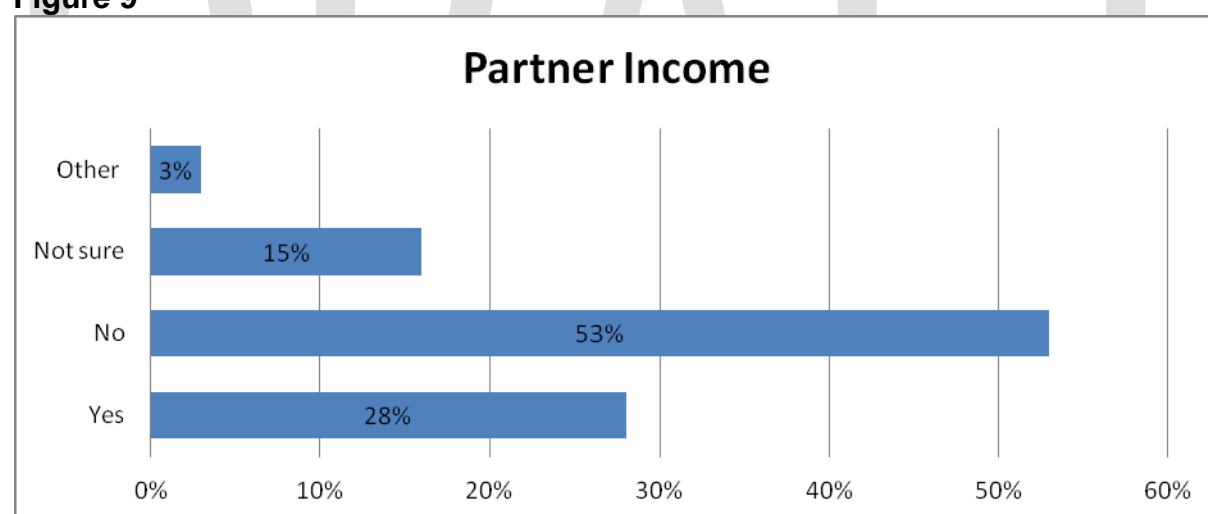
income. Some people (37) suggested a figure equating to less than 50% with 20 people suggested that no charge be made at all.

11.4. Partner Income

The current charging guidance allows councils to take people's partners income into account when calculating a charge for services. The consultation asked people to consider whether the council's charging policy should take partner income into account.

Of those responding to the question 448 said partner income should not be taken into account, whilst 232 thought it should, see **Figure 9** below. A further 140 said they were not sure and 24 chose the other option. From the comments received people felt that those who were deemed as partners would also be family carers for the person with the disability and as such would be providing unpaid care. It was felt this was saving the council money and that they would also be the person primarily responsible for paying the other household bills.

Figure 9



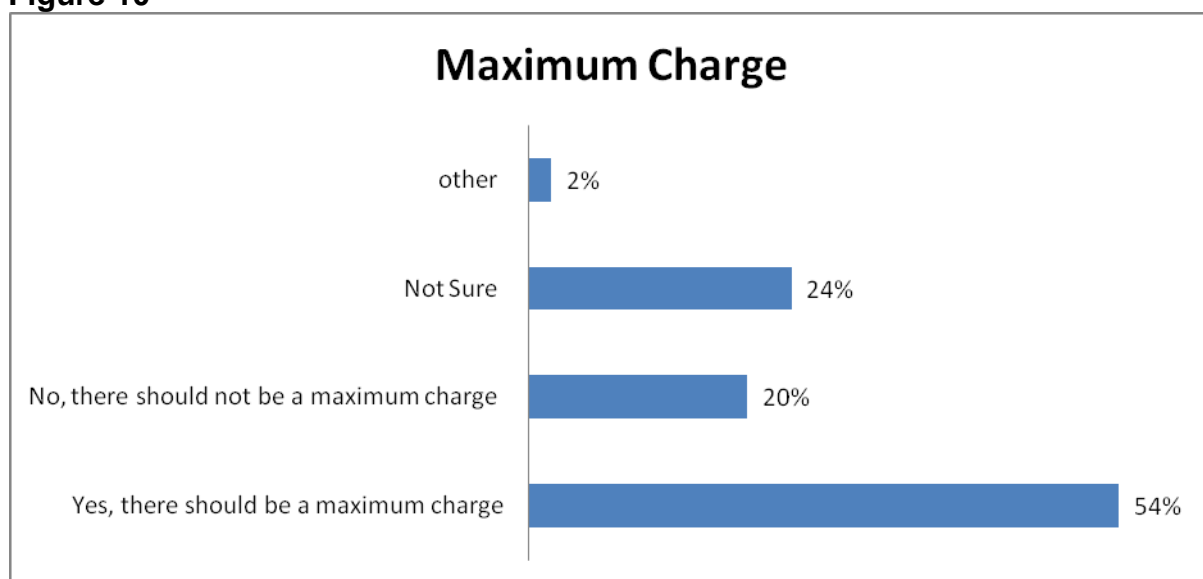
11.5. Maximum Charges

The Care Act 2014 says that the council should consider setting a maximum charge, those consulted was asked whether we should do this within the charging policy.

During the face to face discussions many people felt there should be a maximum charge for services received, as it would help people to understand the costs of support. A meeting was held at the Walsall Deaf Peoples Centre to specifically engage the Deaf Community. During this meeting a group of people attending agreed that there should be a maximum charge set.

The survey responses, shown in **Figure 10** supported this view with 464 people saying the council should set a maximum charge.

Figure 10



Comments about maximum charges in the survey identified that many people felt the maximum charge should be based on individual circumstances. It was also noted by many that the maximum charge should be connected to the care that is needed. One respondent commented:

“Councils should ensure that a maximum cost is applied and detailed attention should be given to obtaining excellent value for money in all areas i.e. Nil Wastage”

Another respondent said:

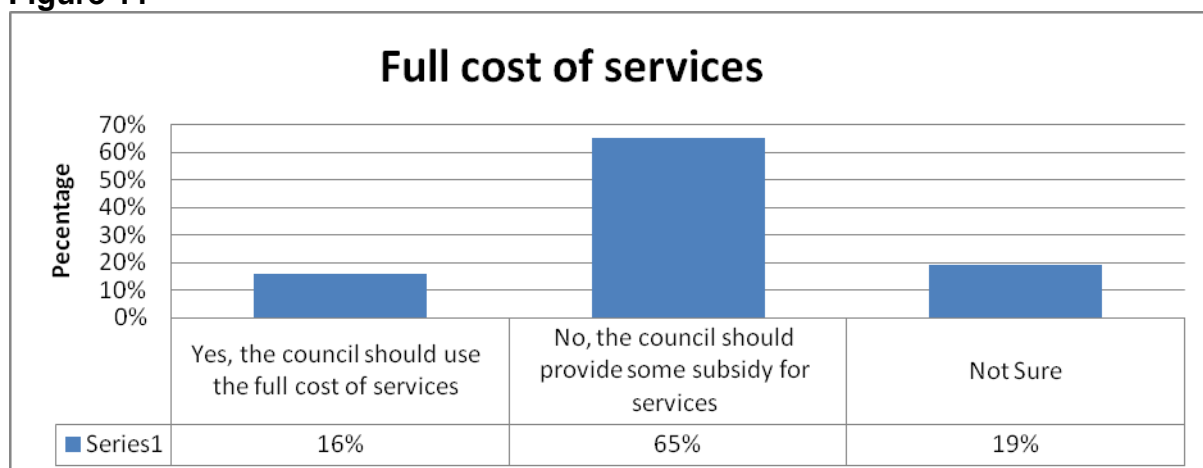
“ Yes, because this will help people know how much it can be and if they can afford it, fine; if not a choice can be made”

11.6. Using the full cost of services to calculate charge

The council can use the full cost of the services when working out how much money people can pay towards their services for those with the income to pay. The consultation asked people whether they thought the council should do this or subsidise services.

A greater proportion of those responding (558) said No, the council should provide some subsidy for services, see **Figure 11** below.

Figure 11



11.7. Disability related expenditure

Councils must also allow for the money people have to spend on living with their disability before they charge. This is called disability related expenditure. The council asked people the best way to work out disability related expenditure showing 3 of the main ways in which councils can assess this for people.

In the group and face to face discussions many people expressed that disability related expenditure should be assessed individually whilst others thought having a standard amount for all, with an option for full assessment seemed the best way of administering disability related expenditure.

One attendee at Willenhall Chart Centre commented:

“Disability related expenditure should be based on actual expenses not assumed expenditure”

Overall 677 people responding to this question in the survey chose an option with an element of individual assessment. **Figure 12** shows the breakdown. Comments in the survey about other ways to assess disability related expenditure identified some people did not understand the question and others said they were unsure how to answer.

