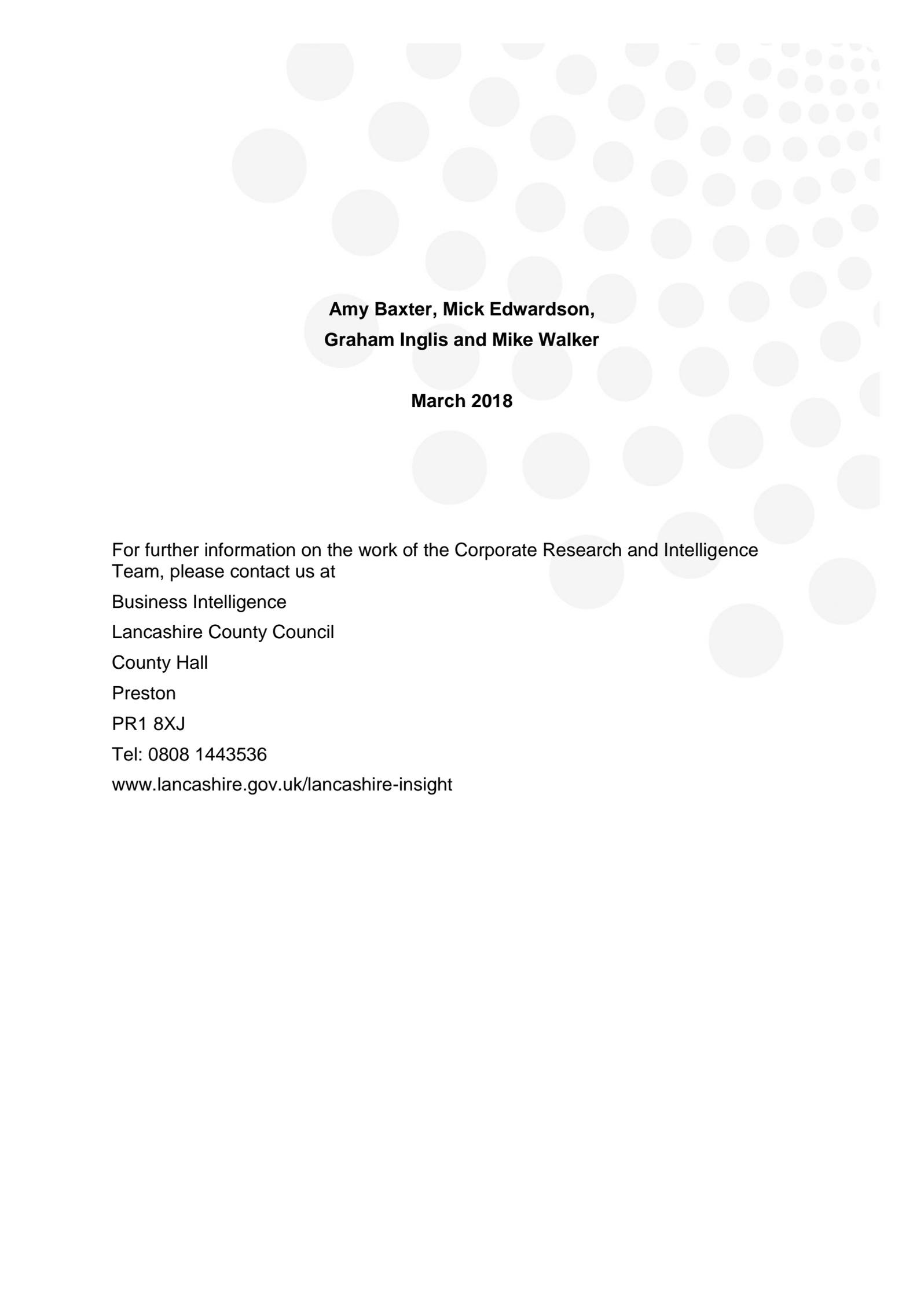




Proposed care charging policy for non-residential adult social care services

Consultation report

www.lancashire.gov.uk



**Amy Baxter, Mick Edwardson,
Graham Inglis and Mike Walker**

March 2018

For further information on the work of the Corporate Research and Intelligence Team, please contact us at

Business Intelligence

Lancashire County Council

County Hall

Preston

PR1 8XJ

Tel: 0808 1443536

www.lancashire.gov.uk/lancashire-insight

Contents

1.	Executive Summary	3
	1.1 Key findings	3
2.	Introduction.....	5
3.	Methodology	5
	3.1 Limitations.....	6
4.	Main findings	7
	4.1 Key principles for the proposed care charging policy.....	9
	4.2 Increased proportion of assessed net disposable income	12
	4.3 Updated care cost rates.....	13
	4.4 Removal of maximum care charges and caps	14
	4.5 Overall impact of the proposals	15
	4.6 Any other comments about the proposals.....	16
	4.7 Easy-read responses to the consultation	17
	4.7.1 <i>Idea 1</i>	17
	4.7.2 <i>Idea 2</i>	18
	4.7.3 <i>Idea 3</i>	19
	4.8 Provider response to the consultation.....	21
5.	Demographic breakdown.....	22

1. Executive Summary

This report summarises the responses to Lancashire County Council's consultation on the proposed care charging policy for non-residential adult social care services.

For the consultation, paper questionnaires were posted to 11,604 service users who use non-residential adult social care services. An easy-read version of the questionnaire was sent to any service user who request one. The consultation questionnaire was also available online at www.lancashire.gov.uk.

