

## Social Care Charging Policy Consultation Public Meeting Notes

Friday 25 October 2019  
Town Hall, Tea Rooms  
10.30-12.00

### Officers in attendance

Ruth Lake	Director, Adult social care and safeguarding
Matthew Cooper	Business manager, Adult social care
Prashant Patel	Business change commissioning manager, Projects
Rory Seymour	Business change commissioning manager, Projects

The meeting was attended by 4 members of the public and/or other organisations.

Alternative language interpreters from the council's community language services were also present.

### Discussion

The director gave an overview of the consultation process, an explanation of the various disability benefits and their rates, alongside details of the proposal that has been put forward.

The consultation is a statutory 12-week process, which will be live between 2 September and 15 November 2019.

We are consulting with people who receive help from adult social care, or their families and carers, to get their views about the council's proposals to change the way it treats disability benefits, within the financial assessment.

The council carries out a financial assessment to check the money people have, whether they can afford to pay towards their services and if so, how much.

The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

### Questions and comments raised

Q1	Do most people currently contribute £28.95 per week, towards their care package?
A1	There are varying levels of contribution, depending on someone's personal circumstances. If this proposal was to go ahead, the greatest increase in a person's weekly contribution would be £28.95.
Q2	A weekly increase of £28.95 is significant.
A2	It is difficult to comment on individual impact until individual reassessments have been completed. Many people will not see an increase to their weekly charges, but we understand that a potential increase is concerning.
Q3	My daughter has seen a steady increase to her contribution over the last few years which are difficult to justify. She needs a lot of support and is required to pay for assistants even when she doesn't use them due to sickness and we provide the care instead. We no longer receive state pension and she is due an operation, which will require 9 weeks aftercare.
A3	Individual circumstances can be reviewed, and discretion will be applied, where appropriate. We are not consulting on the fairness of the proposals, as this has already been legally approved via government and calculations are in line with national levels (such as Minimum Income Guarantee). Prior to making a decision, the Council will look at ways to mitigate any impact.  Councils are allowed to levy charges in line with the law and personal circumstances. We need to better understand incurred care costs and contrast these to the support plans. The financial assessment will be

	more balanced and will take into consideration qualifying costs of care to determine what individuals can afford to contribute.
Q4	This is a lot of information to absorb and we regularly receive letters in the post. My daughter needs a lot of support and carers' mileage costs are not included within the support plan. She struggles to pay for this, and we contribute to assist her. In effect, we cannot afford the required care and we do not receive a carers allowance. It is frustrating as mental health issues are not as obvious to recognise as physical disabilities.
A4	For this proposal, those who are not in receipt of higher rates of disability benefits will not be affected by the proposals. Benefits such as AA and DLA refer to night time care as criteria for receipt of the higher rates. PIP works on a point-based system. Consideration and discretion will be applied on a case by case basis and would not be applied as a blanket policy.
Q5	It would be helpful to speak to someone personally, rather than a helpline.
A5	Whilst it is difficult to provide this due to the vast number of customers, we have noted the preference and will explore options for future consultations.
Q6	I support with night time care and we recently had a stair lift fitted and I was not aware that I could've received support with this. I don't claim carers allowance and payments do add up.
A6	Charges will be based on the amount of care required and there is a ceiling in terms of the maximum charge that can be applied, but no individual will be asked to pay more than what they can afford with reference to the Minimum Income Guarantee (MIG).
Q7	My Father had a terminal illness and my Mothers income went down, however, she pays more towards the cost of his care. Carers allowance has not been increased to support this.
A7	The Council does not set benefits and rates. The benefits are simply treated as income within the financial assessment, in line with current legislation.
Q8	We are usually not informed on the outcome of financial assessments and reassessments.
A8	If someone feels that they are not receiving the right level of support, the consultation team will make contact with the social worker. The assessment process is outside of this policy.