Figure 12

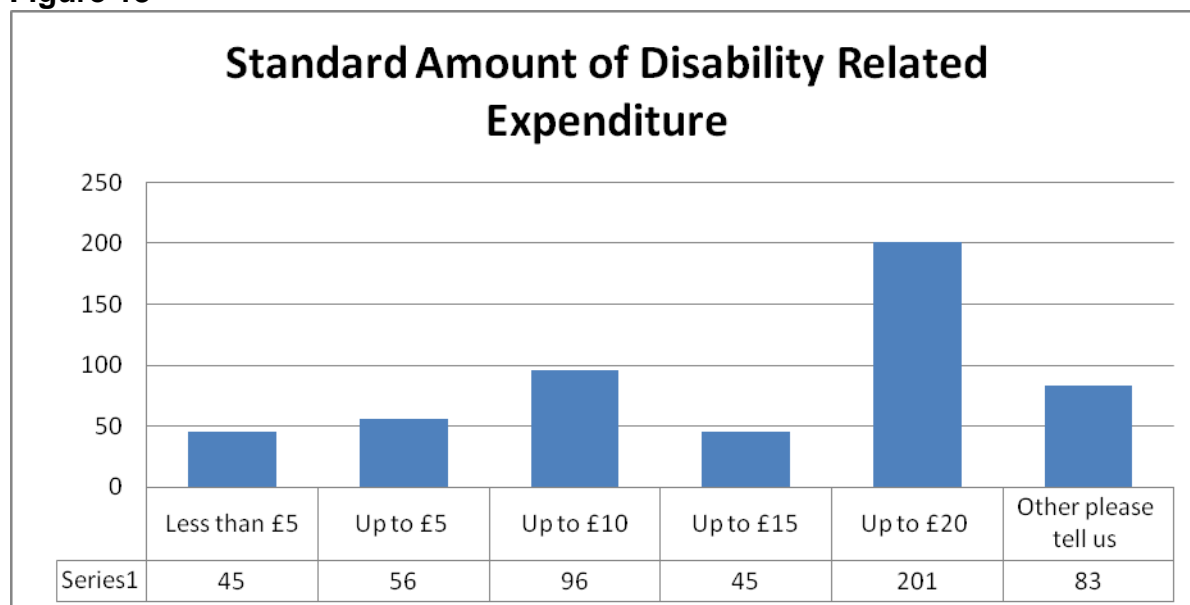
Option	Overall %	Count
Option A. A standard allowance given to everyone who has this type of additional expenditure.	13	99
Option B. An individual assessment, based on evidence of the need and costs.	50	399
Option C. A standard allowance for certain common illnesses and disabilities, with an option for more detailed assessment where people feel their expenditure is greater	35	278

Other	2	15
-------	---	----

Where people had chosen an option in the survey that included a standard amount of disability related expenditure people were asked for suggestions on what level this could be set at, see **Figure 13** below.

Respondents chose other and they were asked to provide details of what this should be. A strong theme identified here was that many people who chose this option did so because they were not sure what disability related expenditure is or the current way it is assessed.

Figure 13



11.8. Light touch assessment

Those consulted were also asked for their views on a 'lighter touch' financial assessment which could be done by the person themselves and sent in the post or done on the council's website; this is a new element being introduced as part of the care act guidance.

In the face to face discussions there was a mix of views some people said this may suit some people and may help the council manage the process more efficiently. However it was also pointed out that care should be taken that those who would maybe not understand properly or struggle and may then get incorrectly charged as a result were always supported by someone to complete or offered a full assessment.

In one of the public meetings an individual said:

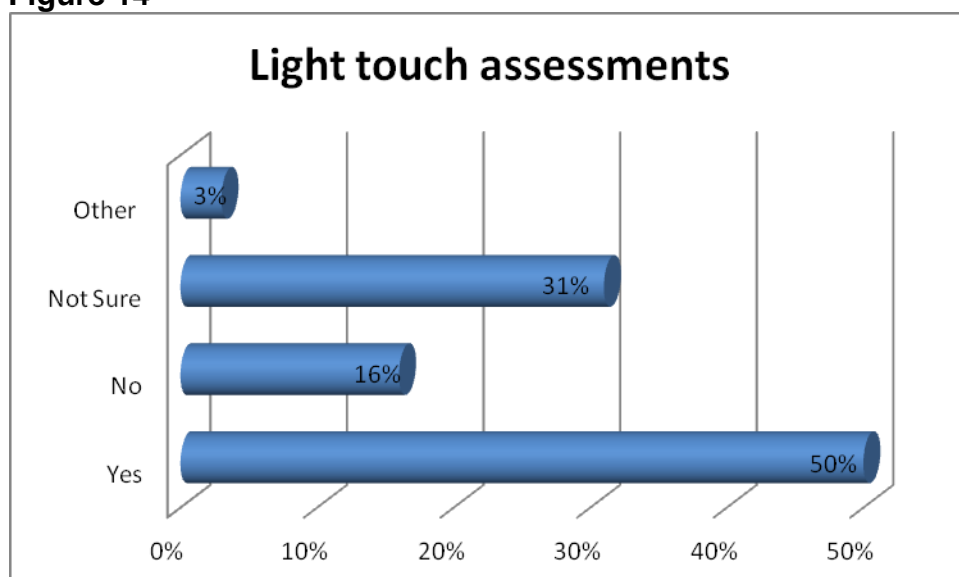
"Everyone should have a full assessment"

Whilst in another group one of the participants said:

“If the cost of a service is small then light touch assessments would be ok and people could do it for themselves but people with disabilities its best to have someone help them and be able to ask questions”

In the survey results shown at **Figure 14** below 419 people were in favour of the council offering a light touch financial assessment. 257 said they were not sure, much discussion occurred in the face to face sessions before people reached a conclusion about this question.

Figure 14



11.9. Paying Direct Payments net of contribution

Some people have a direct payment. This means the person, or someone else on their behalf, is given the money to spend on care and support they choose. Where people choose a direct payment councils can deduct a person's charge before the money is paid to them. People were asked what they thought about this approach.

Most people who attended the face to face discussion groups and public meetings agreed that paying Direct Payments NET makes sense. This was a view shared by those who currently received a Direct Payment and by those who didn't. However there was discussion about the need for care if this is introduced to make sure that people are supported to understand what they need to do. At Walsall Disability Forum it was felt that in respect of Direct Payments, the net payment option makes sense.

During a drop in session at Old Vicarage Court someone who uses Direct Payments said:

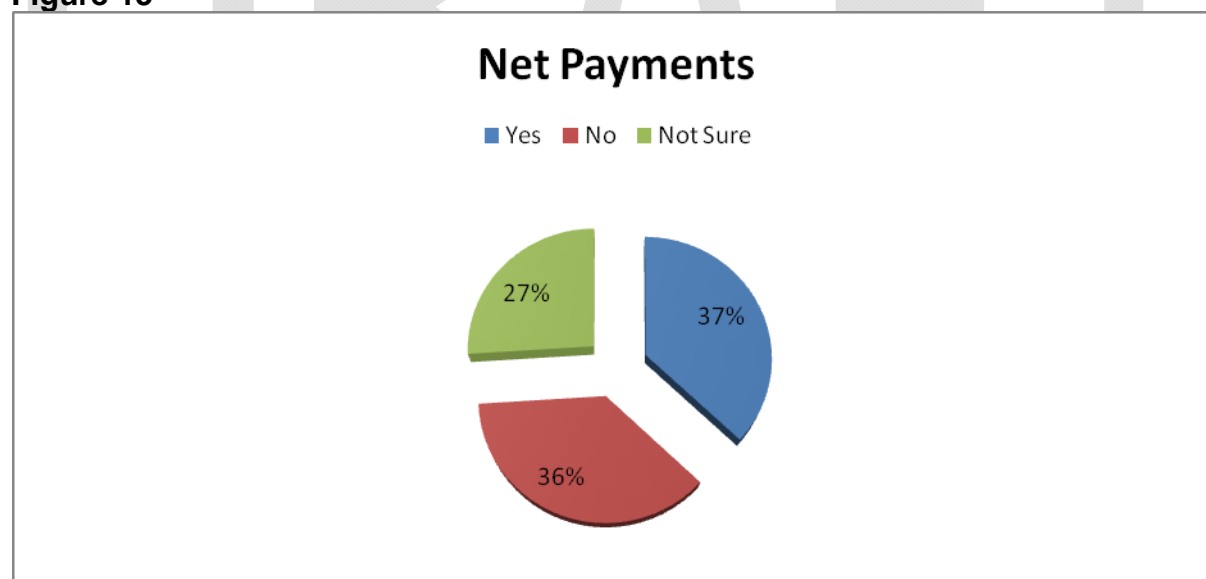
“This might be better for me”. “Currently I can only pay my charges at the post office but I am in a wheelchair and my nearest post office isn’t wheelchair accessible.”

However they pointed out that:

“It’s OK if you have a good direct payments support team but some people might struggle, it was further noted that “It would mean less arrears as well for the council.”

The responses in the survey, seen at **Figure 15**, showed 225 people were Not Sure. In the group discussions there were occasions where this was the case but when explained in more detail people were able to make a decision about their view.

Figure 15



11.10. Should extra care be charged the same as in the community?

People who live in extra care housing pay a contribution towards the service they receive but in some cases this is under a different policy to those who live in the community. The council is considering having one charging policy for all community based social services. Those consulted were asked whether they believe this was the right thing to do.