The fieldwork ran for eight weeks between the 15 December 2017 and 9 February 2018. In total, 2,677 completed questionnaires were returned (2,593 paper questionnaire responses - including 26 easy-read questionnaires - and 84 online questionnaire responses), giving a 23% response rate. One response was also received from a provider.

1.1 Key findings

- About three-quarters of respondents (74%) said that they are someone who gets social care support from the county council. About a fifth of respondents (22%) said that they are a parent or carer of someone who gets social care support from the county council. And about one in seven respondents (14%) said that they are a relative or friend of someone who gets social care support from the county council.
- About one in ten respondents (12%) said that they currently pay all the costs towards their care services or support. Over two-fifths of respondents (43%) said that they currently pay some of the costs towards their care services or support. About two-fifths (39%) of respondents said that they don't currently pay any of the costs towards their care services or support.
- About a third of respondents (32%) said that they agree¹ with the key principles of the proposed care charging policy for non-residential adult social care services. And about a third of respondents (32%) said that they disagree² with the principles of the proposed care charging policy for non-residential adult social care services.
- Of the respondents who disagree with the key principles of the proposed care charging policy for non-residential adult social care services, about a fifth (22%) said that having less money will impact on their quality of life because they will be able to afford less hours of care, or other activities and services that they rely on, about one in six respondents (17%) said that they disagree with paying for care, and about one in six respondents (16%) said that they disagree because they will have to pay more for care.
- About a fifth of respondents (18%) agree³ with the proposal to increase the proportion of people's assessed net disposable income that can be used to help pay for their care from 85% to 100%. However, about half of respondents (51%) disagree⁴ with the proposal.

¹ Either 'strongly agree' or 'tend to agree'

² Either 'strongly disagree' or 'tend to disagree'

³ Either 'strongly agree' or 'tend to agree'

⁴ Either 'strongly disagree' or 'tend to disagree'

- Just less than two-fifths of respondents (37%) agree⁵ with the proposal to update all the care cost rates to reflect what providers are now charging the county council. However, three in ten respondents (30%) disagree⁶ with the proposal.
- About a fifth of respondents (19%) agree⁷ with the proposal to remove the current caps and maximum care charges. However, two-fifths of respondents (40%) disagree⁸ with the proposal.
- Of the respondents who did responded to the question about what impact they thought that these proposals would have on them, three in ten (30%) said that they thought having less money will impact on their quality of life because they will be able to afford less hours of care, or other activities and services that they rely on. About a quarter of respondents who answered this question (26%) said that they thought that they would have to pay more.
- When asked to provide any other comments about the proposals, the most common comment was again that respondents thought having less money will impact on their quality of life because they will be able to afford less hours of care, or other activities and services that they rely on (16%).

⁵ Either 'strongly agree' or 'tend to agree'

⁶ Either 'strongly disagree' or 'tend to disagree'

⁷ Either 'strongly agree' or 'tend to agree'

⁸ Either 'strongly disagree' or 'tend to disagree'

2. Introduction

Non-residential care services support people with disabilities and elderly people to live as independently as possible in their community. These services include: home care, outreach services, day care, direct payment and personal budget services, supported living, and the Shared Lives Scheme.

Lancashire County Council last reviewed the way it charges for non-residential care services in 2011. Since then, costs have risen more than 14%. Revising the charging policy for all non-residential care services will help to ensure the county council can cover the costs of providing them in the future.

People are only charged for non-residential care according to their assessed ability to pay and currently more than 51% of people receiving non-residential adult care services do not have to pay. Under the proposal, some people would pay more for their care, but most people would not see a significant increase in care costs. Of the 5,694 people paying for non-residential care services, 92% will see an increase in care charges of less than £20 per week. For more than 4,000 people, this increase would be less than £10 a week.

Lancashire County Council wishes to develop a fair and consistent approach to charging for care. The key principles of the proposed care charging policy for non-residential adult social care services are that people will only contribute towards, or pay the full cost of, their non-residential adult social care if, subject to financial assessment, it is established they can afford to pay. The amount someone who receives Adult Social Care will pay will not be more than the cost of providing the service and will be limited so that they are always left with enough to pay for everyday living costs. This is known as the 'minimum income guarantee' and is currently set by Government at the Income Support level, or Pension Credit Guarantee level, plus an additional 25%.

3. Methodology

For the consultation, paper questionnaires were posted to people receiving non-residential adult social care services. An easy-read version of the questionnaire was sent to any service user who requested one. The consultation questionnaire was also available online at www.lancashire.gov.uk.

The fieldwork ran for eight weeks between the 15 December 2017 and 9 February 2018. In total, 2,677 completed questionnaires were returned (2,593 paper questionnaire responses - including 26 easy-read questionnaires - and 84 online questionnaire responses), giving a 23% response rate. One response was also received from a provider.

The main section of the questionnaire consisted of seven questions. The remainder of the questionnaire asked for information about the respondents. For example, if they are a service user or a carer/relative/friend of a service, and if they pay towards their care services or support. The main section of the questionnaire was split into five topics: key principles for the proposed care charging policy; calculating how

much people may need to pay; increased proportion of assessed net disposable income; updated care cost rates; and removal of the maximum care charges and caps. For each topic the questionnaire outlined the proposal and then asked respondents how strongly they agree or disagree with the proposal. Respondents could also explain their views on the proposals further by responding to the three open questions in the questionnaire.

In this report respondents' responses to the open questions have been classified against a coding frame to quantify the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative data.

