

Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date: Thursday, 9th July, 2015
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 6)

To approve the minutes of the meeting held on 2 April 2015

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

5. **Public Speaking Time/Open Session**

For requests for further information

Contact: James Morley

Tel: 01270 686458

E-Mail: james.morley@cheshireeast.gov.uk with any apologies

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Caring Together - General Practice Review** (Pages 7 - 8)

To consider a progress report on the progress of a review of General Practice in the Eastern Cheshire Clinical Commissioning Group area.

7. **Caring Together - Community Based Co-ordinated Care** (Pages 9 - 10)

To consider a briefing on the commissioning of community based co-ordinated care services as part of the Caring Together Programme

8. **Adult Social Care Charging Policy Review** (Pages 11 - 50)

To consider a report on the review of adult social care charging policy and submit comments.

9. **Work Programme**

To discuss the Committee's potential future work programme for 2015/16

CHESHIRE EAST COUNCIL**Minutes of a meeting of the Health and Adult Social Care Overview and Scrutiny Committee**

held on Thursday, 2nd April, 2015 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor M Simon (Chairman)
Councillor J Saunders (Vice-Chairman)

Councillors R Domleo, L Jeuda, S Jones, G Merry and A Moran

Apologies

Councillors C Andrew

ALSO PRESENT

Councillor J Clowes – Portfolio Holder for Care and Health in the Community
Councillor S Gardiner – Deputy Cabinet Member
Mike Moore – North West Ambulance Service NHS Trust
Julie Treharne – North West Ambulance Service NHS Trust
Jim Britt – West Cheshire Clinical Commissioning Group
Fiona Field – South Cheshire Clinical Commissioning Group
Emma Leigh – Eastern Cheshire Clinical Commissioning Group

OFFICERS PRESENT

Dr Heather Gimbaldston – Director of Public Health
Ann Riley – Corporate Commissioning Manager
Rob Walker – Commissioning Manager
Mark Wheelton – Corporate Commissioning Manager: Leisure
Rob Rogers – Project Manager
Steve Cottle – Programme Manager: Crewe Lifestyle Centre
Dan McCabe – Resource Manager: Care4CE
James Morley – Scrutiny Officer

88 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 5 March 2015 be approved as a correct record and signed by the Chairman.

89 DECLARATIONS OF INTEREST

There were no declarations of interest

90 DECLARATION OF PARTY WHIP

There were no declarations of party whip

91 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak

92 AMBULANCE SERVICES - UPDATE FROM NWAS AND FIRST RESPONDERS

The Committee gave consideration to a presentation from North West Ambulance Service NHS Trust (NWAS) regarding its recent performance information and ongoing service development in Cheshire East. Mike Moore, NWAS Sector Manager for South Cheshire, and Julie Treharne, NWAS Head of Communications, provided the presentation and took questions from the Committee. Jim Britt, West Cheshire Clinical Commissioning Group (CCG), also attended the meeting as lead for joint commissioning of ambulance services for Cheshire CCGs.

The presentation provided contained performance information for response times and volume of activity for both Eastern Cheshire and South Cheshire CCG areas. The information illustrated the following points:

- There had been an overall rise in activity of approximately 10% across both CCG areas.
- In both CCG areas there were fewer G1 responses however significantly more R2 responses which suggested that more cases were being given the more severe R2 rating when previously they may have been G1. This had a significant impact on response time performance as R2 required a response within eight minutes whereas G1 was 20 minutes. There was a similar pattern with fewer G4 responses but significantly more G3.
- There was more R1 and R2 999 calls received from mid December 2014 to end of January 2015 than there had been the previous year. It was suggested that this may be due to colder weather this year and higher levels of illness, particularly amongst older people.
- Patient handover and ambulance turnover at both Macclesfield District General Hospital and Leighton Hospital was particular good compared to targets. This was attributed to good working practices and relationships between ambulance crews and hospital staff.

The presentation also included an overview of initiatives being put in place and the development of NWAS services to cope with increases in demand and specific challenges in Cheshire East, particularly in rural areas. The following points were made:

- Community First Responders were teams of volunteers who lived and worked in communities, trained by NWAS to response to certain calls to ensure a quick response and provide care and support until emergency ambulance arrives. 1275 emergency calls were responded to by Cheshire East first responders in 2014/15
- The Cheshire Co-response initiative involved eight firefighters operating in the Nantwich area who were trained by NWAS to

provide rapid life saving interventions. 166 emergency calls were responded to by the Fire Co-responders in 2014/15.

- The ambulance service's role had changed from the traditional role of picking patients up for treatment at hospital to more treatment being administered at the scene with fewer cases being taken on to hospital. The skills set and decision making responsibility of paramedics had evolved since they were introduced in 1981.
- As demand for health services increased there was a motivation across the NHS to change where and how patients were treated to reduce pressures on hospitals and emergency departments. This included ambulance services dealing with 999 calls in different ways and directing patients to the most appropriate service.
- Educating the public and health and care service partners about services and their appropriate use was an ongoing challenge. Reducing the gap between public expectation and the services on offer would help to reduce unnecessary demand for services and improve patient outcomes.

During the Committee's discussion about the presentation the following points arose:

- NWS tracked people with long term conditions who regularly called 999 to access with partners whether there were issues which needed to be addressed to reduce demand on 999.
- Peaks and Plains had worked with NWS and Macclesfield District General Hospital to support patients who were injured as a result of falls to see if adaptations to homes could be made to reduce incidents and ensure homes were suitable for a patient to be discharged. Members wanted to see this initiative continued and expanded across the Borough with other housing associations and health services.
- NWS had been working with nursing and care homes to ensure their staff knew how to deal with falls and other incidents to reduce demand from homes for ambulance services and hospital visits. All care homes had a responsibility to ensure they made the correct choices for their service users to achieve the best outcomes.
- It was noted that in Eastern Cheshire CCG area there was a GP linked to each care homes who checked up on residents and support staff in making choices during incidents.
- NWS performance was worst during December 2014 when only 40% of acute responses had been made within the eight minutes target. During the 2014 winter months the NHS had struggled nationally to cope to unprecedented demand and targets had not been reached by many trusts.
- The rise in demand for ambulance services had been approximately 10% which was unprecedented. CCGs had only commissioned services for a 1% rise in demand and the service struggled to cope with demand due to limited resources.
- As well as providing 999 and ambulance services, NWS hosted the North West NHS 111 service. This provided an opportunity for synergy between 999 and 111 services. It was suggested that the

Committee should receive a presentation on 111 services at a future meeting.

- 999 and A&E were the most well know and publicised health services in the country. If demand for these services was to be reduced more needed to be done to promote all other services to ensure the public was knowledgeable enough to choice the most appropriate services when they needed them.

RESOLVED – That the presentation be noted and an item on the NHS 111 service be added to the work programme.

93 CARING FOR CARERS: A JOINT STRATEGY FOR CARERS OF ALL AGED IN CHESHIRE EAST 2015 - 2018

The Committee gave consideration to the Joint Strategy for Carers of All Ages in Cheshire East 2015-2018 which had been developed by the Council, Eastern Cheshire Clinical Commissioning Group (CCG) and South Cheshire CCG.