During the consultation extra care was discussed in a range of groups and forums and in the drop in sessions, many of which were held in extra care sites. There was a mix of views, many did not really understand the model of charging for extra care and felt unable to comment on that basis. Others expressed the view that if this is a community based service then it should be charged the same as this would be equitable. During a drop in session held at Alrewych Court a resident in the scheme said:

“I currently live in Alrewych Court and pay for services I don’t use and feel this is unfair only people using services should be charged”

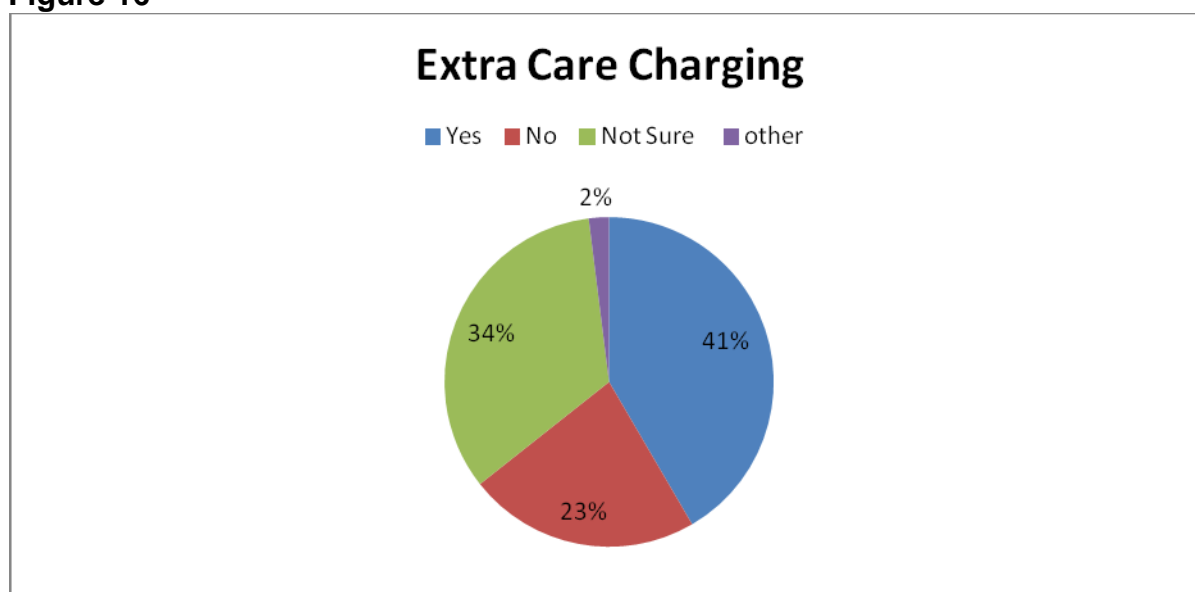
A carer attending the carer’s event highlighted that she lives with her husband in Extra Care Housing (ECH). She provides all the care for her husband and is not using the care services, however is required to pay £130 per month which she feels is unfair.

“I don’t think we should be charged for ECH if we are not receiving services”.

During a public meeting at Stan Ball Centre one attendee raised the point that

“If overnight emergency response is provided outside of Accord, if this then becomes chargeable then is there a case for this to be Disability Related Expenditure (DRE). If it’s not this could incur extra costs which would be a problem”.

Figure 16



The survey, see **Figure 16** above, asked the same question and results were comparable to those expressed in the face to face discussions. 351 people felt the policy should be the same, with 283 not being sure how to respond. People who chose other as an option said it depended on the circumstances. Other comments were around a lack of understanding of the model of extra care and suggestions that this should be charged according to the level of support, assuming this was intensive given the word extra care.

11.11. Charging for carers support

Those consulted were asked for their views about the suggestion that Walsall would not levy a charge for providing support to carers, in recognition of the valuable contribution that carers make to supporting vulnerable people and their local community.

During the face to face sessions an overwhelming number of people agreed that carers should not be charged for their services. However some people who understood the implications of the duties for Councils with regards to carer's assessments and services as a result of the care act 2014 said this may need to be reviewed in the future if demand increases and causes budgetary pressures.

A specific comment was made by a Carer at the carer's event after the presentation which was that he has £60 Income support to live off having given up job to provide care to his mother. He explained that Carers should not be charged for services they receive. Another carer commented:

“There should not be a charge for the small amounts of services carers are able to access”

A carer who attended a drop in session at Old Vicarage Court said:

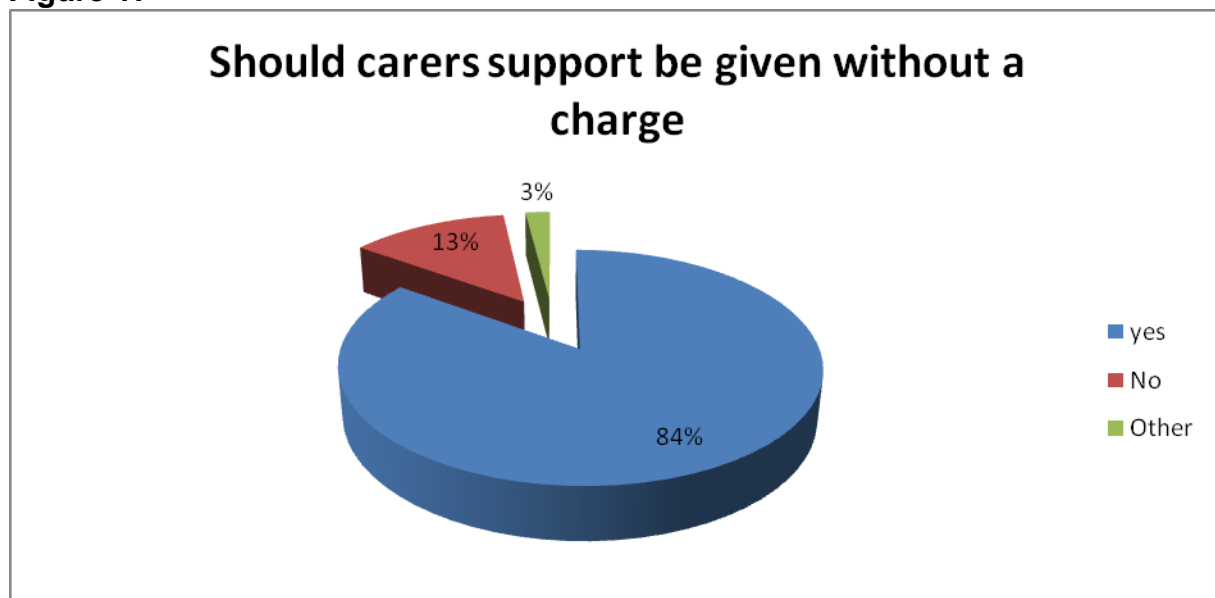
“I agree it is right not to charge them but this may need to change if the money runs out.”

During a meeting of people from the Deaf Community everyone agreed that carers should not pay for support as they are saving money.

The survey response, shown at **Figure 17** below, indicated 695 of people responding were in favour of the council's proposal not to charge carers for support as opposed to 111 that said the council had this

wrong. 22 people chose other with many of those people indicating they had done so because they were unsure how to respond to the question.

Figure 17



11.12. Charging to support self funders to arrange care and support

Some people have enough money to pay for their own care and support (self funders). The Care Act 2014 states that people who can afford to pay for their own care and support in full can ask the local authority to arrange their care on their behalf. Where this happens the council can charge a fee to cover the costs of arranging care and support for the person.

Those consulted were asked whether this is something the council should consider. In the group discussions and public meetings there were mixed views about this however most said if this was introduced it should be a one off flat rate charge of some type. Others who were less in favour suggested that it may put those who need the help off from accepting it if they have to pay a fee.

During a drop in session at Bentley Community Centre someone suggested:

“Self funders could pay an annual fee for help, maybe about £50 per year”.

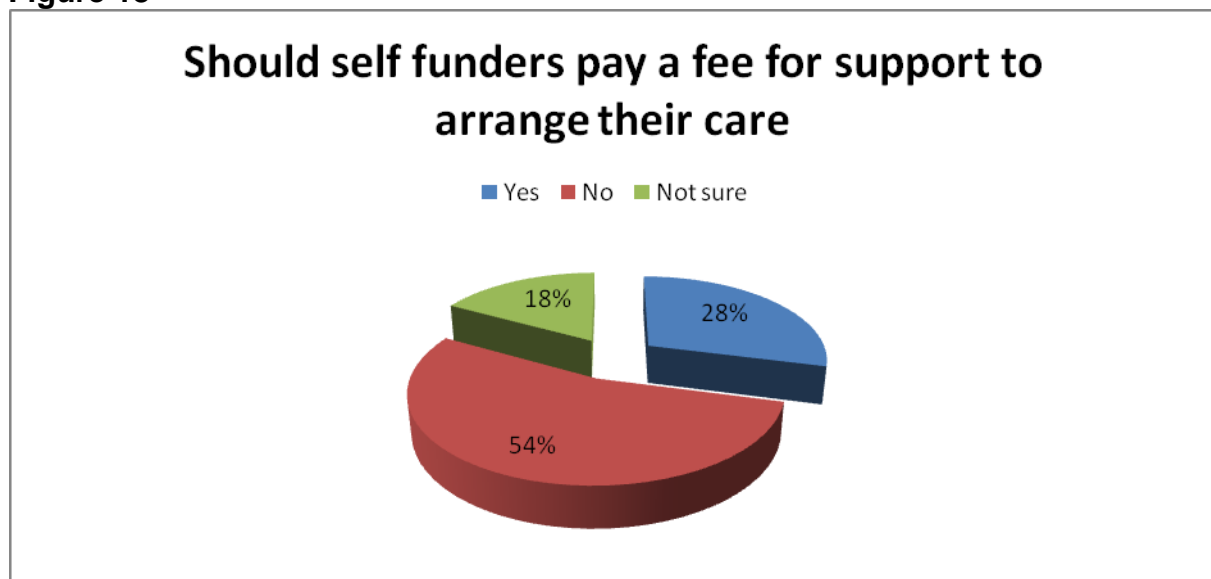
A member of the Making Our Choice Self Advocacy Group said

“Some people may be put off from having help if they had to pay”.