The questions in the easy-read version of the questionnaire covered the same overall issues as the non-easy-read version. However, to keep the focus of the questionnaire on the key priorities and to ensure the questionnaire wasn't overly long the section about the key principles was not included in the easy-read questionnaire. The questions in the easy-read questionnaire were also rephrased and had fewer response options. Because of these differences and because the number of easy-read responses only totalled 26, the easy-read responses have not been combined with the responses to the non-easy-read version and included in the main body of this report. Instead the results, which are in-line with the findings of the non-easy-read questionnaire, are presented in section 4.7.

3.1 Limitations

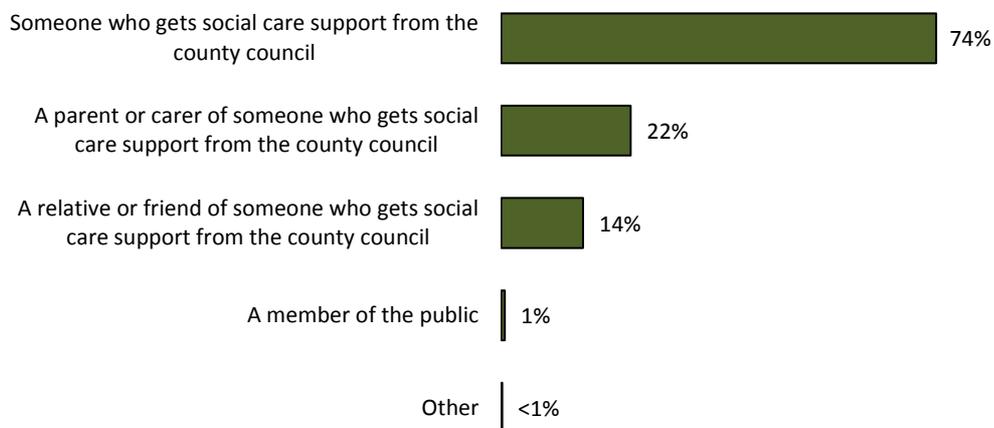
In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

4. Main findings

Respondents were first asked if they are someone who gets social care support from the county council, if they are a carer/parent/relative/friend of someone who gets social care support from the county council, or if they are someone else.

About three-quarters of respondents (74%) said that they are someone who gets social care support from the county council. About a fifth of respondents (22%) said that they are a parent or carer of someone who gets social care support from the county council. And about one in seven respondents (14%) said that they are a relative or friend of someone who gets social care support from the county council.

Chart 1 - Are you...?

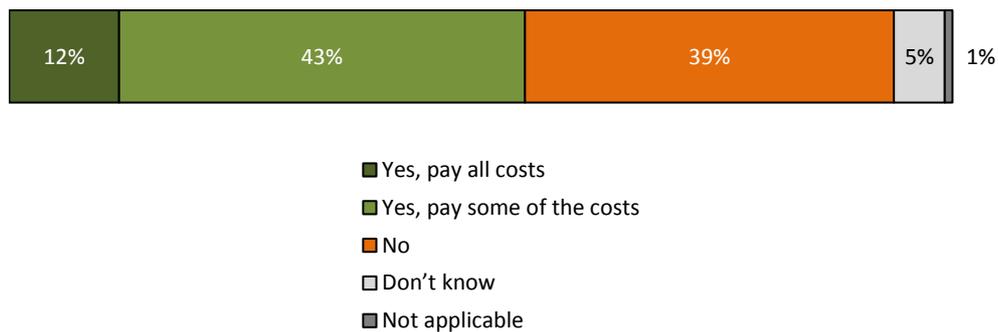


Base: all respondents (2,537)

Respondents were asked whether they currently pay towards their care services or support.

About one in ten respondents (12%) said that they currently pay all the costs towards their care services or support. Over two-fifths of respondents (43%) said that they currently pay some of the costs towards their care services or support. About two-fifths (39%) of respondents said that they don't currently pay any of the costs towards their care services or support.

Chart 2 - Do you currently pay towards your care services or support?



Base: all respondents (2,537)

4.1 Key principles for the proposed care charging policy

Respondents were then presented with the following information.

"Lancashire County Council wishes to develop a fair and consistent approach to charging for care. The key principles of the proposed care charging policy for non-residential adult social care services are outlined below.

People will only contribute towards, or pay the full cost of, their non-residential adult social care if, subject to a financial assessment, it is established they can afford to pay. The amount someone who receives Adult Social Care will pay will not be more than the cost of providing the service and will be limited so that they are always left with enough to pay for everyday living costs. This is known as the 'minimum income guarantee' and is currently set by Government at the Income Support level, or Pension Credit Guarantee level, plus an additional 25%.

Financial assessment

The amount people may pay will be calculated by a comprehensive financial assessment which will

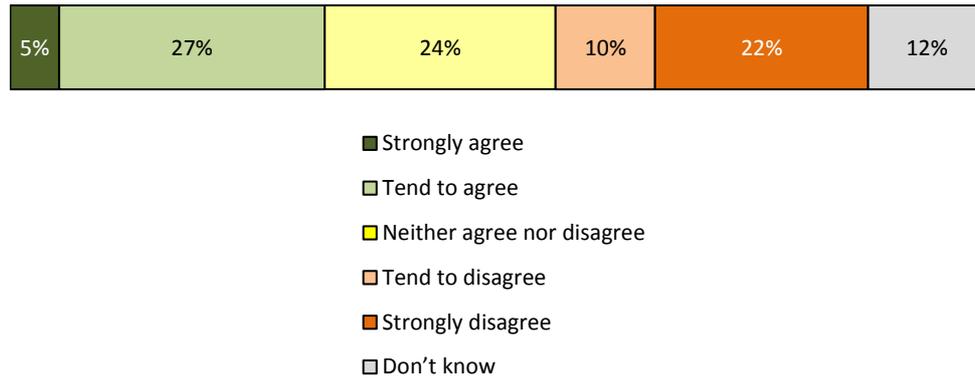
- consider a person's individual needs and circumstances when determining how much they can pay, but will avoid different rules for different groups of people
- not include earnings from employment, including self-employment
- make allowances for disability-related expenses which will be calculated in a way that is as simple and reasonable as possible
- ensure that all expenditure taken account of when determining an individual's ability to pay is both genuine and accurate
- include a benefits check to maximise people's full benefit entitlement
- in most cases, be completed within 28 days
- be regularly reviewed and, where appropriate, re-assessed