Q9	My daughter has been allocated money for respite care via direct payments. We recently noticed a large debit from this account, with no prior explanation.
A9	The consultation team is happy to take details and check with the finance team. The Council commissions care on behalf of some customers and arranges for payments to be made. If money starts to accrue due to unused care services, there is an agreement for the Council to recoups these funds.
Q10	We pay through a provider - my daughter recently went into supported living but didn't like the experience. We were told that consistency is important but were often presented with new members of staff and personal assistants. Currently, she resides in a private flat and receives 5 hours of care via a Personal Assistant, but we do not think this is sufficient. She has a lifelong condition, but we are required to show how much support is required.
A10	We acknowledge that the introduction and assessment of Personal Independence Payments (PIP) has been challenging. Direct payments were introduced as there were some people who were not receiving sufficient care from providers. This allows them to arrange for consistent and tailored support – giving people choice.
Q11	When consultation letters are circulated, would it be possible to call in and book an appointment to discuss with an officer?
A11	We will take comments and requests on board and implement these, where possible, if a decision is taken in favour of the proposals. The public meetings are arranged to provide people with the opportunity to talk face-to-face with an officer and discuss the proposals in more detail.
Q12	Would it be beneficial to put people into a care home?
A12	Decisions about care needs are individually assessed and people are only put into care homes if it is deemed necessary, to provide them with the required support.
Q13	Certain needs cannot be claimed, such as podiatry care.
A13	These issues can be discussed with social workers, we will refer this to the relevant teams.
Q14	We receive weekly invoices and if payment is late, we get letters indicating that the debt may result in court proceedings if payment isn't made promptly. When no care is provided, why are we still required to pay?

A14	<p>Once an invoice is raised on the Council's system, letters are automatically generated where debts remain unpaid.</p> <p>Where the Council commissions services on behalf of a service user, the service provider is contracted to provide the services under a framework. Where sufficient notice is given to cancel an instance of care, the provider is alerted, and the call is cancelled. The service user will only see a reduction to the weekly charge if they are paying the full cost of their services.</p>
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## Social Care Charging Policy Consultation Public Meeting Notes

Wednesday 30 October 2019  
PeePul Centre, Gordon Palmer Suite  
18:00-19:30

### Officers in attendance

Ruth Lake	Director, Adult social care and safeguarding
Matthew Cooper	Business manager, Adult social care
Prashant Patel	Business change commissioning manager, Projects

The meeting was attended by 19 members of the public and/or other organisations.

Alternative language interpreters from the council's community language services were also present.

### Discussion

The director gave an overview of the consultation process, an explanation of the various disability benefits and their rates, alongside details of the proposal that has been put forward.

The consultation is a statutory 12-week process, which will be live between 2 September and 15 November 2019.

We are consulting with people who receive help from adult social care, or their families and carers, to get their views about the council's proposals to change the way it treats disability benefits, within the financial assessment.

The council carries out a financial assessment to check the money people have, whether they can afford to pay towards their services and if so, how much.

The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

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The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

### Questions and comments raised

Q1	Will this only affect those clients that receive the higher rate?
A1	Only those receiving the higher or enhanced rate of the disability benefits in question will potentially be affected by these proposals.
Q2	What if someone receives only night time care?
A2	We take all income into account during the financial assessment. If the Council are providing the service, we will take the full amount into consideration, under the new proposals. If the Council is not providing the service, we will review all qualifying incurred costs during the assessment and disregard those costs that are deemed to be appropriate.
Q3	How is night time care defined?
A3	Generally, we consider any care between the hours of 10pm and 7am as night time care, but we do allow discretion for individual circumstances.
Q4	If a carer or family member looks after an individual during the night, they won't be provided with night time care. Carers also require respite.
A4	This would be reviewed during the financial assessment and if a decision was taken in favour, we would also review the care element to accurately determine how charges would be levied.
Q5	I understand this proposal is due to the Care Act 2014. Is it a statutory requirement or does it allow for discretion to be applied? Does the local authority have to apply the charges?
A5	The Care Act 2014 introduced the potential for charging against all income, which determines where a Council can levy a charge. Whilst the City Council has delayed any decision to apply changes to the