At a drop in session held at Old Vicarage Court a suggestion was made for supporting self funders:

“What about involving the voluntary sector to help?”

Figure 18



The survey results shown at **Figure 18** above show 462 people were in favour of not charging a fee in comparison to 244 who were in favour of a fee with 152 unsure.

11.13. Charging for prevention services

Preventative services are not always free. The Care Act requires services such as reablement or minor aids and adaptations must always be provided free of charge. The consultation asked whether other preventative services should be charged for.

In discussions people had very mixed views about charging for prevention some suggested that this would discourage people from accessing the service, others felt a small nominal fee may make sure people use the services they are accessing and raise some income for investment. One of the Carers at the carer's event said

“Charging for preventative services is crazy”

It was viewed by many of those consulted that any suggestion of this was short sighted as preventative services are saving money for the council in the long run. At a meeting for people from the Deaf Community held at Walsall Deaf Peoples Centre people said preventative services should be free as people will not use them.

11.14. Charging for community alarms

The Community alarm (maintenance and response combined) – which is already charged for most people using them; currently over 80s are not charged for this service, this is no longer equitable or legal. Those consulted were asked for their views on whether everyone should be charged the same for this service regardless of age and to give a view on what would be a reasonable weekly charge.

On the matter of those over 80 not having this for free some people in the group and face to face discussions felt that this could cause people to have the alarm removed and may leave them vulnerable. Some people argued that other groups should be considered when looking at whether the alarm should be given free of charge, these included people from the Deaf Community.

At a meeting arranged to specifically engage those who use services from the Deaf Community, Held at Walsall Deaf Peoples Centre the following comments were made:

“Deaf people have issues with community alarms so believe they should be free for all deaf people”

“When response are called no interpreter is called to come”

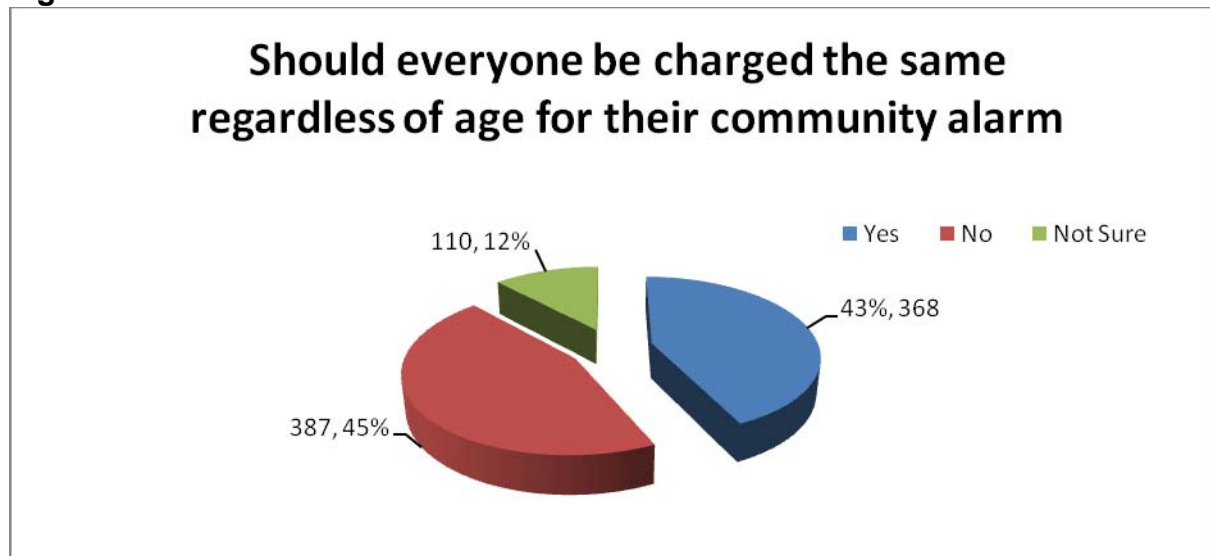
“Sometimes response have knocked down clients doors to get in as the person is deaf and hasn't heard the door, the client then has to pay for a new door” “Also the alarms are talking – deaf can't hear them”

During a drop in session at Alrewych court one attendee said:

“A flat rate charge for an alarm in extra care is ok but disagree that you should charge the well being charge for care people don't receive”

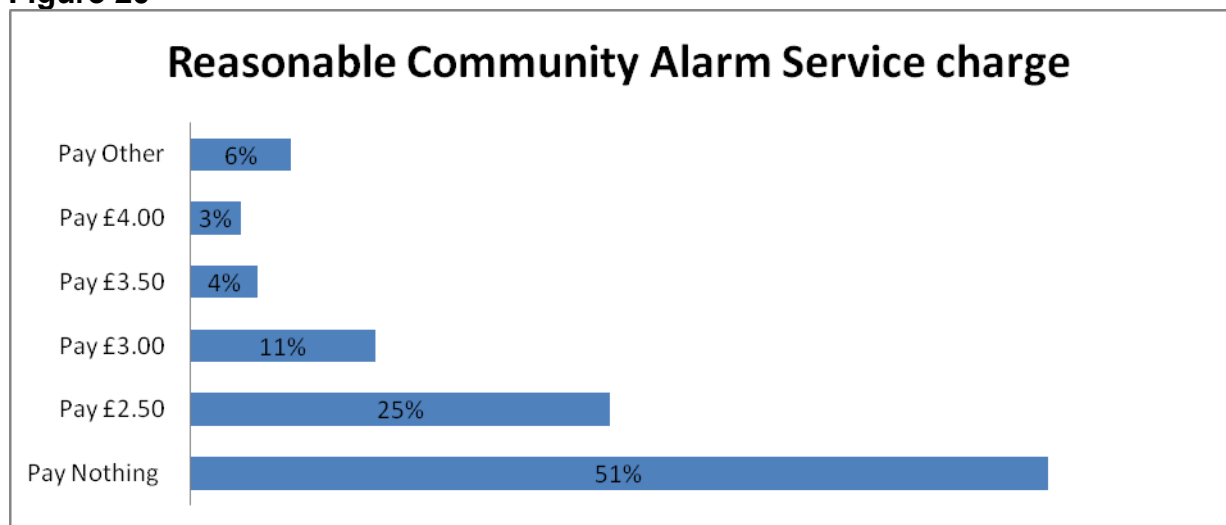
Figure 19 below shows the percentages of people who thought everyone should be charged the same regardless of age.

Figure 19



People were also asked about what would be a reasonable weekly charge. During the face to face consultations many felt the small flat rate fee paid now was reasonable that it provided an essential lifeline for people and was valued. In the survey 412 people chose the pay nothing for the community alarm service option, See **Figure 20** below, it should be noted that of 745 people who responded to this question 446 (60%) were over 80 years old and the current policy is they do not pay for this service.

Figure 20



Some of the additional supporting comments from within the survey included:

“Older people who need an alarm may refuse one if they had to pay, an alarm can save lives”

“Minimum care should be provided, this prevents deaths at home”

“Free for over 70’s and perhaps £2.50 per week for under 70’s”

“Depending on age, income and disability”

“I do not use or are offered any other services except the alarm. I will do without thank you, so will other people”

“Difficult to say but if it’s too much people will ask for removal of the system”

“My mother feels as though she has paid enough over her lifetime and would have this removed”

11.15. Charging for adaptations over £1000

Aids and minor adaptations must be provided free of charge, however, councils could charge for equipment that costs over £1000 people were asked for their views about this.

People consulted in the face to face discussions said this was a difficult one to determine some said that people should not have to pay for equipment that enabled them to be independent whilst others suggested that if a charge was introduced it would need to be based on people’s ability to pay.