Rob Walker, Commissioning Manager for Carers, Ann Riley, Corporate Commissioning Manager, and Fiona Field from South Cheshire CCG attended to take questions about the strategy, which had been agreed at the Health and Wellbeing Board on 24 March 2015. During the discussion the following points arose:

- Young Carers and Adult Carers had been included in the same strategy when they previously had separate strategies.
- The strategy provided an agreement between the three commissioners about how they were to support carers ensuring that services commissioned by each organisation complemented each other.
- An action plan was currently being developed between the three commissioners to agree how the strategy would be implemented. This would include consideration of feedback from carers events and the Committee's Carers Task and Finish Group report.
- Members felt the strategy had missed a key priority for carers, which had come out of carers events, that they should only have to tell their story to service providers once and not have to repeat themselves constantly.
- Members also believed the strategy did not adequately explain what "partnership working" involved. It was explained that this would become more clear through the action plan.
- The Committee believed that the same services and support should be available to all carers, including self funders, yet this was not clear in the strategy. The strategy needed to be more explicit about which carers would be able to access particular services and be able to receive them free of charge.
- Members wished to see more emphasis in the strategy on supporting carers to support each other through carer networks enabling them to share issues and offer advice.
- The Committee wanted to ensure that all young carers will be able to access an assessment and that this should be explicit in the strategy and action plan.

- The Health and Wellbeing Board had agreed that it would receive progress reports for delivery of the strategy by the Joint Commissioning Leadership Team (JCLT). The Committee also wanted to monitor the strategy in its scrutiny capacity and requested an opportunity to examine the action plan once it was available along with a response from the commissioners to its Carers Task and Finish Group report.

RESOLVED

- (a) That the Strategy be noted and the Committee's comments be submitted to the authors for consideration.
- (b) That a response to the Carers Task and Finish Group report from the responsible commissioners be received at a future meeting.
- (c) That the responsible commissioners be requested to share the action plan for the Strategy with the Committee when appropriate.

94 LEISURE AND HEALTHIER LIFESTYLE OPPORTUNITIES

The Committee received a presentation on the development of leisure and healthy lifestyle opportunities in Cheshire East. Mark Wheelton, Commissioning Manager for Leisure, introduced the presentation by explaining how plans for the development of leisure services would contribute to the Council's strategic outcome 5 "people live well and for longer".

Dan McCabe, Resource Manager for Care4CE, provided an overview of lifestyle groups currently being provided in Wilmslow and Macclesfield leisure centres for people with learning difficulties (LD). The day service for adults with LD had started two years ago and developed into a successful and valuable group for users and their families. Utilising the leisure centres as a based, and using some of the facilities in its activities, the groups had helped adults with LD to develop skills and build their confidence enabling them to become more independent, improve their health and wellbeing, and find employment opportunities. The groups collaborated with many partners in health and social care such as signposting users and setting up specific appointments with other services in a convenient location.

Steve Cottle, Programme Manager, provided a walk through presentation of the new Crewe Lifestyle Centre which was currently being built. The 3D design software allowed the Committee to see how the Lifestyle Centre would look once it was completed and how adult social care and children services would be integrated into the building enabling them to work closer together and benefit from the leisure facilities on site to better meet the needs of their service users. The building was designed to be adaptable making it a versatile facility for a variety of services to use and was easily accessible for all users. It was suggested that the Committee might hold a future meeting at the Lifestyle Centre once it was completed to promote the concept for other parts of the Borough and enable members to see how the centre works in more detail.

Rob Rogers, Project Manager, explained the latest position in relation to the development of lifestyle services in Congleton. Plans for Congleton were in a

formative stage and consultation with local people was taking place to establish what they wanted. The current site of the leisure centre was not adequate for a full lifestyle offer similar to Crewe however it did incorporate outdoor leisure facilities and it was considered important to maintain these. Feedback from residents was that they would like to see refurbishments made to the current leisure centre including replacement of the swimming pool and changing facilities. It had also been established that the local adult social care services in Congleton were happy with their current locations and not interested in being part of a lifestyle centre offer. Mark Wheelton requested that the Committee appoint a local member of the Committee to be a champion for lifestyle in Congleton to assist in the development of the project. It was noted that elections were due to take place in May 2015 and it would not be appropriate to appoint a champion at this stage.

RESOLVED – That the presentation be noted.

95 WORK PROGRAMME

The Committee was requested to consider its work programme and make recommendations for items which should be carried forward for the Committee to consider after the Borough elections. The following items arose:

- Access to GP services
- The impact of planning and development on health services
- Development of ambulance services
- Mental Health and Dementia
- Integration of health and care services
- Respite Care
- Health and Wellbeing Board

The Committee also agreed that the existing items contained within the work programme should be retained to enable the Committee which was formed after the elections to assess whether they should be retained.

RESOLVED – That the work programme be updated as discussed.

96 CHAIRMAN'S ANNOUNCEMENTS

It was acknowledged that Councillors C Andrew, R Domleo and S Jones would not be standing in the elections in May 2015 and would therefore no longer be members of the Committee. The Chairman wished to put on record the Committee's thanks to those members who were stepping down for their commitment and positive contribution of the work of the Committee.

The meeting commenced at 10.05 am and concluded at 1.10 pm

Councillor M Simon (Chairman)



REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 9 July 2015
Report of: Transformation Manager, NHS Eastern Cheshire Clinical Commissioning Group
Subject/Title: Caring Together – General Practice Review Update
Portfolio Holder: Councillor Janet Clowes

1.0 Report Summary

- 1.1 This report introduces and supports the oral presentation to be provided at the meeting.

2.0 Recommendation

- 2.1 The Overview and Scrutiny Committee are asked to:
- a. note the progress report and;
 - b. advise on the requirements for future reporting, consultation and engagement

3.0 Background

- 3.1 Eastern Cheshire CCG, working in collaboration with NHS England (NHSE), is undertaking a review of General Practice. The purpose of the review is to gain a better understanding of the services being provided above the General Practice contracted core services. The review builds on the work completed in the initial phase of the Caring Together programme (June 2014). The findings of the review will be used to generate new service specifications for General Practice in eastern Cheshire that will meet the ambitions and outcomes of the Caring Together programme, supporting the move of more care into the community, care closer to home.
- 3.2 The Commissioners (NHS England & Eastern Cheshire CCG) are developing a transparent and fair commissioning approach by working with the practices to develop this new Caring Together service specification for the identified additional services that they wish to provide for the residents of Eastern Cheshire. The aim is to reduce the variation in services and improve patient outcomes and patient experience.

- 3.3 Throughout the review there has been stability of service provision.
- 3.4 The review will:-
- a) design and plan a phased implementation of new models of service delivery which will deliver improved patient outcomes.
 - b) map the resources the model requires for the phased implementation
 - c) map the workforce and consider the workforce required to deliver the model
 - d) review of the legal, organisational and contractual forms which will support the development of the model.
- 3.5 The review has been in progress since the 30 April 2015 and a Task and Finish group established (comprising of commissioner representatives, GP's and Practice Managers from each of the 22 practices in Eastern Cheshire). The Task and Finish group is co-designing the service specifications under the following services areas:
- a) Access to General Practice
 - b) Health promotion and disease prevention
 - c) Long term condition management
 - d) Complex care co-ordination
 - e) Community co-ordination and accountability
 - f) Community based procedures
 - g) Community based investigations
 - h) Leadership and advocacy
- 3.6 The plan is to complete this initial phase of work by the 31st July 2015 to enable the model of care to be agreed by the commissioners to commence a phased implementation from October 2015.
- 3.7 As part of the review there is a need to engage with our public and key stakeholders.
- 3.8 We need to decide whether or not the proposed changes are going to constitute significant service change and whether or not formal consultation is required.

4.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: Jane Miller
Designation: Transformation Manager, NHS Eastern Cheshire Clinical Commissioning Group



REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 9 July 2015
Report of: Transformation Manager, NHS Eastern Cheshire Clinical Commissioning Group
Subject/Title: Caring Together – Community Based Co-ordinated Care
Portfolio Holder: Councillor Janet Clowes

1.0 Report Summary

1.1 This report introduces and supports the oral presentation to be provided at the meeting.

2.0 Recommendation

2.1 The Overview and Scrutiny Committee are asked to:

- a) note the content of this progress report; and
- b) advise on the requirements for future reporting and oversight.