People will have a right to decline a financial assessment and may instead choose to pay the actual cost of the service. People will also have a right to appeal if they feel the financial assessment has been completed incorrectly."

Respondents were then asked how strongly they agreed or disagreed with the key principles of the proposed care charging policy for non-residential adult social care services.

About a third of respondents (32%) said that they agree⁹ with the key principles of the proposed care charging policy for non-residential adult social care services. And about a third of respondents (32%) said that they disagree¹⁰ with the principles of the proposed care charging policy for non-residential adult social care services.

Chart 3 - Overall, how strongly do you agree or disagree with the key principles of the proposed care charging policy for non-residential adult social care services?



Base: all respondents (2,574)

Respondents who pay all costs for their non-residential care are more likely to agree with the key principles of the proposed care charging policy for non-residential adult social care services than respondents who pay some or none of the costs (44%, 35% and 27% agree respectively).

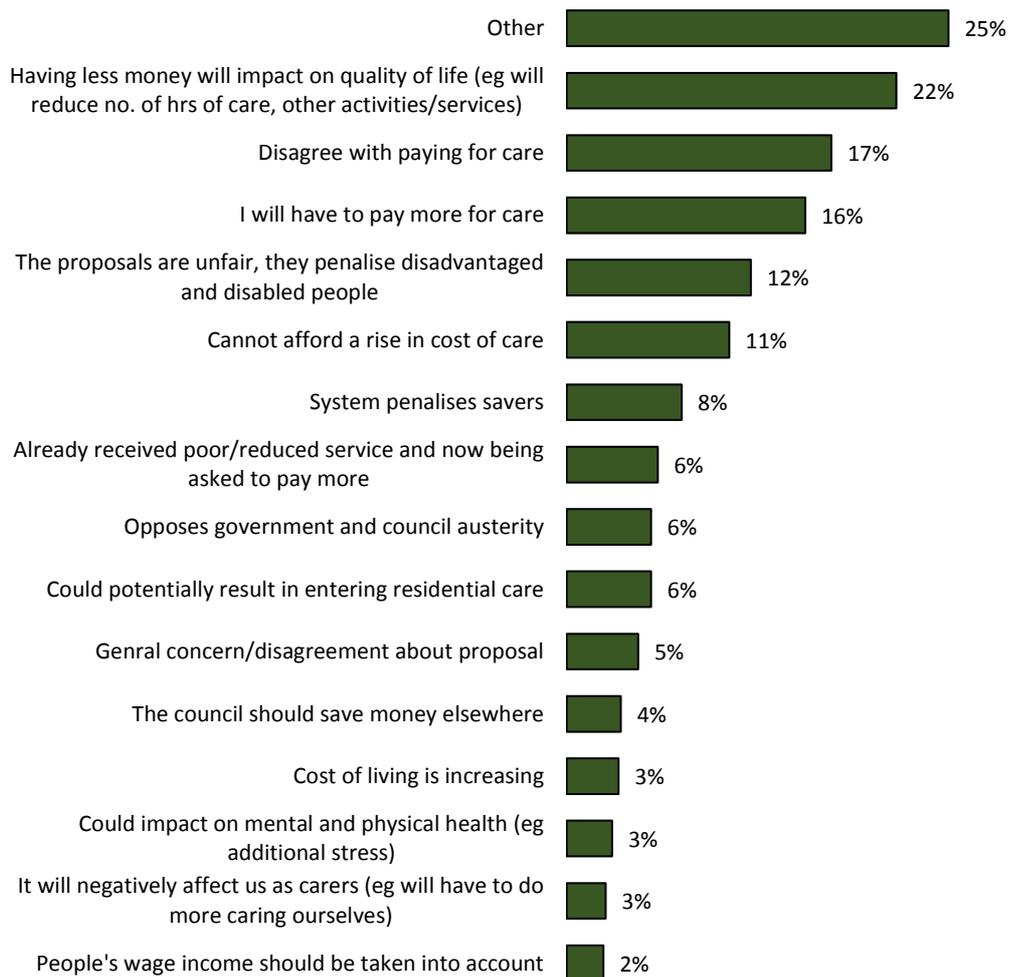
⁹ Either 'strongly agree' or 'tend to agree'

¹⁰ Either 'strongly disagree' or 'tend to disagree'

Respondents who disagree with key principles of the proposed care charging policy for non-residential adult social care services were then asked why they disagree.

Of these respondents, a quarter (25%) said something that wasn't suitable for coding or wasn't repeated by enough respondents to justify its own code. About a fifth of these respondents (22%) said that having less money will impact on their quality of life because they will be able to afford less hours of care, or other activities and services that they rely on, about one in six respondents (17%) said that they disagree with paying for care, and about one in six respondents (16%) said that they disagree because they will have to pay more for care.