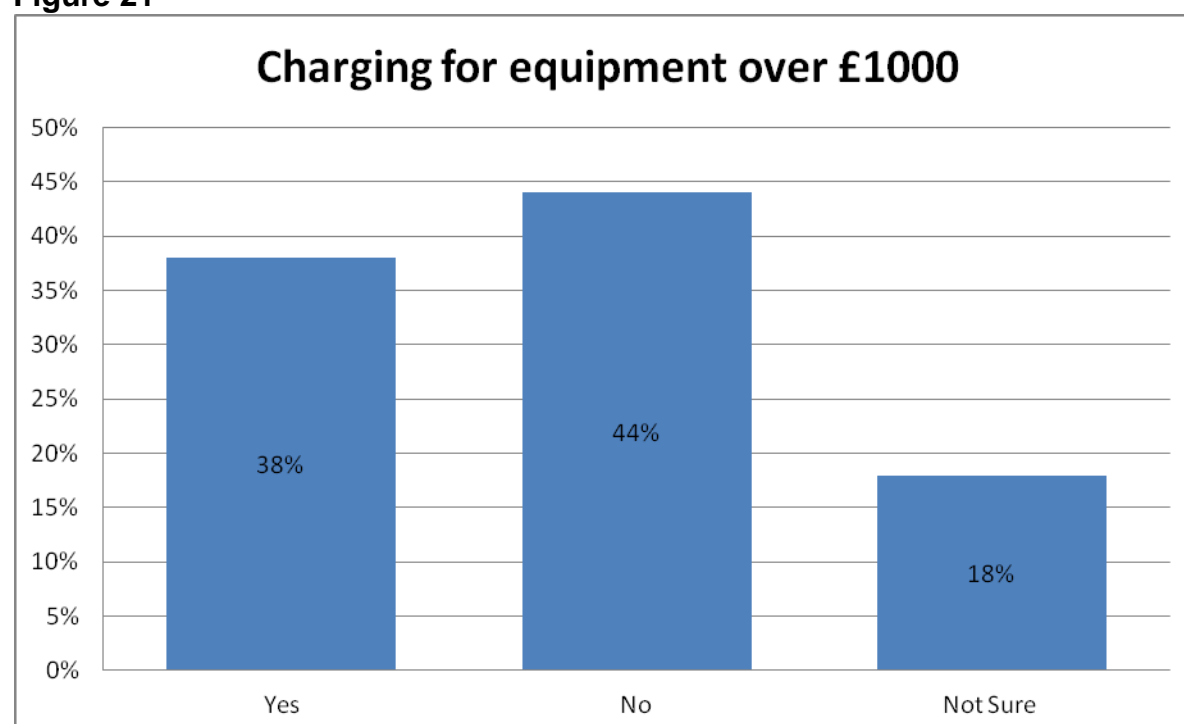
During the public meeting at Manor Farm School one attendee said

“No one should pay for these, people don’t deliberately block they need these items of equipment whether £100 or a million if the person needs them they need them.”

At a meeting arranged to specifically engage those who use services from the Deaf Community, Held at Walsall Deaf Peoples Centre everyone agreed that this should be free of charge.

The survey responses can be seen in **Figure 21** below, 363 respondents said people should not be charged and 317 felt they should and 146 were not sure.

Figure 21



People also shared their thoughts on what could be done about equipment. Some comments made in the survey about the basis of applying charges for equipment were:

“Equipment could be loaned instead of purchased”

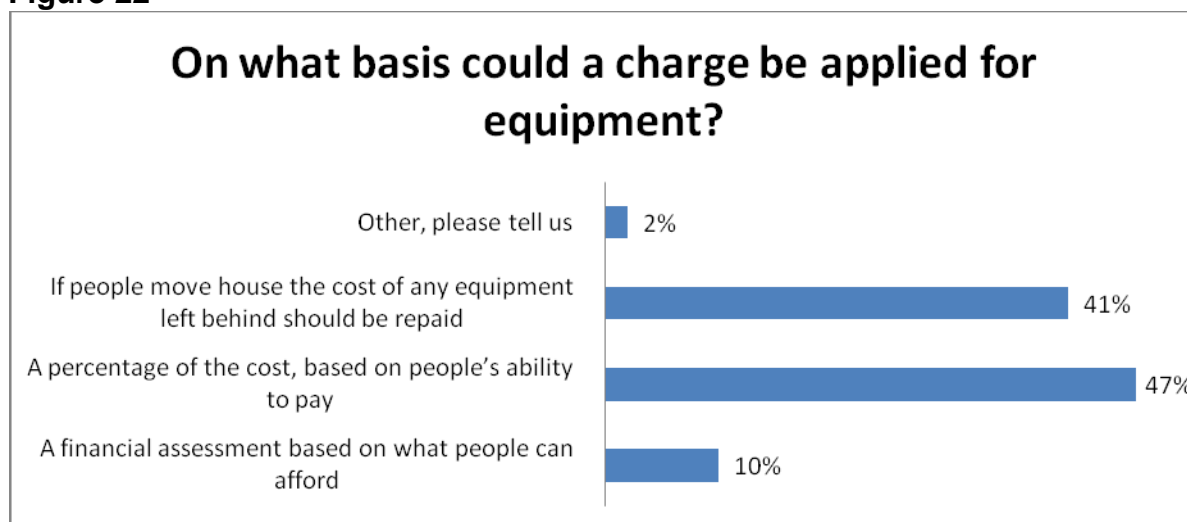
“This would have to apply to home owners and council tenants”

“A percentage of costs based on ability to pay”

A maximum amount should be set regardless of the actual cost of the equipment before charges are applied. Then the charge should be made based on ability to pay”

When looking at how people could be charged for equipment 161 people said a financial assessment based on what people can afford. 142 people said a percentage of the cost based on people’s ability to pay. Figure 22 below shows the response percentages.

Figure 22

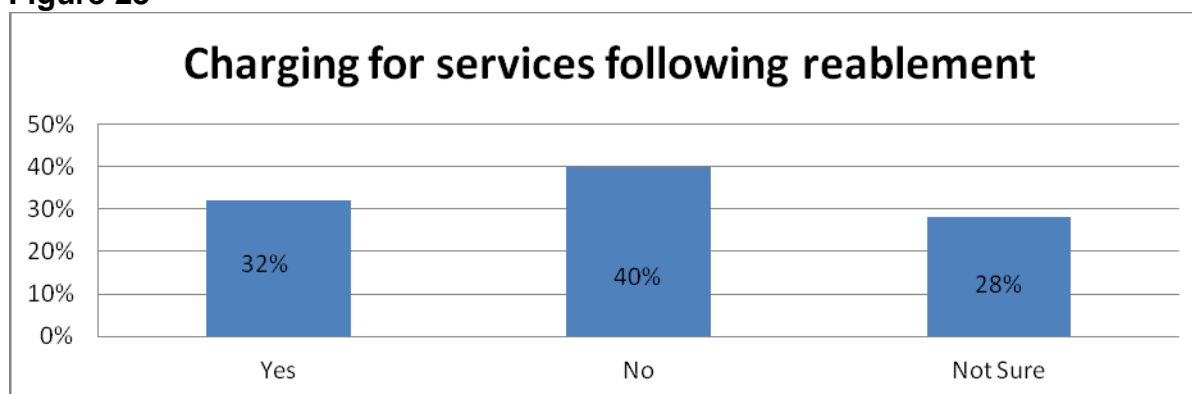


11.16. Charging for support following reablement

For people who need help and support following a hospital stay or illness, the council currently offer six weeks' free care, called reablement. The consultation asked if the council should charge for ongoing support after this six week period.

In the face to face consultations the discussions required additional explanation to enable people to participate as many didn't understand the question. This could also be why 246 respondents to the survey were not sure how to respond see **Figure 23** below.

Figure 23



During a drop in session at Old Vicarage Court the following comment was made:

“Charging for reablement beyond 6 weeks may stop people getting better if they have to pay and can’t afford to”. “For example, I get physio for free but if I had to pay I probably wouldn’t go.”

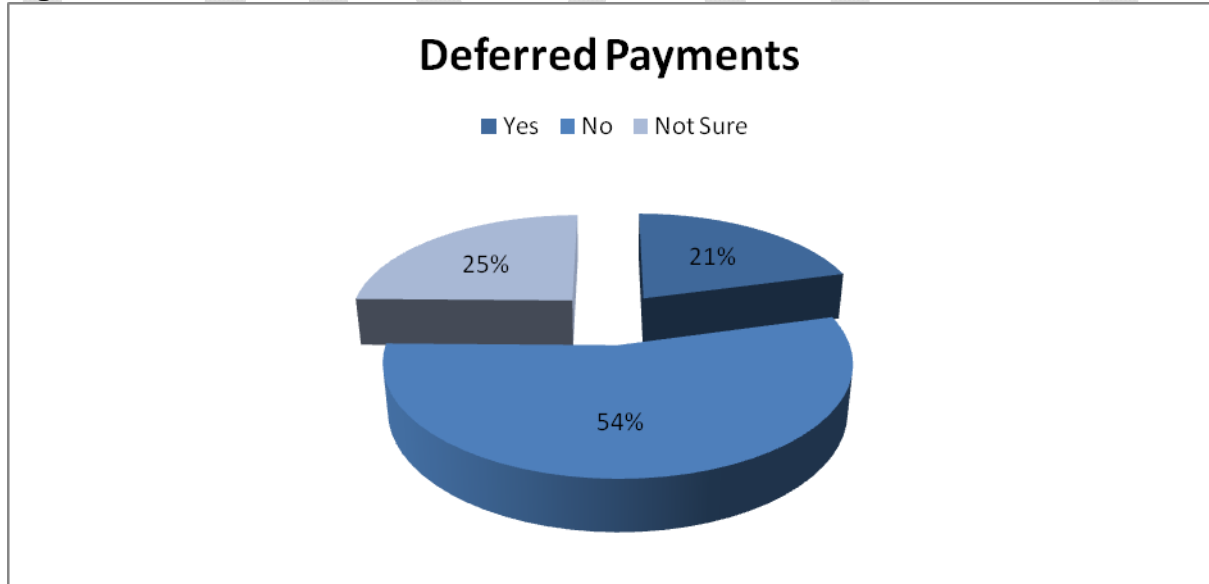
11.17. Charging for deferred payments

People can delay paying their care home fees and costs of support in the community which means they will not have to sell their homes in their lifetime. This is called a deferred payment. Councils can charge for managing a deferred payment agreement. The consultation asked people to consider whether in these circumstances should the council apply a charge and if so on what basis.