3.0 Background

3.1 As of April 2015 and as part of the Caring Together programme Eastern Cheshire CCG and Cheshire East Council are commissioning services that support the delivery of the Caring Together vision, values and ambitions.

3.2 The Community Based Co-ordinated Care services are the first services to be commissioned as part of the Caring Together programme. An outcome based service specification has been co-designed and will be adopted by the providers. Phased adoption of the service specification will commence in 2015/16. The specification focuses on proactive and reactive care provided by integrated community teams and urgent rapid response or STAIRRS (short term assessment integrated response and recovery) and is for the delivery of care provided "out of hospital" settings.

3.3 The outcome based specification brings together the co-design work undertaken in 2013/14 with the commissioning plans for 2015/16 and has been developed by the Community Based Co-ordinated Care work stream.

The work stream is made up of NHS and local authority commissioners, providers and members of the public and has been meeting fortnightly since October 2014 to develop the outcome based specification, provider operating model and financial modelling and affordability. The work stream is supported by a larger reference group that includes a range of clinicians and practitioners across local health and social care services.

- 3.4 The time line is for the specification, operating model and if necessary a business case for resources to support transformation to be signed off during the summer 2015 to enable implementation to commence from October 2015. The detailed timeline is dependent on the work being completed and the governance arrangements for the work being agreed.
- 3.5 The Overview and Scrutiny committee members are asked to note the progress to date and proposed timescales for implementation of the new ways of working.
- 3.6 The Overview and Scrutiny committee may wish to consider what, if any, additional information is required and what, if any, role the committee may wish to play in overseeing the implementation of the new ways of working.

4.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: Bernadette Bailey
Designation: Transformation Manager, NHS Eastern Cheshire Clinical Commissioning Group

CHESHIRE EAST COUNCIL**REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee**

Date of Meeting:	9 July 2015
Report of:	Director of Adult Social Care and Independent Living
Subject/Title:	Adult Social Care Charging Policy Review
Portfolio Holder	Cllr. Janet Clowes

1.0 Report Summary

- 1.1 Adult Services is committed to putting residents first. A review has been undertaken of the Charging Policies for care and support. This is so we can meet our statutory duties under new legislation and continue to provide care and support to meet increasing needs of our residents. Historically we have charged below local authority benchmarked levels. Even though there will be some impact from these changes, over 4,000 residents will see no change or will benefit from reduced charges.
- 1.2 In April 2015 we implemented the Care Act in Cheshire East. The Care Act brought together multiple guidance, advice and statutory duties into a single piece of legislation. One of the underlying themes is 'fairness' for our local residents – fairness for carers to be entitled to an assessment and support to meet their assessed needs, fairness through capping the amount that people will pay for care and fairness for prisoners who need care and support.
- 1.3 This principle of fairness is one we have carried through into our review of fees and charges – that is the amounts that we charge our residents for the care and support associated activities that we carry out. Our mission statement is that no one will ever pay more than they can reasonably afford for care and support. Everyone's individual circumstances are different so we determine this on a case by case basis through a financial assessment.
- 1.4 Care and support includes help for adults of all ages with things like washing, dressing, eating, getting out and about and keeping in touch with friends or family as well as technology solutions (referred to as Telecare) to keep people safe.
- 1.5 Many of us will need care and support at some point in our lives, and most of us will pay at least something towards the cost of our care. To understand how our residents' felt about care and support, payments and the new Care Act we undertook a formal consultation. We asked our residents what they felt about changes under the Care Act and our ideas for changing our charging policies. The consultation ran from the beginning of December 2014 and ended on 25 January 2015.

- 1.6 Residents were consulted on 9 key areas of proposed changes to the charging policy. The proposed changes include the rationale and the impact and are detailed at Appendix 1.
- 1.7 A summary of the consultation responses to this paper, is attached at Appendix 2.
- 1.8 Following the analysis of the consultation responses it is proposed that Cabinet, on 14 July 2015, accept eight of the proposals to be implemented in August 2015. We propose that the proposal to implement charging for carers is rejected. We have put our residents first by listening to and considering what they have said. Residents' feedback has led to amendments in our proposals.

2.2 Recommendations.

- 2.1 The Committee is recommended to note the report, proposals and consultation responses and provide comment.

3.0 Background

- 3.1 The Council has applied charging policies to care and support since the 1980's and has followed Government regulations in setting local policy. Individual customer contributions are reviewed annually and people have the opportunity to discuss any issues that arise out of their individual financial assessment to ensure consistency and fairness in the process.
- 3.2 The Department will be required to refresh charging policies from 1 April 2016 in view of further changes introduced by The Care Act 2014 in phase two implementation of updated legislation.

4.0 Wards Affected - All

5.0 Local Ward Members - All

6.0 Policy Implications :

- **Adult Services Fees and Charges Policy:** To accept the approved changes are made to policy, along with the scheme of delegated charges.
- **Adult Services Direct Payment:** To accept the approved changes are made to policy.
- **Public Information:** in accessible format for all. Brokerage exists to assist customers to access alternative services where needed and information and advice services are bolstered through requirements of The Care Act.

7.0 Financial Implications 2015/16

- 7.1 The drivers for this review of the charging policy are twofold: to ensure that charges are fair and equitable and to ensure that local policy is in place to support the implementation of the Care Act in Cheshire East.

- 7.2 An overall theme of the changes, reflecting the need for fairness, is the continued move towards true personalisation. Service users' and carers' individuals needs and circumstances are assessed which is then reflected in their financial assessments, and hence contributions.
- 7.3 In 2015/16 Adults had a small net increase in the bottom line so whilst the new charges will generate more income, overall there has been a net investment in the service with more money being spent to the overall benefit of the residents.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 The Care Act 2014 gives councils a discretionary power to charge for certain non-residential services. The charge can be set at any level that the authority considers reasonable, subject to complying with other legislation in respect of charging and trading. Where the Council arranges care and support to meet a person's needs, it may charge the adult, except for defined services that cannot be charged for. The overarching principle of the Care Act is that people should only be required to pay what they can afford, subject to financial assessment if appropriate.
- 8.2 The previous guidance (to 31.3.14) in respect of charging is contained in 'Fairer charging policies for home care and other non-residential social services: Guidance for Councils with Social Services Responsibilities' issued in September 2003. From 1st April 2015 all former charging regulations are repealed and the Care Act 2014 and all associated regulations replace previous legislation. The local authority is required to consult if considering changing its charging policy.
- 8.3 The changes being proposed to the Charging Policy comply with statute and the relevant guidance.
- 8.4 Cabinet should satisfy itself that the consultation undertaken has abided by Case law which states that consultation must contain four elements:
 - 1 It must be at a time when proposals are still at a formative stage
 - 2 It must give sufficient reasons for any proposal to permit of intelligent consideration and response
 - 3 Adequate time must be given for any consideration and response
 - 4 The result of the consultation must be conscientiously taken into account in finalising any proposals
- 8.5 In order to comply with the final requirement (as set out in the previous paragraph) for proper consultation, members of cabinet should ensure that they have familiarised themselves with the views expressed during the consultation period and ensure that those views are taken into account in any decision made.

- 8.6 When a Local Authority is considering amending policies it should assess the actual or likely affect of its policies on the community in respect of gender, racial and other equality issues. To ensure that these issues have been considered and appropriately taken into account, an Equality Impact Assessment has been completed before presenting the recommendations to Cabinet. A copy is attached and, as with the consultation, Cabinet should ensure that the results of that assessment are taken into account when making its decision.

9 Risk Management

- 9.1 There is a risk of vulnerable people refusing services due to the cost of care. Adult Services would ensure that the financial assessment is fair and affordable within the individuals means and will offer financial assessment review where someone falls into debt or where someone appeals their charge assessment following established processes.