Chart 4 - If you disagree please tell us why.



Base: respondents who disagree with the key principals of the proposed care charging policy (704)

Respondents who pay all their care costs and who disagree with the key principals of the proposed care charging policy for non-residential adult social care were more likely to say that they disagree because people with savings are being penalised (32%) and that they disagree with paying for care (25%) than respondents who don't pay towards their care costs (people with savings are being penalised, 2%; disagree with paying for care, 15%).

4.2 Increased proportion of assessed net disposable income

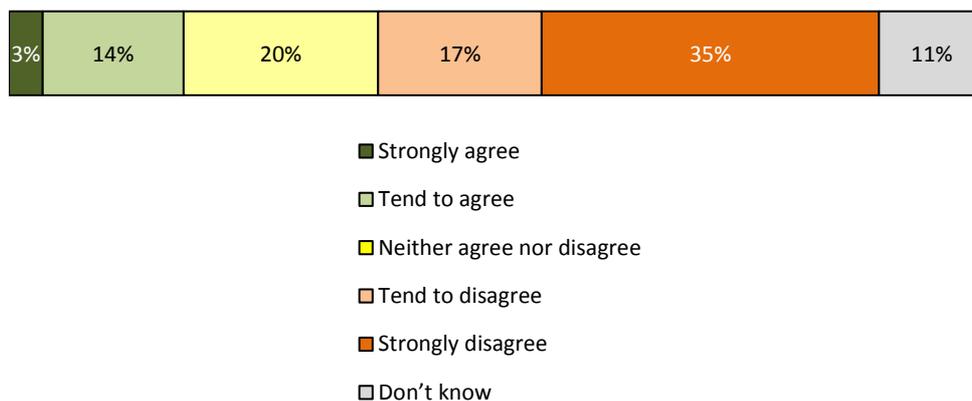
Respondents were presented with the following information.

"The amount individuals may be asked to contribute toward their care is based on a comprehensive financial assessment which takes into account people's individual circumstances and their ability to pay. A financial assessment will identify the level of income that can be used to help pay for their care. This is called "Net Disposable Income" or NDI. Many local authorities already seek higher proportions of NDI than the 85% currently charged by the county council. Given the current financial pressures being faced by the county council, particularly in relation to the increasing demand for social care services, it is proposed that the proportion of NDI sought as a contribution towards costs should be increased to 100%."

Respondents were then asked how strongly they agreed or disagreed with the proposal to increase the proportion of people's assessed net disposable income that can be used to help to pay for their care from 85% to 100%.

About a fifth of respondents (18%) agree¹¹ with the proposal to increase the proportion of people's assessed net disposable income that can be used to help pay for their care from 85% to 100%. However, about half of respondents (51%) disagree¹² with the proposal.

Chart 5 - How strongly do you agree or disagree with the proposal to increase the proportion of people's assessed net disposable income that can be used to help pay for their care from 85% to 100%?



Base: all respondents (2,541)

¹¹ Either 'strongly agree' or 'tend to agree'

¹² Either 'strongly disagree' or 'tend to disagree'

4.3 Updated care cost rates

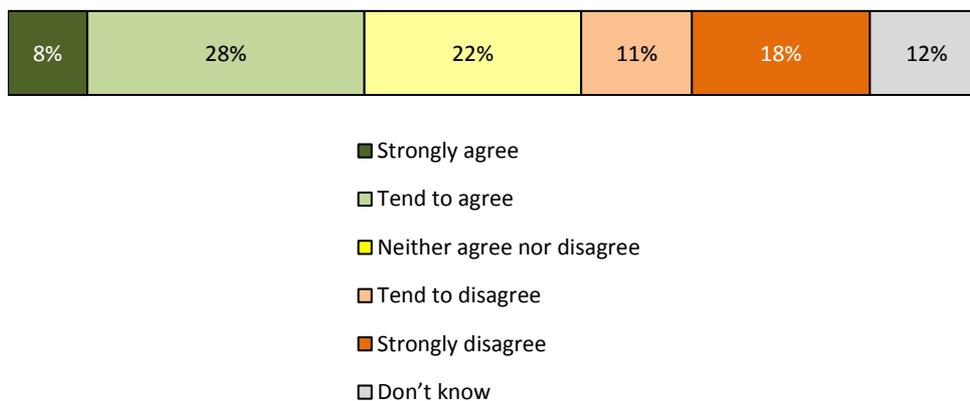
Respondents were presented with the following information:

"Lancashire County Council last reviewed the rates we charge for non-residential care six years ago. The rates we currently charge people are based on 2011 figures and since that time costs have risen by over 14%. If implemented, the proposed policy would update all the care cost rates to reflect what providers are now charging the county council. This would mean that the current hourly charge of £11.96 will be revised to £13.71."

Respondents were asked how strongly they agreed or disagreed with the proposal to update all the care cost rates to reflect what providers are now charging the county council instead of using 2011 rates.

Just less than two-fifths of respondents (37%) agree¹³ with the proposal to update all the care cost rates to reflect what providers are now charging the county council. However, three in ten respondents (30%) disagree¹⁴ with the proposal.

Chart 6 - How strongly do you agree or disagree with the proposal to update all the care cost rates to reflect what providers are now charging the county council instead of using 2011 rates?