During the face to face discussions there were mixed views of whether the council should charge a fee in these circumstances, some people thought that this may cause more expense to the council than the income it would receive. Others thought that if this is something the council has to do, they would need to make a charge to be able to ensure they had sufficient funds to administer the scheme.

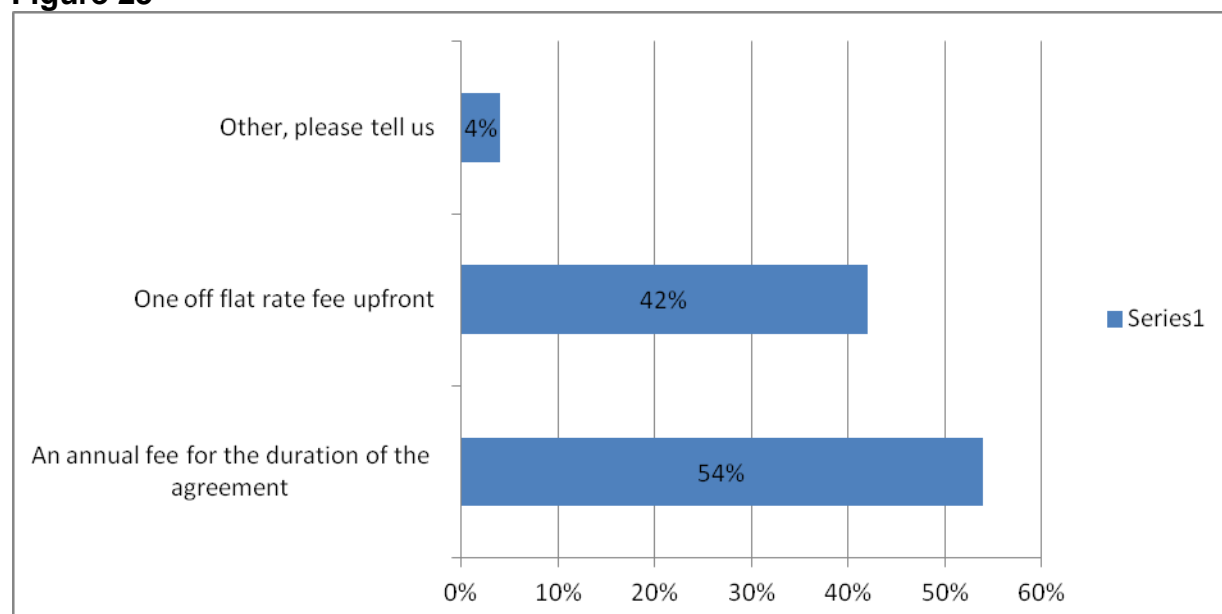
448 respondents to the question in the survey said people should not be charged a fee, with 175 saying yes they should charge and 210 saying they were unsure, see **Figure 24** below.

Figure 24



People were also asked to give a suggestion of how people could be charged for this and as **Figure 25**, below shows most people responding felt either a one off fee upfront should be charged or an annual fee covering for the duration of the agreement.

Figure 25



Some additional comments from the survey included:

“Fee charged on final amount of property”

“Percentage of the property price”

“I don’t think people with Dementia who are in homes should have to pay anything”

“This could be going on for years so a one off fee upfront doesn’t seem appropriate and they possibly don’t have the fee in advance and should all be settled at the end”

“The charge should be equal to the Bank of England base rate and added to the accumulated deferment annually”

11.18. Charging for helping people manage their finances

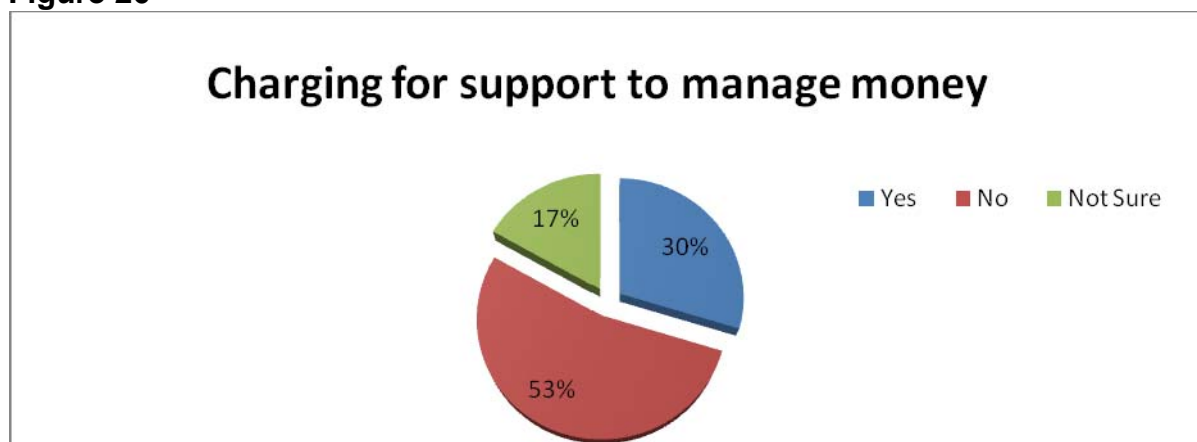
Councils often have to help people manage their finances. This could be through acting as an appointee or as a guardian and councils can charge for this service. People were asked whether the council should charge in these circumstances and if so on what basis.

During the consultation some people expressed that if someone has nobody else to support them with their finances then in some cases a

fee could be charged as long as this was not excessive, but many were unsure about this.

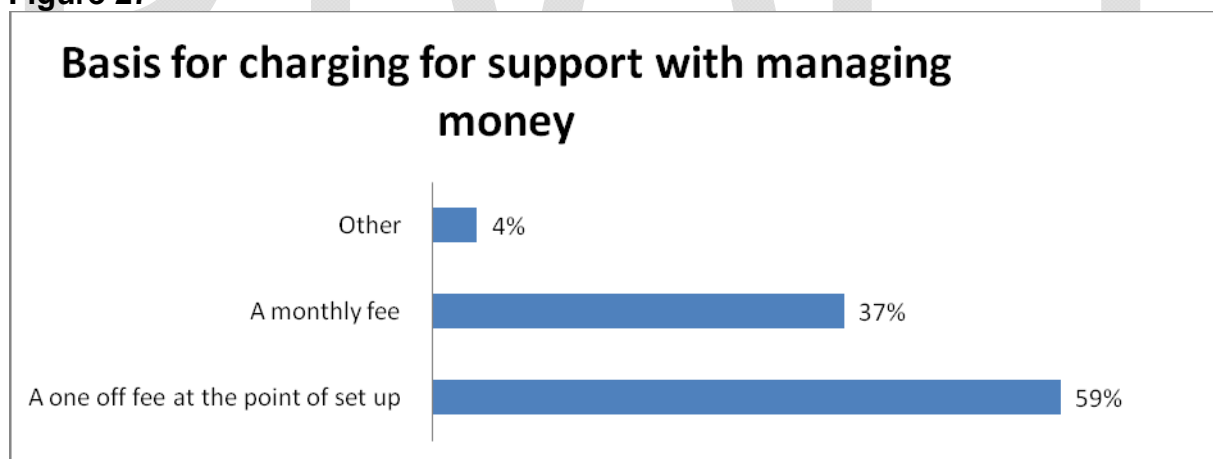
Figure 26 below shows the results from the survey in relation to charging for support to manage finances, 248 people said yes people should pay a fee whilst 447 said no they should not pay a fee.

Figure 26



In **Figure 27** people were further asked to consider what type of fee could be applied in these circumstances with 144 people responded that a flat rate one off fee would be most appropriate and 91 people said a monthly fee would work best.

Figure 27



The survey also enabled people to make alternative suggestions for how a fee could be administered and other comments. One theme identified from the comments was any fee should be based on the available income and another theme was that it really depended on how much the activity cost the council.

Some of the comments included:

“This depends on the cost”

“Depending on what spare money people have”

“Family can do this for people”

“Only charge a reasonable amount”

12. Other Suggestions/ comments

During the consultation people were asked to share their general thoughts about charging. In particular how we could achieve the aim of the review and develop a fair and transparent charging policy. People were encouraged to share their experiences of the current charging system and tell us how we could improve matters.

In the face to face consultations almost every group made reference to the current process for sending out bills and for people to make payments. People described the process as being important. Much negative feedback was received about the invoices and billing, the council not making sure people can understand what they are being asked to pay and invoices that are 12 months overdue and more being sent out with a 14 day demand for payment. People also shared examples of bills that had references to debt collection organisations where it was not clear what this debt was, how much or when this was incurred.

An area that generated additional comments within the survey was around the community alarm service. People felt the service could be extended to provide emergency support when people are outside the home. There was concern raised that charge increases could leave people at risk if they cancel their alarms and there was a suggestion that people who had a condition that required an alarm for safety such as epilepsy should be exempt from paying.

A further theme that could be identified through the survey comments was around any policy decisions needed to be based on ability to pay and take account of individual circumstances. This needed to look at the whole situation including income.