Name: Brenda Smith

Designation: Director of Adults Services and Independent Living

Tel No: 01270 371191

Email: Brenda.smith@cheshireeast.gov.uk

Proposal	Proposed Change	Rationale	Impact
1	<p>The Charging Formula. Proposal to adjust the charging formula which determines an individuals contribution towards care and support at home.</p> <p><i>Current formula:</i> Step1 - Weekly Income such as Welfare Benefits, pensions, disability benefits, are taken into account. Step 2 – Deductions are made for:</p> <ul style="list-style-type: none"> • Individual Daily Living Costs + 25% buffer. • Housing costs • Mobility income • Individual Disability costs <p>Step 3 – disposable income is found by calculating the figure at Step 2 and deducting this from the figure at Step 1. Step 4 - The Council currently views 97% of disposable income as a weekly contribution towards care and support services.</p> <p>The proposal is to move from 97% to 100%.</p>	<p>This would support the transfer of care between local authorities and ensure the care accounts from 2016 under The Care Act are consistent and clear, especially for those able to pay the full cost of their care services.</p> <p>Cheshire East Council consulted on the proposal to amend the charging formula to 100% in 2011 and decided to defer this change until 2012. The change was not taken forward in 2012 and the level of disposable income taken as a charge has remained at 97% since 2011.</p> <p>100% of disposable income would bring CEC in line with many other local authorities practice, including near neighbour Council's</p>	<ul style="list-style-type: none"> • 2580 people already pay the maximum charge for the care they receive and will not be impacted by this change. • 1370 people are unable to contribute and this will not change. • 360 people will see a 3% increase in their contribution as they are assessed as able to afford to make this contribution – the price increase would be no more than a few pounds per week. • Customers receiving their care through a direct payment (paid net of the customer contribution) who contribute towards their care and support will see a reduction of 3% in their personal budget as their charge increases by 3%. • Should anyone experience hardship a financial review would be offered.

<p>2</p>	<p>Revised Home Care Charges. Current charges for home care services have been set taking account of Care4CE provision which is known to be a higher cost to the Council than commissioned services. This proposal would set a fairer charge for people who chose externally commissioned home care services which cost the Council less and the Council would then add a 3% administrative fee to the charge rate for administration and overhead costs.</p> <p>For example for a person who is assessed to pay the full cost:</p> <p>1 hour home care is charged at £20.34 but could reduce to £13.00.</p>	<p>This proposal would support customer choice and deliver equity in charging arrangements. This is a benefit to many customers.</p> <p>It is recommended that this option is introduced alongside implementation of revised market rates.</p>	<p>The impact of this change based on current market prices is as follows:</p> <ul style="list-style-type: none"> • 410 people currently do not contribute towards their home care services and therefore will be unaffected by this change. • 540 people are receiving care which costs more than they are able to pay and therefore, these people will see no impact from this proposal. • 38 people, who are able to pay the full cost of their services, will see a reduction in their care costs. • 159 people who are assessed to pay towards their home care services will benefit from this change with a reduction in charges.
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<p>3</p>	<p>Revised process for identifying individual disability related costs. Currently all customers are awarded an automatic amount within the community financial assessment which is intended to cover any disability costs over and above ordinary living costs. The automatic rate is £10 or £4 depending on what level of disability benefit is in payment.</p> <p>A disability related cost could include for example: additional laundry or heating costs, where such costs are incurred to enable an individual to remain at home with a disability.</p> <p>This disregard can be reviewed at the customers request if they consider they incur higher levels of expenditure due to their disability.</p> <p>This proposal would move away from automatically assuming all customers have additional disability costs in addition to the package of care provided by the Council, to a system where the customer is invited to provide evidence of their disability costs. The disregard will then be appropriately applied.</p>	<p>This proposal would ensure those in need are supported properly through an individual assessment. Current practice assumes that all customers living at home have additional disability related costs, whereas many of these costs may already be addressed in the social care package of support.</p> <p>There are very few people who challenge the automatic disregard of £10 or £4 per week and where customers do challenge this (4/5 per year) it is generally found that the customer has greater needs and additional costs have been incurred due to their disability.</p>	<p>This proposal would affect all customers who are able to contribute towards community services. The Council would be mindful of the impact on individuals and would ensure this move is applied fairly and in a phased way at care review for existing customers to ensure care needs and disability costs are considered together. Processes and information would be reviewed to ensure a fully transparent system where the customer is clearly notified of their right to claim disability costs through submission of evidence. Training of Care Management staff would ensure that any clear disability related costs were identified through care assessment and communicated to the Financial Coordinator who undertakes the financial assessment. Where an individual is impacted significantly by any reduction in their disability related expenditure, care would be taken to introduce this in a phased way over a number of billing periods to lessen any impact.</p>
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<p>4</p>	<p>Introduction of an Administrative Fee for people who are able to fully fund their own care.</p> <p>Customers who have capital over the upper threshold (£23,250) are currently viewed as able to fully fund their own care and have the choice to source care from the open care market or to opt for a Council arranged package of care. Those who choose Council arranged care benefit from the Council's provider rates and our administrative systems. This proposal is to charge a flat rate fee of £3 per week to any person who is deemed able to pay the full cost and who chooses the Council to manage care on their behalf.</p>	<p>There is a choice for the customer to select care from the open market or for the Council to arrange services on their behalf. Customers would always be supported to find appropriate care services privately or through a commissioned service by the Council.</p> <p>In the future under 2016 changes within The Care Act – more individuals with high capital will present to the Council for Care Accounts – this would be an additional administrative duty.</p>	<p>200 customers hold capital over the upper threshold and ask the Council to commission services on their behalf. These people would be required to pay a flat rate administrative fee of £3.00 per week or be supported to purchase their care privately and independently.</p>
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<p>5</p>	<p>Care4CE Charge Review. Work has been undertaken by independent consultants to determine the true cost of providing internal services through Care4CE. This has demonstrated that current charges for Care4CE services are heavily subsidised. This proposal would be to pass the true cost of the care to the customer where they have the means to pay – customers who did not wish to pay would be supported to alternative provision in the open care market.</p>	<p>To remove subsidy in charges for Care4CE services.</p> <p>It is recommended that this option is introduced alongside implementation of revised market rates for independent sector provision, to ensure consistency and fairness in charging.</p>	<p>Please refer to the Impact Tables set out on Page 15 of the Charging Consultation “Proposals and Impact” document. The impact of this change is as follows:</p> <ul style="list-style-type: none"> • 222 people would not be required to pay any more towards their care because they are either paying their maximum charges or are not able to contribute. • 8 people would see a dramatic increase in Care4CE charges and if required would be supported to alternative care provision privately. • 266 people could choose to continue to receive Care4CE services and pay less than £10 extra per week. • 63 people would see an increase of more than £10 per week and would be offered supported to source alternative care services should they feel their revised charges were unacceptable.
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<p>6</p>	<p>Revised Deferred Payment Admin Charge.</p> <p>Cheshire East Council currently charges £400 admin charge for a deferred payment agreement, against the cost to the Council of £2,687 per agreement. The proposal to move the admin fee to £2,500 - costed to account for actual costs and additional work brought by the Care Act:</p>	<p>From April 2015 each new deferred agreement includes an increased administrative charge to cover the costs to Cheshire East Council of land registry searches, legal charges being placed, renewed and removed, legal and administrative time as well as to cover the additional administration required by The Care Act in producing six monthly equity statements and overseeing interest charges.</p> <p>This price fairly reflects the cost to the Council of operating deferred payments and accounts for additional work brought about by the Care Act 2014. All customers have the choice, if they own a property and are entering long term care, to request a deferred payment, along with other ways to pay for care which would be clearly explained should someone wish to avoid the Council's costs.</p>	<p>Approximately 5 new deferred arrangements are made each billing period. The proposed revised administration fee is £2,500 which would form part of the deferred charges to be settled at the end of the agreement with the Council from the customers disregarded capital.</p>
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<p>7</p>	<p>To revise charges for telecare services according to the level of service:</p> <p>Level 1 - for environmental sensors which would attract a non-means tested low flat rate fee of no more than £5.00 per week, which means people receiving this service will be expected to pay the flat rate charge and would not be financially assessed. Charging rules dictate that flat rate charges should not impact on protected income and the Council would be mindful to apply flat rate charges carefully in individual cases.</p> <p>Level 2 - for lifestyle telecare sensors which may require a responder visit if activated. As this service is more costly to provide, it is proposed that people would be financially assessed to determine their weekly contribution within a maximum charge limit.</p> <p>Level 3 - for advanced sensor responses, for people who may require support across a wide area, with ongoing monitoring. As the costs associated with providing this service are greater than that for customers who have lifestyle and environment sensors, it is proposed that people would be financially assessed to determine their contribution.</p> <p>To introduce free telecare services for anyone aged 85 year or over who is living alone in order to encourage take up and to ensure elderly people remain safe in their own homes.</p> <p>These proposals have been supported by Adult Social Care Overview and Scrutiny Committee.</p>	<p>It is recommended that this option is introduced alongside implementation of revised market rates to ensure consistency and fairness in charging.</p>	<ul style="list-style-type: none"> • 420 people currently elect to pay the full cost of their telecare services (£1.14 per week) as they do not wish to undertake a financial assessment of their ability to pay towards their services. These people would move to a flat rate fee. • 1056 people would be required to either pay a flat rate fee per week under this proposal or may need a financial assessment to determine their ability to pay towards the Level 2 or 3 services depending on their needs. • 431 people would currently be determined as continuing to make their weekly contribution at it stands. • The Council currently provides 471 people with telecare services who are aged 85 or over some of whom may live alone and would benefit from free telecare services.
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<p>8</p>	<p>Charging for Carers' Services.</p> <p>The Care Act recognises the importance of supporting Carers to maintain their caring role. From April 2015, new rights were introduced for carers, putting them on the same footing as the adults that they care for with new responsibilities for Councils to provide services to Carers.</p> <p>The Council consulted on the proposal to apply a small weekly contribution from the Carer and this was rejected through public consultation.</p> <p>It is recommended that Cabinet supports continuation of the current position of providing Carers Services free of charge.</p>	<p>This option was considered due to the anticipated increase in demand for Carers services. This demand has not materialised in great numbers since April 2015 and a slower up-take in demand is more likely.</p>	<p>The Council estimates there could be up to 12,000 carers who may seek support from personal budgets for carers' services depending upon eligibility.</p> <p>Since April 2015 the Council has received only 3 requests for funding support which cannot be met by existing universal services.</p>
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<p>9</p>	<p>To Revise the Council's Direct Payment Offer. Direct Payments are a cash amount offered to people in need of community care services as an alternative to the Council arranging care for the person in need. People can choose to take control of their care and support by arranging this themselves and choosing the right care and support for them within the parameters of their support plan. Current practice is to add to the direct payment 'start up' costs to cover initial costs such as; insurance, advertising, recruitment, debarring service checks, as well as to apply 8 weeks contingency (an additional 8 weeks of the customers direct payment for them to hold in case of emergency or the need to change carer), plus any fees associated with operating a managed account where the customer chooses an agency or individual to manage their direct payment for them.</p> <p>This proposal is to remove those additional costs and only apply them where needed.</p>	<p>Current practice can over-allocate Direct Payment funds which are not always needed by every individual and which are then recouped at annual audit.</p> <p>It is recommended that this option is introduced alongside implementation of revised market rates to ensure consistency and fairness in charging.</p>	<p>Cheshire East Council supports 720 people to receive their care through a Direct Payment. There would be no negative impact on existing or new customers as any additional need would be accounted for in the customers assessment of need and covered in the Direct Payment where needed.</p>
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**REPORT SUMMARISING RESPONSES TO
Public Consultation on
ADULT SOCIAL CARE SERVICES**