	treatment of disability benefits, the Council is empowered to make this change, though there is no statutory requirement to do so.
Q6	Will the Council complete an impact assessment? I would have to consider putting my service user into care, if their charges were increased.
A6	Through the consultation process, a full equalities impact assessment (EIA) would be completed from the responses and demography. This will ensure the City Mayor can make an informed decision. At an individual level, if the proposals were implemented, we would identify how discretion should be exercised during the financial assessment.
Q7	There should also be an emphasis on carers, to allow them to continue supporting and for their general wellbeing.
A7	The importance of carers and their contribution to care is well recognised and appreciated by the Council. These comments will be taken on board.
Q8	Does this proposal affect my budget from the Council?
A8	This proposal will note the amount of care someone receives. The proposals only refer to the financial contribution that is made, which would be assessed on an individual basis.
Q9	I understand this is a proposal that is being made following legislation that was introduced in 2014 and appreciate it is due to economic challenges that the Council is facing. My service user pays £81 per week towards their care and would find it difficult to continue with the care package if the charges were increased. Before a decision is taken on this consultation, is there anything else that can be explored to cover the shortfall?
A9	<p>Our charging policy and the inclusion of the Minimum Income Guarantee (MIG) ensures that everyone is left with a minimum level of income. We appreciate that the idea of contributing more towards a care package is concerning. Currently, we not record how many people are on the higher or enhanced rate of disability benefits, so it is difficult to determine how many people will be affected by the proposal.</p> <p>If people have any suggestions or information that could help the Council to better understand the effect of these proposals, those comments are welcomed as part of this consultation process and will be recorded to inform the final decision.</p>



Q10	Within the policy, how many people receive care packages within the City Centre? Would you then review those with the largest package of care and greatest needs, who also receive help from their family or carers?
A10	As a headline figure, approximately 6000 people receive some form of care, and approximately 3200 of these people receive community based care (non-residential). The charging policy already considers high and severe levels of needs and disabilities. This affords people with greater needs an appropriate disregard and we will not be making any changes to this element of the policy.
Q11	What about the treatment of any other disability benefits or income support, will they also be taking into consideration?
A11	As part of the financial assessment, we review people's notional income and ensure they are left with a minimum amount of money, as per the MIG. No other benefits are being considered as part of this proposal.
Q12	Do you consider other factors, such as those who live alone, those who need personal assistance or those that need additional items or equipment?
A12	The Council's charging policy takes all these factors into account and some of these elements are also considered as Disability Related Expenditure (DRE), for which people can receive a reduction (disregard) towards their contribution.
Q13	Once the report has been taken to the City Mayor, will this be shared with the public?
A13	Once a decision has been taken, all consultation reports and material will be shared via the consultation webpage (currently scheduled for mid-December 2019).

## Social Care Charging Policy Consultation Public Meeting Notes

Thursday 31 October 2019  
BRITE Centre, Conference Room 2  
14.30-16.00

### Officers in attendance

Ruth Lake	Director, Adult social care and safeguarding
Matthew Cooper	Business manager, Adult social care
Prashant Patel	Business change commissioning manager, Projects
Leanne Blair	Business Analyst, Projects

The meeting was attended by 3 members of the public and/or other organisations.

Alternative language interpreters from the council's community language services were also present.

### Discussion

The director gave an overview of the consultation process, an explanation of the various disability benefits and their rates, alongside details of the proposal that has been put forward.

The consultation is a statutory 12-week process, which will be live between 2 September and 15 November 2019.

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The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

### Questions and comments raised

Q1	Is the maximum increase of £28.95 per week only for those receiving higher rates?
A1	Currently, any benefit above the lower or standard rate is disregarded in the financial assessment. If the proposal was to go ahead, those on higher or enhanced rates could see an increase of up to £28.95, depending on their personal circumstances.
Q2	We have to put extra things into place to support service users within the family. An increase of £28.95 would be difficult to manage.
A2	Within our charging policy, there is a mechanism in place to account for expenses due to disabilities. This is recognised as Disability Related Expenditure (DRE). The policy also refers to the Minimum Income Guarantee (MIG), to ensure people are left with enough money for daily living costs.
Q3	Would people have to be reassessed?
A3	If the proposals were to go ahead, everyone would be reassessed following implementation. If there are changes to someone's financial circumstances, they can request for a financial reassessment at any time to ensure that correct charges are being applied.
Q4	I have concerns around transport, which costs almost £15 per trip due to my disability and wheelchair needs. This doesn't seem to be taken into account and I do receive the enhanced rate.
A4	The mobility component of disability benefits is provided to support an individual's mobility. The mobility component is exempt from the proposals being made and does not form part of this consultation, we are only proposing changes to the care element of disability benefits.