Base: all respondents (2,565)

¹³ Either 'strongly agree' or 'tend to agree'

¹⁴ Either 'strongly disagree' or 'tend to disagree'

4.4 Removal of maximum care charges and caps

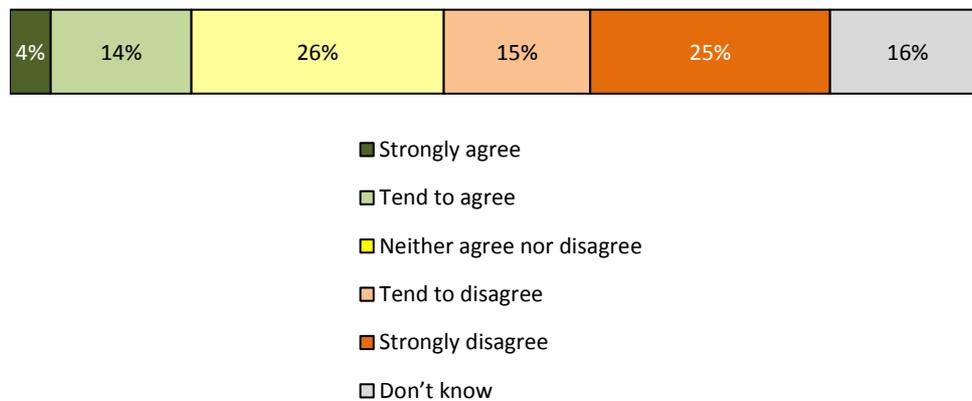
Respondents were presented with the following information:

"If implemented, the proposed policy would remove maximum care charges and caps. Only 6% of service users currently pay the maximum care charge and the number of service users subject to a capped charge is currently only 94. The current weekly maximum care charges is £655 and applies to those who have been receiving care packages from the county council since 6 June 2011. We also limited any 'cap' or increase in weekly rates to £30 a year for two years (for most people this would have happened in 2011 and 2012). Each person who receives a financial assessment from the county council can request a re-assessment or appeal against the level of charge they are asked to contribute."

Respondents were then asked how strongly they agreed or disagreed with the proposal to remove the current caps and maximum care charges.

About a fifth of respondents (19%) agree¹⁵ with the proposal to remove the current caps and maximum care charges. However, two-fifths of respondents (40%) disagree¹⁶ with the proposal.

Chart 7 - How strongly do you agree or disagree with the proposal to remove the current caps and maximum care charges?



Base: all respondents (2,558)

¹⁵ Either 'strongly agree' or 'tend to agree'

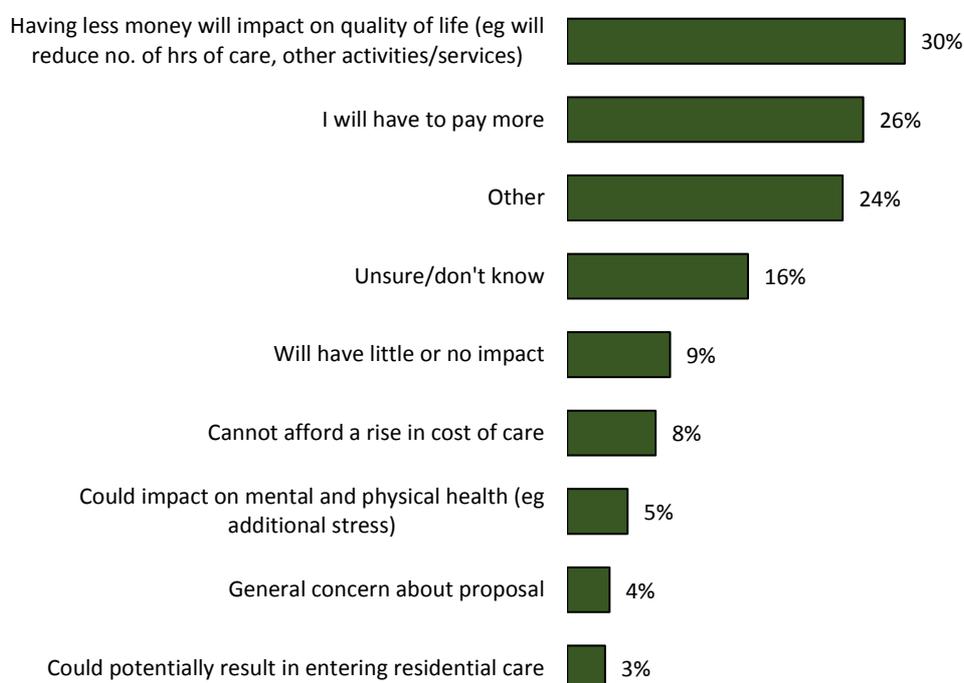
¹⁶ Either 'strongly disagree' or 'tend to disagree'

4.5 Overall impact of the proposals

Respondents were then asked what impact they thought that these proposals would have on them.

Less than three-fifths of respondents (57%) chose to respond to this question. Of the respondents who did respond, three in ten (30%) said that they thought having less money will impact on their quality of life because they will be able to afford less hours of care, or other activities and services that they rely on. About a quarter of respondents who answered this question (26%) said that they thought that they would have to pay more.

Chart 8 - What impact do you think that these proposals will have on you?



Base: all respondents (1,505)

Respondents who pay all their care costs were less likely than respondents who pay some of their care costs and respondents who don't pay their care costs to say that they cannot afford a rise in the cost of care (4%, 7% and 9% respectively) and having less money will impact on their quality of life (20%, 33%, 29%).