A selection the comments made by people using the survey can be seen below:

- *Hope the Council will come to a suggestion to keep things as they are. Thank you.*
- *Take into account that people living in their own home have to pay more towards the upkeep of their property. We've worked hard to buy our houses.*
- *Reduce top scale management costs and use it for more cost effective care for the elderly.*
- *There seems to be assessments for just about everything with different people doing these. Surely ONE qualified officer should do the assessment which should be on a central database for all departments to access. Big staff and time savings would result.*
- *This appears to looking at the issue without any review/assessment on the additional burden these decisions will have an overstretched NHS.*
- *I think people should pay something towards care :*
- *Give us more information on cost of items and services*
- *I would be prepared to pay because I think the Community Alarm service is essential*
- *I have had benefit of equipment of raised lavatory seats but when I indicated these they were no longer required by telephone, no response to request for removal.*
- *I am quite badly disabled + feel I shouldn't be punished for an illness I can't help.*
- *I understand money has to be saved and budgets need to be met but if money has to be taken from elderly vulnerable people it maybe needs to be one charge not lots of little charges levied all over.*
- *Employ a scale related to income & savings but including an element of subsidy.*

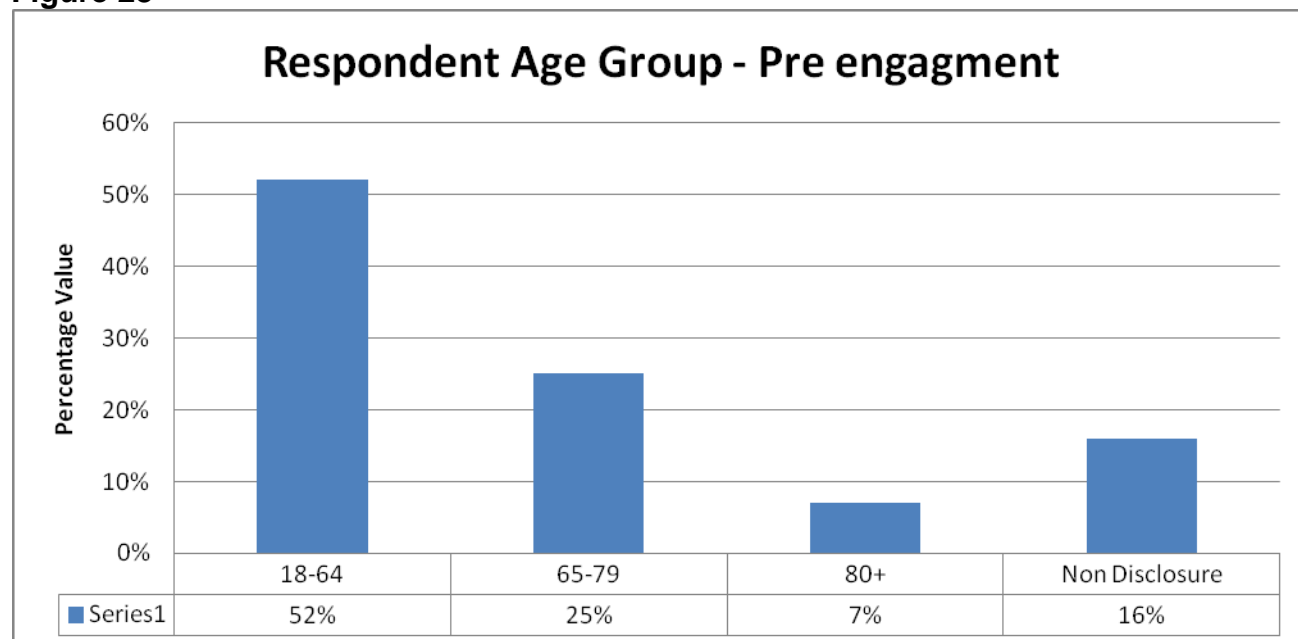
13. Demographics

During the consultation process demographic information was collected from participants who were willing to share these details. It was explained that these questions were voluntary however the Council have a legal requirement to ask for the information and area really important part of the process to help us to gain a better understanding of the needs of different service users, the views of different people and how they could be impacted by any changes. The overall process was broken down into 2 stages, the pre-engagement and the consultation stage.

13.1. Pre-Engagement

During the Pre-engagement activity much of the activity was carried out using face to face methods. The breakdown of respondents by gender were evenly split (44% male and 51% female 5% not responding). The age range of respondents was can be seen in **Figure 28** below.

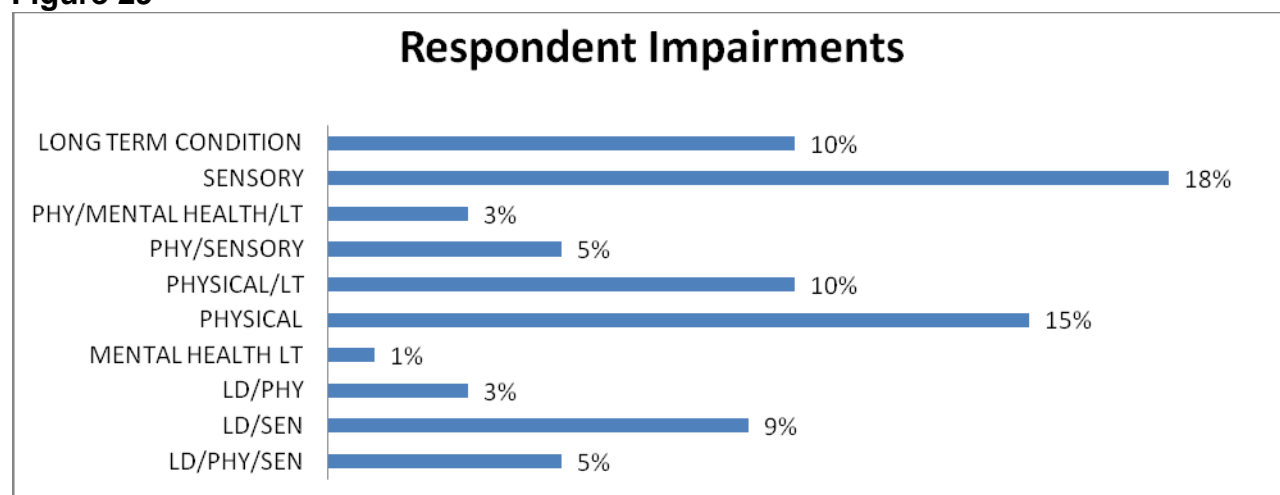
Figure 28



82% of responses were from people of a white background with the remaining 15% being BME or from another background and 3% preferring not to say. 69% considered themselves disabled, 28% considered themselves not to be disabled and 3% preferring not to say.

The graph at **Figure 29** shows the type of impairments people indicated

Figure 29

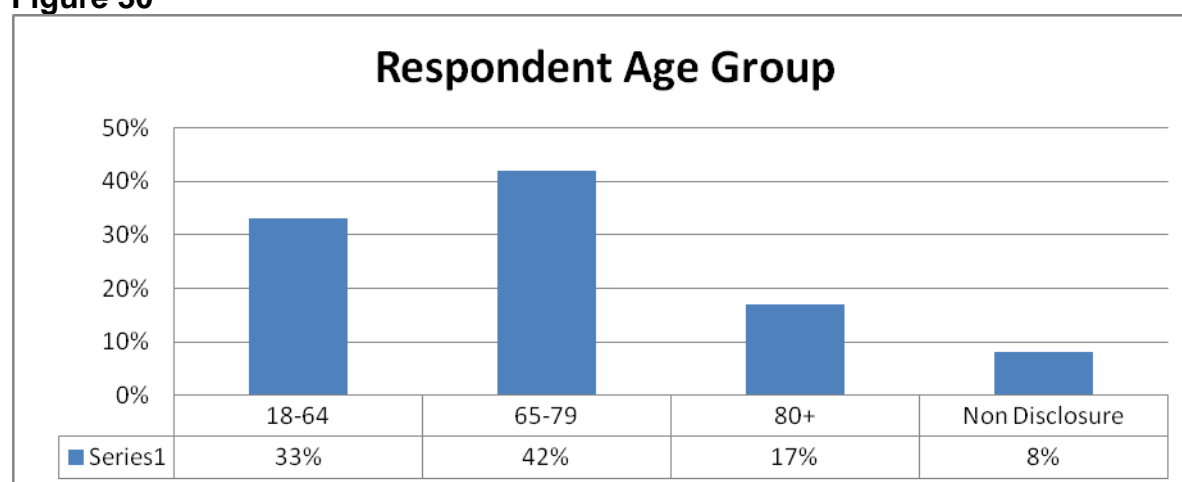


13.2. Consultation - Face to Face

The face to face sessions within the main body of the consultation also enabled the collection of demographic data through the drop in sessions, public meetings and some of the group sessions attended also gave the opportunity for people to complete demographic information. Some of this detail can also be seen below.