Preparing for the Care Act in Cheshire East Council

**No-one will ever be asked to pay more than they
can reasonably afford for their care services
subject to their financial assessment**

Preparing for the 2014 Care Act: Consultation on the proposals and impact of the Care Act in Cheshire East

Analysis report

Background

The purpose of the public consultation was to communicate the changes brought about by the Care Act and to engage with Service User, Carers and the community on specific impacts of the changes coming into force on 1st April 2015. The implementation of The Care Act requires Cheshire East Council to review its policy for charging for care services, the deferred payment system and the Direct Payment offer, to accommodate the new legislation and the discretionary elements which the Council has choice over subject to consultation.

The Care Act 2014 is the single largest change to social care policy for a generation. It seeks to bring together a number of existing pieces of legislation and introduces new duties and additional demand to local authorities to ensure that wellbeing, dignity and choice are at the heart of health and social care across the country.

The main issue for the Council in introducing the Care Act is to determine the likely impact of new work and to up-date policies to be compliant with the Law.

Consultation approach

Consultation on changes to the way the Council charges for care services brought about by the Care Act was carried out between Monday 1st December 2014 until Sunday 25th January 2015 (an 8 week period)

A number of approaches were used to communicate the changes and engage with service users, carers and the wider community on the impact of these changes:

- A consultation document¹ was produced and published on the Cheshire East Council Website, which outlined the background to these changes, highlighted what they mean for service user in the future and sought to understand the strength of agreement with key policy changes.
- A feedback document accompanied the consultation document, which could be completed online or as a paper copy. In total, 116 paper copy and online questionnaires were completed by a range of stakeholders, including services users, carers and their friends and family. Responses were also received from representatives of an organisation, business or group, including Cheshire Centre for Independent Living (CCIL), Age UK, The Neuromuscular Centre and a domiciliary care provider.
- All Social Care customers were notified of the consultation by letter.
- Information was provided in accessible text.
- A dedicated phone line was available.
- An email account was set up specifically to receive comment and views (two emails were received on the consultation)
- People were able to write into the Council with their views (one letter was received from a local resident)
- A twitter account was set up.
- The Council also received 1 text summary and 1 poem on the subject.

- A series of events were held at a range of locations across the borough:

Date	Location	Number of attendees
4 th December 2014	Sandbach Town Hall	28
8 th December 2014	Middlewich Community Church	10
9 th January 2015	Macclesfield Town Hall	33
12 th January 2015	Municipal Building, Crewe	33
12 th January 2015	Nantwich Civic Hall	32
19 th January 2015	Wilmslow Parish Hall	24

Consultation analysis

Responses to the consultation have been analysed and reported by Cheshire East Council's Business Intelligence Team.

Findings from the consultation feedback questionnaires provide the primary source of analysis for the consultation, whilst more detailed feedback gathered through the consultation events and open comments boxes within the questionnaire have helped to form a fuller, more comprehensive understanding of views and issues.

Key findings

Respondents to the consultation were most likely to agree with the proposals to:

- assess Disability Related Expenditure (DRE) on request by the customer (70% said they agree)
- introduce a small weekly fee for full cost customers who choose to access services arranged by the Council (59% indicated their agreement)
- reduce the charge for Home Care and introduce a 3% overhead cost (56% agree)
- change the rates for Care4CE care services (the Council's internal care provider) so they are in line with the true cost of providing the care (56% agree with the proposal).