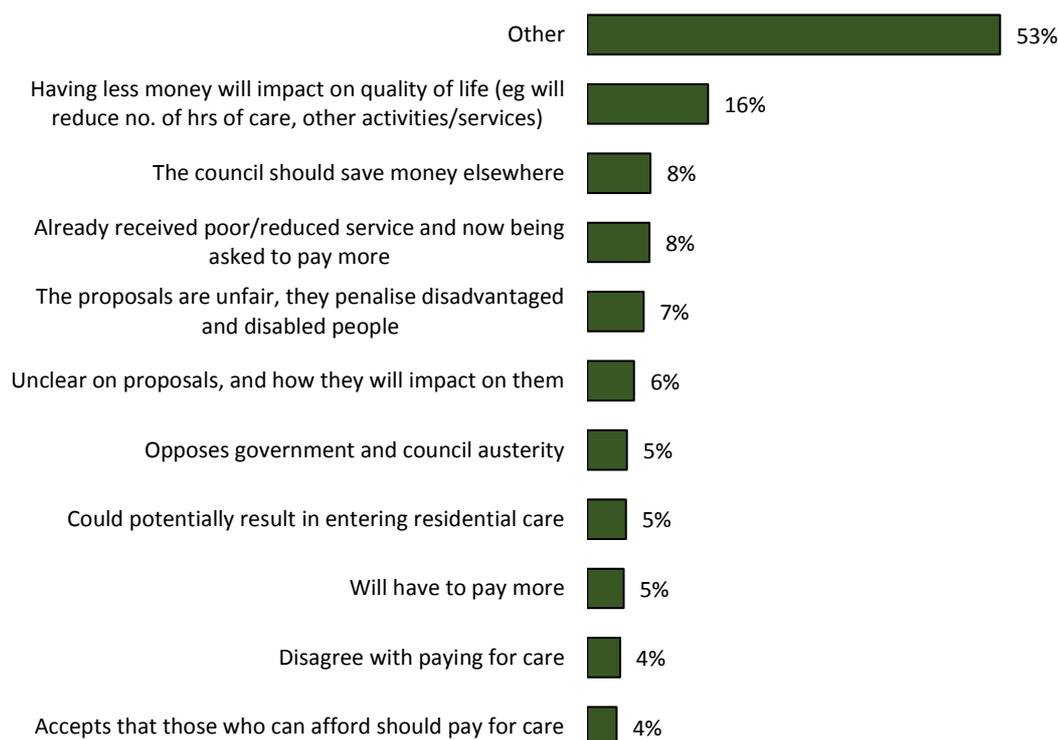
4.6 Any other comments about the proposals

Finally, respondents were asked if there was anything else that they wanted to tell us about the proposed changes to how Lancashire County council works out how much people pay towards the cost of their non-residential adult social care services.

Only a quarter of respondents (25%) chose to respond to this question. Of the respondents who did respond, over half (53%) said something that wasn't suitable for coding or wasn't repeated by enough respondents to justify its own code.

Like the previous open questions, the most common comment was that respondents thought having less money will impact on their quality of life because they will be able to afford less hours of care, or other activities and services that they rely on (16%).

Chart 9 - Is there anything else you would like to tell us about the proposed changes to how Lancashire County Council works out how much people pay towards the cost of their non-residential adult social care services?



Base: all respondents (662)

4.7 Easy-read responses to the consultation

In total, 26 easy-read questionnaires were returned. The responses are summarised below.

In the easy-read questionnaire, respondents were presented with three ideas and asked if they agree or disagree with each idea.

4.7.1 Idea 1

"The county council only asks you to pay for care services if you have enough left over after paying for all of the things you need.

The county council looks at how much you have to spend on the things you need for everyday life. This is called a Financial Assessment.

We will always check if you are receiving the right benefits and help you to apply for any other benefits you may be entitled to.

Through the Financial Assessment we look at how much money you have left over after you have paid for your housing costs, basic living expenses (like food) and other disability expenses. This is called Net Disposable Income.

At the moment, 85% of your Net Disposable Income can be used to pay toward your care – if you can afford to pay.

Our idea is to increase the share of Net Disposable Income that may be used to help pay toward your care to 100%.

This does not mean that all of your income or benefits can be used to pay for your care.

The county council promises that you will always be left with an amount of income that is protected. This means that this amount is for you to use and cannot be used to help pay for your care."

Respondents were then asked if they agree or disagree with idea 1. Five respondents agreed and 21 respondents disagreed with idea 1.

Respondents were then asked what they thought of this idea. Their responses were:

"This will impact on my money and activities"

"It's good to pay for your own care. Things change. Money doesn't grow on trees."

"Because I would worry that I would not have enough money for all my needs"

"I have great fun living here- so I don't mind paying some towards"

"Don't understand it"

"I have to pay all my bills and for my activities so I need my money for that"

"No. I used to get a blue badge and now I no longer qualify. I now have to pay for all my parking at hospital appointments of which I have several due to my disability. I'm paying more again"

"I used to go to college courses that were available free but now I have to pay for these."

"I used to get free parking at the hospital when I have my appointments but I don't anymore and have to pay"

"I have no disposable income and cannot even afford a holiday or break away this year"

"I agree with idea 1"

"Activities reduced due to funding now as having to pay more"

"Service users surplus income has been dramatically reduced due to payments to LCC. Activities reduced or stopped already. Support packages have been reduced, limiting independence and choices as it is."

"It is difficult enough to exist on available incomes in particular for those who cannot earn a living wage - and it is getting harder. Yes service costs are high but care costs for those who need supporting mean that their living costs are higher than average anyway."