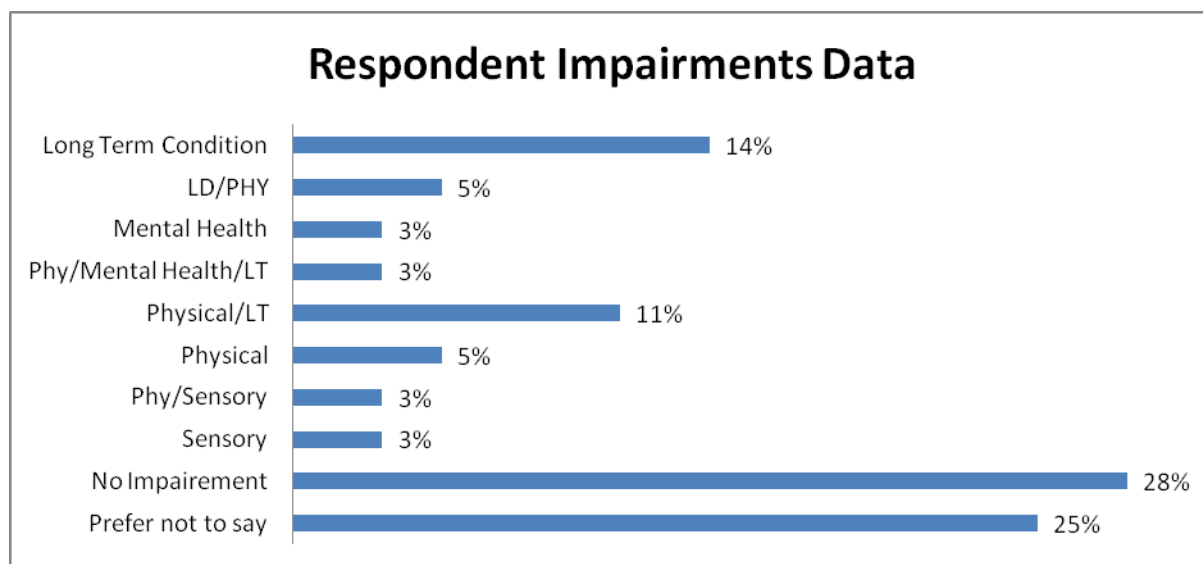
The breakdown of respondents by gender were evenly split (53% male and 47% female). The age range of the respondents can be seen in **Figure 30**

Figure 30



The breakdown of respondents by Ethnicity were split between 64% White British, 22% Black, African, Caribbean or Black British and 14% Asian or Asian British. 36% considered themselves disabled and 64% considered themselves not to disabled.

Figure 31 below shows the type of impairments people indicated
Figure 31

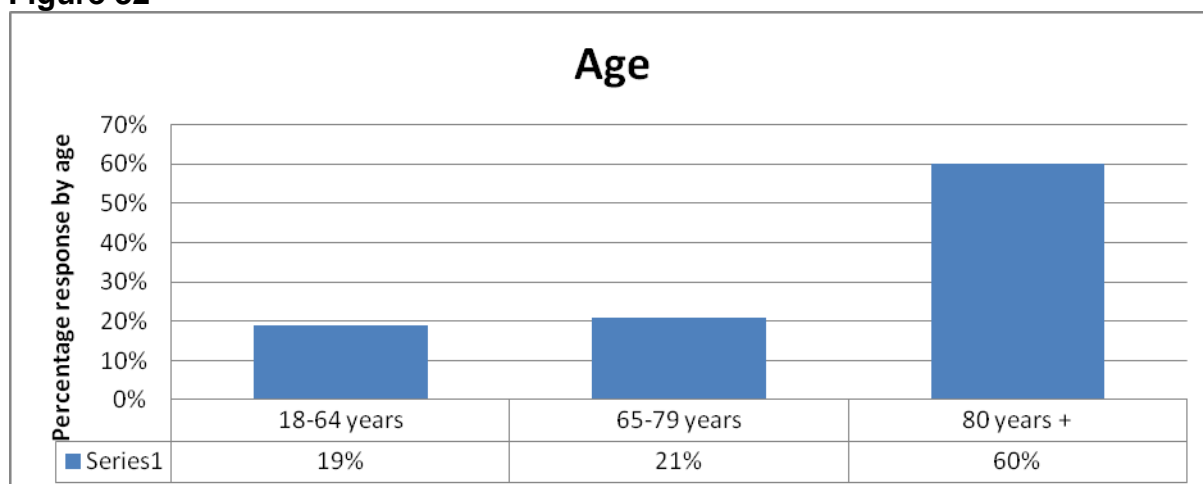


13.3. Consultation - Survey Responses

The survey used within the consultation process collected demographic information across the protected characteristics. The base line data comes from 910 responses to the survey. It needs to be noted that all of those responding did not answer all the demographic questions.

With regards to gender 38% of those responding were male, with 62% female. Overall 73% of those completing the survey said their marital status was single with 27% married. From the 745 people who answered the question regarding their age 446 were over 80 years old, as shown in **Figure 32** below this indicates that those who were over 80 were more likely to respond in writing than attend a community type face to face session.

Figure 32



The Equality Act 2010 considers a person disabled if: 'they have a physical or mental impairment which has a substantial and long term

adverse effect on their ability to carry out day to day activities.’ People were asked if they considered themselves disabled 72% said yes, with 28% saying no. A breakdown of disability type is shown at **Figure 33** people were able to choose more than one disability.

Figure 33

Disability or impairment Type	Count
Physical disability	501
Sensory impairment	113
Mental Health Condition	155
Learning disability/ difficulty	99
Long standing illness or health condition	374

91% of those responding to the survey were White British or White Other 7% were Asian or Asian British with 1% were Black African, Caribbean or Black British and 1% of people said mixed or multiple groups.

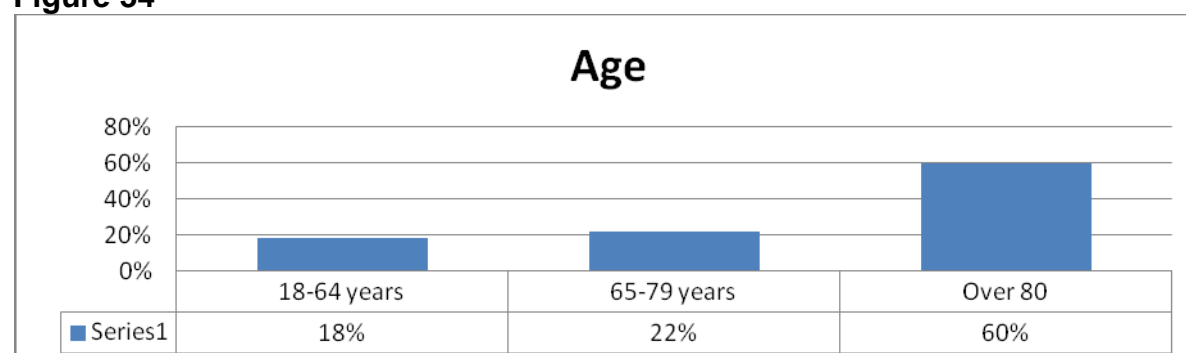
13.4. Demographics of those consulted.

The overall reach of the exercise in terms of percentages was broadly representative of the population who use our services. The number of people that were engaged in the consultation was 7,524.

32% were male, with 66% female and 2% of people had not disclosed. Marital status of those consulted was not collected to enable comparison as 66% of people had not disclosed their status. The age categories can be seen at figure 34 below and is broadly similar to those responding to the consultation.

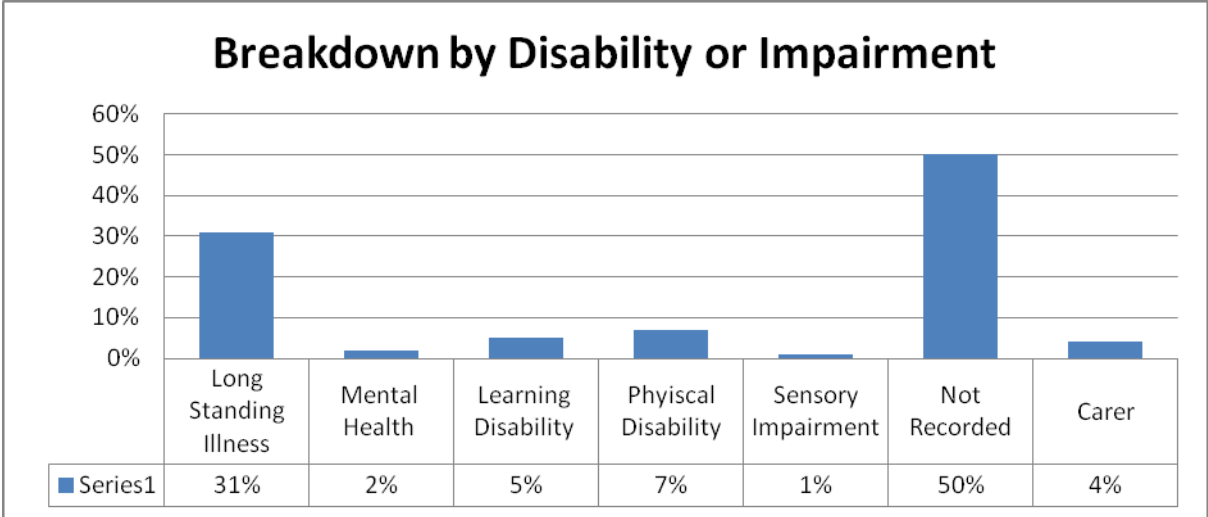
Ethnicity of those consulted was recorded in multiple systems and differently to how they were collected in the consultation. However 77% stated they were white British or white other, 7% from BME or another background and 16% or people who did not disclose their ethnicity.

Figure 34



The breakdown by disability type of those consulted can be seen at **Figure 35** below, the data source for this category had a number of entries where the disability was not recorded.

Figure 35



It should be noted that the information used to understand the demographics of the 7,524 people who were engaged to participate came from multiple sources. However we are able to demonstrate the consultation broadly comparable.