Less popular proposals were:

- a small 3% adjustment to the formula used to calculate care charges (32% agree compared to 44%, who expressed disagreement with the proposal)
- providing carers services net of a small flat rate fee (38% agree compared to 37% who disagree)

Analysis of finding

1. Changing the 'charging formula'

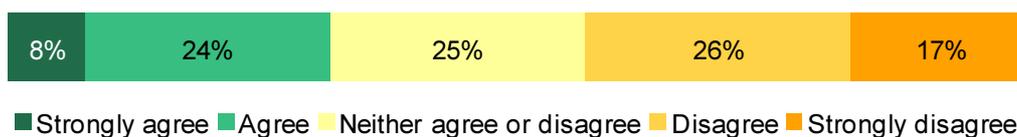
The Council use a formula to assess the extent to which an individual can financially contribute to their care. This takes into account a person's income and any savings or capital they have but protects all living, disability and housing costs.

Currently the Council takes 97% of the remaining amount (known as disposable income) as a contribution towards care services. The proposal is to move the proportion of disposable income which is considered to 100%, which is consistent with many other Councils and our neighbouring authorities.

Survey responses

Respondents were asked to what extent they agree or disagree with this proposal. Although almost a third agreed with the approach (32%), a higher proportion said they disagreed (44%). A quarter (25%) had no strong view.

Figure 1: Agreement that the Council should make a 3% adjustment to the charging formula



Base for %: 92

Detailed views:

Survey comments and feedback

- Most expressed concern about the impact on people they felt were the most vulnerable in society and those already hit by benefits changes. There was a view that the increase was unfair and that other living costs (and how they often vary and fluctuate) weren't taken into account by the proposal.

"If people have no disposable income... What funds will people have available to pay for non-FACS-eligible needs e.g. cleaning, shopping, gardeners?"

- The comments highlighted a general feeling that the change would affect users differently, for example there would be a higher impact on those who pay the full cost of their care. The importance of taking individual circumstances into account was stressed by some who felt that a lesser charge, phased or sliding scale approach would be more acceptable.

"A 3% charge across the board is not fair, as it does not take into account individual circumstances"

"A sliding scale between 1% and 3% depending upon the disposable income so that no-one is left with nothing on top of the ordinary living costs"

- Some said they needed more information about the proposal, including details like whether a thorough impact assessment had been carried out to fully understand the impact on

service users, the amount of money the Council would generate as a result of the change and the rationale and associated business case for the adjustment.

- A few generally agree but felt the revenue generated must be reinvested in care.

“Although I agree - I would like to feel that the increased charges are to pay for care rather than support process and policy changes - paperwork is not the answer.”

- Two comments were received relating to the consultation itself – that it was hard to hear at the discussion group they attended and that the use of language was confusing.

Discussion group participants

- The majority of those who commented felt the increase was unreasonable or too extreme, and disagreed with change. They felt that it left no safety net and that many rely on 3% to pay for other essentials. Some felt they already pay enough for care and support and thought the proposal was unfair.

“Would not see that this as being fair.”

“No ‘wiggle room’ if 100% of disposable income is taken into account.”

- The impact on the individual was thought to be considerable - that it would reduce social interaction and their independence. Some felt it would also impact on others, like families, carers, and even local businesses, who might lose out because people won't be able to purchase as much as they previously had. There was also some concern that the proposal would impact some service users more than others, like those on low incomes, particularly when the combined impact of benefits changes were considered. Some questioned whether the benefit to the Council was worth the change, given the impact on individuals.

“Increase may cause social isolation in the community if someone cannot afford to get about. Concerned about vulnerable people staying in their own home.”

“Taken in isolation, may be marginal but in conjunction with other proposals may cause difficulty.”

- A few were not aware of the current rate and felt that this was too high and should be lowered (to 90%, for example).
- Some wanted more information or had additional questions about the proposal, which included questions about the amount of money generated by the increase and how it would be spent, why the proposal hadn't been introduced earlier and why the Council were trying to save money. A few comments suggested that information should have been sent out before the event, whilst a small number found the concept hard to understand or didn't comprehend the reasons for change.

“Where is the money going? What percentage?”

“...this should have been sent out beforehand, we are having to read it on the hoof and don't have internet access.”

- More information and clarity was requested around the process and what can be included in the financial assessment by a number of participants.

- There was general agreement with the proposal from some groups, although caveats were highlighted, for example as long as money generated is reinvested in adult social care services and the increase was in line with other local authorities. A few suggested that a gradual increase would be more acceptable.

“As long as goal posts aren't changed - care stays the same”

2. Changing the cost to customers of home care services

The Council currently charges more to customers who can afford to pay than it pays the care market for home care services. This is because the Council recovers some of the overhead costs incurred in commissioning these services. The Council proposes to reduce the price passed on to customers receiving commissioned home care by bringing what it charges for care closer to the price it pays for the service and adding a small 3% overhead charge.

Survey responses

Over half (56%) of all those who responded to the consultation agreed with the proposal compared to around a fifth (21%) who said they disagreed.

Figure 2: Agreement that the Council is right to reduce the charge for home care and to add 3% overhead costs



■ Strongly agree ■ Agree ■ Neither agree or disagree ■ Disagree ■ Strongly disagree

Base for %: 91

Detailed views:

Survey comments and feedback

- There were some mixed views about this proposal from those survey respondents who choose to comment. A few agreed with the proposal as they were pleased to see a reduction in charging, particularly as they felt it was fairer to only pay the true cost of providing care. However, some were concerned about the impact on the sustainability and quality of care as they questioned whether Council-set charges would be enough to cover the costs of private care companies and their staff.

“Are the Council's home care charges at an appropriate level to support local companies and their staff to provide the high level of care the vulnerable people in our community deserve?”

- Some wanted more information about the proposal, particularly in relation to financial information about the impact of the change, and a few respondents felt the information available was too vague for them to give an informed view. Some also expressed confusion about the approach, as they saw it as ‘cutting with one hand and increasing with the other’.

“Why cut with one hand and increase with the other. Doing this surely costs money in administration and is of negative or neutral effectiveness.”

- A few did not agree with the introduction of a fee to cover administrative and overhead costs, as they felt this should be covered by council tax or other means and not subsidised by service users.

Discussion group participants

- Most agreed with the proposal to reduce the charge as they thought this seemed fairer and was positive for service users.
- However, there were concerns relating to the sustainability of charges within private sector and whether this might lead to a reduction in the quality of care in the longer term. Some questioned how this would benefit the Council as they thought there would be a loss of revenue associated with the reduction and were concerned about how this would be made up. Others thought it was a confusing approach and seemed to 'cut one thing and increase another'.

“For people who receive care this is a positive thing, so agree. However there are concerns about the impact on paid care staff as a result of this change.”

“From a carers point of view, it is very good. Struggling to find anything to disagree about. Don't understand what the council will gain from it, it will mean a loss of income for them.”

“Too much jiggery-pokery fiddling around with figures, maybe should just leave things as they are. You have to make the money up from somewhere else.”

- Some had more detailed questions or asked for more information about the reasons behind the proposal, for example how the 3% overhead charge had been determined, the current cost of overheads and information about the impact of the proposal.
- A few felt that the proposed fee was too high and should be capped or were concerned about fees increasing in the future.

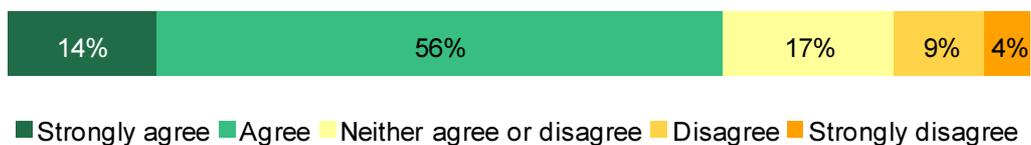
“Overhead costs of 3% seem quite high. Would want to know how this figure has been determined. There should be a cap on the charge so that people are not disadvantaged.”

- A small number of tables were not affected by the change and felt they were unable to comment or had no strong views on the proposal.