"I am very worried about a rise in care costs. Recently, I had a 'light touch' 'office based assessment' which increased my costs from £54.07 per week to £99.69 per week. My mum then demanded a face to face assessment, but my care costs are still £79.16 a week which is a big increase I am anxious that the amount of money left will cause me money worries."

4.7.2 Idea 2

"The last time the county council looked at charges for care services was seven years ago, in 2011.

Since that time the cost of providing these services has gone up by a lot.

So the county council is planning to put up the amount that we charge for providing these services."

Respondents were then asked if they agree or disagree with idea 2. Four respondents agreed and 22 respondents disagreed with idea 2.

Respondents were then asked what they thought of this idea. Their responses were:

"Will impact on my money and activities"

"I think the County Council should get its money from other services"

"Don't know"

"My life revolves around my social activities. If I didn't have these I would be unhappy. I may not be able to afford them if you keep taking money from me."

"I used to go to college that was free and now I have to pay and can't afford it"

"I used to get my day service for free but now I pay a lot of money for it"

"I agree to paying towards my care costs and being affordable"

"As there are very little activities now on offer for people with disability - it now means have to pay for other things - horse riding, swimming, also lots of blue badge having to pay for parking at hospital now and on car parks"

"As the service user has complex health needs, frequent visits to the hospital are required. Even though she has a blue badge she now has to pay for parking, reducing funds even further"

"Service users must accept that as costs increase they will need to accommodate a charge increase. However, - it should not necessarily mean the full payment of the actual cost. Subsidised costs are necessary!"

"I understand that cost have risen, but only some people have to pay and I do not understand why that is so. If some people pay, then shouldn't everyone pay something especially as most people get the same benefits."

4.7.3 Idea 3

"A very small number of people who have been getting services from the county council for a long time have had a limit on the amount they pay.

This is called a 'cap' or a 'maximum charge' and means that we only ask these people to pay up to a certain amount for the services they receive.

The county council plans to remove these limits on the amount we ask these people to pay.

Anyone who receives a financial assessment from the county council can request that we take another look at their finances. This is called a 're-assessment'.

People can also appeal against how much they are asked to pay."

Respondents were then asked if they agree or disagree with idea 3. Three respondents agreed and 23 respondents disagreed with idea 3.

Respondents were then asked what they thought of this idea. Their responses were:

"Will impact on my money and activities"

"Everyone should be treated the same way"

"Don't know"

"I like to get away and do things and I have to pay for my staff too"

"As there are not as many opportunities for people with disabilities because of cuts to services I have to pay out more for activities and as I need a carer with me at all times I have to pay for them too"

"As things have gone up and I have to pay more I don't have a lot of money, as I live on my own"

"I had a financial assessment but the amount I pay back is not 'capped' as I have only lived in supported living for 2 years"

"I have a tight budget and will be worried I can't afford if prices increase"

"My assessment capped but is a lot to be taken off me"

"I agree I may have to pay a slightly higher amount towards my care, as long as not too high amount"

"If cap/maximum lifted I will lose money if I have to pay more and not be able to do the things I like"

"Service users doesn't have enough money to do all the activities she would like to do anyway, without taking more money off her."

"There should be a higher savings threshold before service users are expected to pay full costs eg. Derbyshire Council allow a FIFTY THOUSAND IN SAVINGS limit, before charging whole care costs. This encourages families to keep their services users at home and so ultimately saves costs in so many other ways for councils. Preston should look at adopting something more on these line, the £23 1/2k limit is ridiculous!"

"I don't understand this question and what it says. The cap I had has been taken away without me knowing. I also disagree with what it says on page 5 is not true in my case. My costs have risen by £25.09 per week which means when it is paid, from a fortnights ESA, I only have £60 left til the next benefit payment. This is not enough for a weeks living expenses. I am a very worried learning disabled person."

4.8 Provider response to the consultation

We received one response to the online questionnaire that was designed for organisations to respond to. The response was from a provider.

The provider tends to agree with the key principles of the proposed care charging policy for non-residential adult social care services.

They tend to disagree with the proposal to increase the proportion of people's assessed net disposable income that can be used to help pay for their care from 85% to 100%.

They tend to agree with the proposal to update all the care cost rates to reflect what providers are now charging the county council instead of using 2011 rates.

They neither agree nor disagree with the proposal to remove the current caps and maximum care charges.

In response the question about the impact of the proposals the provider said, "Feel increasing to 100% would run the risk of preventing people having fulfilled and active lives".

5. Demographic breakdown

Table 1- Are you...?

	%
Male	41%
Female	58%
Prefer not to say	2%

Table 2- What was your age on your last birthday?

	%
16-19	1%
20-34	9%
35-64	35%
65-74	15%
75+	38%
Prefer not to say	2%

Table 3- Are you a deaf person or do you have a disability?

	%
Yes	76%
No	20%
Prefer not to say	4%

Table 4- Which best describes your ethnic background?

	%
White	92%
Asian or Asian British	<1%
Black or Black British	4%
Mixed	1%
Other	3%
Prefer not to say	0%

Table 5- What is your religion?

	%
No religion	13%
Christian (including CofE, Catholic, Protestant and all other denominations)	75%
Buddhist	<1%
Hindu	1%
Jewish	0%
Muslim	3%
Sikh	0%
Any other religion	1%
Prefer not to say	6%

Table 6- Have you ever identified as transgender?

	%
Yes	1%
No	95%
Prefer not to say	5%

Table 7- What is your sexual orientation?

	%
Straight (heterosexual)	87%
Bisexual	<1%
Gay man	<1%
Lesbian/gay woman	<1%
Other	<1%
Prefer not to say	12%