3. Assessing Disability Related Expenditure on request by the customer

The Council's charging policy assumes anyone receiving disability benefits has disability costs over and above ordinary living costs and applies a £10 or £4 per week disregard to financial assessments for most people living in the community. The Council proposes removing this automatic disregard for new customers and moving to a process where the claim for disability costs is verified against evidence of the disability cost. This is because most disability cost is deemed to be eligible for care and the Council could therefore be paying twice in some circumstances.

Figure 3: Agreement that the Council should assess Disability Related Expenditure on request by the customer



Base for %: 90

70% of respondents were in favour of the proposal, with just over one in 10 (13%) saying they disagree.

Detailed views:

Survey comments and feedback

- Although many of those who commented agree with the proposal, many were concerned about the capacity for the Council to carry out the new process and felt it would outweigh any money and resources saved in the first instance. A few were also worried about what they felt would be an extremely onerous, bureaucratic and possibly distressing process for the customer and their carer.

“Agree that if a customer requests a re-assessment then this should be done. However, for the money saved it is worth it? Question the capacity of the authority to do this!”

- Many emphasised the importance of transparency in the process, highlighting the need to fully explain the rationale behind any decisions made to the customer and ensuring clear and consistent processes and guidelines. An appeals process and the ability to reassess if circumstances change were also important, particularly given that some disability cost can vary depending on the type of disability and individual circumstances.
- However, there were some concerns about the consistency of the process and how assessments would be evidenced. A few respondents felt that the assessment should be carried out by a doctor using medical evidence to ensure that it is based on the true needs of individual.

“Concerns as to how this would be evidenced and what would be classed as a disability cost. Some disability costs are very private and might feel embarrassed admitting them to a stranger. Would need very clear guidelines which could be shared with client in advance.

Discussion group participants

- Although many respondents generally agreed with the proposal, a higher number of concerns were raised by the groups in relation to the process itself. Some felt it would be

too onerous, distressing or complex for the customer and their carers, whilst others were concerned about the consistency of the assessments, how they would be evidenced and the real impact this change would have on people with disabilities (i.e. that it would reduce the amount of funding they received).

“Onerous as to having to verify disability costs. Disagree that people should have to evidence their disability costs.”

“Could be embarrassing explaining care needs. They have already been through this with DLA workers. Bottom line CEC taking back the persons benefits.”

“How will it be verified? ...Automatic disregard is simple and easy to administer. Putting a burden on carers/claimant.”

- Participants also raised concerns about the capacity of the Council to implement the proposal and felt this may outweigh the money saved in the long run, making the system too bureaucratic.

“Agreed in principle, however this is a small change and potentially an administrative burden for the council.”

- Some wanted more information or clarity about the proposal, despite some facilitators providing information or answering questions from the groups. These mainly referred to clarification around disregards and what is actually covered by Disability Related Expenditure (DRE), as well as evidence of the kind of impact the proposal will have in practice. One table felt the explanation in the consultation document was confusing.
- Transparency and consistency in the process, as well as clear guidance about what is included in the assessment was also important, although some were concerned about how disability costs could be truly demonstrated in practice.

“Clarity requested around what disability expenditure can be included when assessing the amount to be disregarded e.g. transport support.”

- Some felt it was essential to take an individual approach to the assessments as the cost of disability will depend on the individual and so it makes sense to tailor the process. Two groups felt that DRE should be set at a flat or standard rate.

“...feel this is a sensible idea. All customers are different and should be assessed accordingly.”

“To take into account individual circumstance have flat rate”

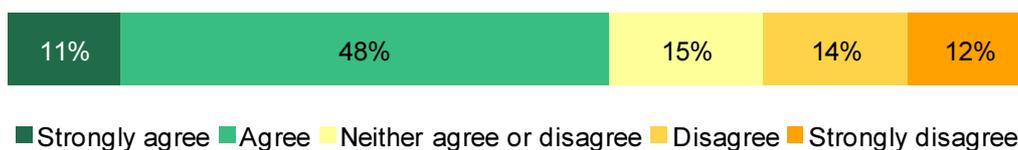
4. Recovering a small weekly fee from those who pay the full cost of their care

People who have capital over £23,250 (£27,000 from 2016 or £118,000 for those in a care home setting) are viewed as able to fund their own care. The Council is required to offer these individuals an assessment to determine their eligibility for care services and where the customer chooses, to commission services on their behalf. Often customers are able to benefit from the Council's good rates. The Council proposes a small flat rate weekly fee of around £3 to those people who are able to pay for their own care which would contribute towards the Council's overhead costs.

Survey responses

When asked the extent to which they agree with the proposal, 59% of respondents reported that they 'strongly agree' or 'agree'. Just over a quarter (26%) 'disagree' or 'strongly disagree'.

Figure 4: Agreement that the Council should recover a small weekly fee from people who able to pay the full cost of their care but access services arranged by the council



Base for %: 92

Detailed views:

Survey comments and feedback

- The majority of comments received from respondents were about concerns that more vulnerable people or those who are not able to source care themselves may be put off by the charge and therefore not use the service. For this reason some felt the fee should be waived for those deemed to be in greatest need, like those who are unable to manage their affairs or those who have no friends or relatives who can help them source care.

“Is there a danger that even with such a small charge, some people who require the councils help to source care, will be put off; they are then unable to source care themselves and they deteriorate - putting extra strain on social services and/or health further down the line. Has a thorough impact assessment been conducted?”
- Some felt that overheads and administrative costs should be covered by the tax payer and not the service user.
- A small number generally agreed, depending on details such as the level of the fee and the service received for the price, although there was some concern that the changes adversely impact or are seen to penalise a particular type of service users, particularly those who have saved.

Discussion group participants

- Most agreed with the proposal and felt that the fee seemed fair, although two groups were concerned that it would adversely impact on particular types of service users, specifically those who lack capacity or how have no friends or family to help them source care.

“£3 per week sounds reasonable, concerns impact on people who lack capacity and have no family or friends to act in their best interest.”

- Some had questions relating to the detail of the proposal, like in what circumstances the Council would pay a lower fee or benefits from good rates from private service providers and whether the weekly rate is charged throughout the year. Some said they found it hard to comment because they weren't in the situation themselves.
- Two tables questioned whether the cost and effort involved in implementing the policy would be worth the money generated by the change or the potential increase in demand from private clients.

“It doesn't seem worth it as the income will be minimal”

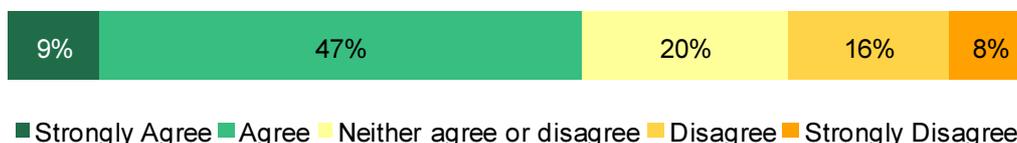
5. Reflecting the true cost of providing internal services in Council charges

The cost to the Council of providing services directly through Care4CE (our internal provider of care) has been reviewed and found to be more expensive than care commissioned on behalf of individuals directly from the wider care market. The proposal is to bring the charge for Care4CE services in line with the true cost of providing care.

Survey responses

Over half of respondents (56%) agree with this proposal compared to almost a quarter (24%) who disagree.

Figure 5: Agreement that the Council should reflect the true cost of providing internal services in their charges



Base for %: 89

Detailed views:

Survey comments and feedback

- Many agree with proposal, although they specified caveats to this. For example, as long as the costs of providing the service were made clear, that service users were given a choice about which care provider they chose and had the information to do so, that the cost of providing the service is in line with or lower than the national or market average to ensure that service users aren't subsidising the Council overheads and administrative costs.

“As long as true costs are demonstrated on the paperwork provided by the council to the client.”

- However, a similar amount of comments referred to the need for more information, particularly relating to financial information behind the decision and a better understanding of those people affected as transparency and clarity on the true cost information and charges was important. Some said they were unsure what the internal services referenced in the consultation document referred to.

“A detailed breakdown of all the cost components used to arrive at the cost charged for each service should be made public”

- Concerns were raised about the delivery model of internal services, given that they are considerably more expensive than those available externally and were therefore not seen to be providing value for money. Some were worried the change would see people turn to private providers who are cheaper, reducing uptake and making internal services unsustainable. Respondents thought it would, in turn, lead to a reduction in the quality of care (some held the view that internal services were of a better standard and quality than those provided externally) or a potential loss of internal, respite and day services.

“If internal services are more expensive than external, an investigation should be made as to why. If there is a difference in the quality of service provided then the external service should be improved. If not, measures should be taken to get the same value for money from the internal service.”

- A small number felt that increasing costs for vulnerable people and those who pay the full cost of their care was unfair. Fully considering the impact of this and whether it was truly affordable for those individuals was very important.

Discussion group participants

- Most participants were concerned the proposal would mean that, because of the higher cost of internal compared to private provision, these services would become unsustainable. Care4CE was highly valued by many people and thought to provide care of a higher quality than that available elsewhere. Some highlighted their concern around more specialist services, where private sector alternatives were not available. However, some were surprised by the difference in price between the Council and private providers and questioned whether this was an issue of efficiency.

“This proposal could result in ever increasing costs for these care4CE services as the people watch them reduce over time (because of the higher charges).”

“£56 per hour people felt was far too high. Could not understand how the cost could be calculated. Customers who have used Care4CE felt that service was significantly better than standard agencies.”

“From our example we struggled to find the services outside of the council”

- Concerns about the capacity of private providers to 'pick up the slack' were also raised, particularly given that the cost of services is lower than those provided by the Council. Some thought it might lead to increased pressure on carers, who might have to fill the gap if adequate services were not available.

“Pushing people into private market – but there is no capacity in the markets to pick this up...Pressure is put onto carers due to this. People don't find suitable/good enough care in the private sector.”

- A number of additional questions were asked by some, particularly in relation to where service users would find alternative companies and whether they would be helped to do so, and how the rates and costs have been calculated.
- Some agreed to the proposal in principle but felt it depended on a number of issues, including service charges reflecting the true cost of care, ensuring that information, advice and support was available to help people choose a provider or to be on hand to help if an agency breaks down and whether the quality of care improved as a consequence, where the money generated would be reinvested into care.

“If the standard of care goes up with the cost of care.”

- A few respondents felt that service users shouldn't have to pay more, and that they already pay for administrative fees and overheads through their council tax.

6. Recovering costs in providing 'deferred payment' arrangements

The Council currently offers an interest free loan to people who enter into long term care whilst leaving their property vacant. The customer is required to pay what they can from their weekly income, deferring the rest of the costs to be collected either when the property sells or when the contract with the Council ends.

Cheshire East Council currently charges a one off fee of £400 per deferred case to cover some of its costs. The proposal is to increase this administrative charge to cover the Council's costs in setting up and managing deferred payment arrangements, which has been costed at over £2,500 per case and includes all legal and administrative processes and procedures, staffing and resources.

The Care Act also introduces interest charges on deferred payments for the duration of the agreement – this can be set locally but should not exceed the nationally set maximum to track the market gilt rate specified in the most recent report by the Office of Budget Responsibility (this changes every 6 months and is predicted to be 4% in 2016).

Survey responses

Views were more mixed on this proposal; although around half (48%) agree with the proposal, over a quarter (26%) disagree. A similar proportion (27%) have no strong view.

Figure 6: Agreement that the Council is right to recover costs in providing a ‘deferred payment’ arrangement through a revised administrative charge



Base for %: 90

Detailed views:

Survey comments and feedback

- There were mixed views from those who responded to the consultation questionnaire - many felt increase in fee was too severe, yet a similar proportion generally agreed with a caveat. For example, as long as the costs were actually those incurred, that enough money is raised from the sale of the property, that each case is assessed on an individual basis, there are no family living in the home and so on.

“A change from £400 to £2500 is outrageous”

“If the administration has cost the council and there is enough from the sale”

- Some expressed the need for more details in relation to elements like interest charges (whether they are applied over a long period or whether they are time-dependent, for example) and cost information. A number of respondents said they didn't understand the concept.
- A few suggested there should be an option to pay for this service from outside the Council, preferably via an approved list.

“The option to purchase this service from a local approved list of solicitors at a lower cost should be explored. The proposals as they stand provide the service user with no opportunity to exercise choice.”

Discussion group participants

- Again, participants had mixed views – some felt that the increase in administrative fee was too high an increase from the previous amount and that people were being punished for saving and being prudent. However, many agreed with the proposals in principle, with some caveats, including conditions that ensured interest charged shouldn't be excessive or higher than market rate, the fee should only cover true administrative costs and taken at the end of the contract, and so on.

“Worked all your life and your property is taken off you, but if your neighbour has no property they get it all for free.”

“Disagree about the interest put on the deferred payment as this this will offset the £2500. Don't think it is unreasonable but will the interest not cover the £2500.”

- Many asked for more information or clarification around the issue, including more specific service cost information and details of how the policy would be applied.
- A few offered alternative approaches, like charging pro-rata or looking at each case individually.

7. Charging for Telecare services

Telecare is an assistive technology can help people live independently within their community and live in their own home for longer. It can help by reminding you of important things such as medication, making sure you get help when you need it via the use of sensors, providing reassurance for your carers and relatives and helping to keep you safe.

The Council currently provides a range of Telecare equipment and determines the customer's ability to contribute towards the low weekly charge of £1.14 through a financial assessment. The Council currently charges customers at the same rate for the monitoring of Telecare and the response that may be required to them in an emergency.

It is proposed that the Council introduces three levels of service based on the different needs of the customers:

- **Level 1 – customers who have environmental Telecare sensors only**
People receiving this service will be expected to pay the flat rate charge and would not be financially assessed.
- **Level 2 – customers who have lifestyle Telecare sensors**
This may include sensors that identifying whether an individual has fallen or left their property. As customers might require a visit from a responder, this service is often more costly. It is therefore proposed that people would be financially assessed to determine their contribution.
- **Level 3 – customers who have advanced sensors**
This is a more advanced service that includes using Global Positioning System (GPS) technology to identify an individual's location. As customers may require support across a wide area and ongoing monitoring if a person is lost and continues to move following an alert, it is proposed that people would be financially assessed to determine their contribution for this service.
Please note that this is not currently provided by Cheshire East but may be introduced in the future.

Survey responses

Around half of all respondents (49%) said they agree with the proposal, although almost a third (30%) disagree.

Figure 7: Agreement that the Council is right to set Telecare charges to reflect the cost of providing emergency response services



■ Strongly agree ■ Agree ■ Neither agree or disagree ■ Disagree ■ Strongly Disagree

Base for %: 88

Dealing with costs

Survey comments and feedback

- The majority said they needed more information, particularly in relation to the basis of current costs, any subsidy received for Telecare services, details on the level of fees to be charged for the new options and so on.

“It depends what that cost would be - some possible costs to the 3 levels suggested in the consultation document would have been helpful.”

- Although there was some general agreement, many felt the level of the service should depend on individual need and income.

“Charges should be set to reflect costs but adjusted according to income.”

- Some were concerned that increase costs would prevent, or put people off, using the Telecare which could lead to a larger impact for a wide range of services in the future, including health and social care. A few respondents were keen to emphasise the services longer-term benefits, such as increased independence for the individual and less reliance on services.

“People may decide not to have tele-care if they feel the cost is too high, which in the long-term could mean higher costs for health and social care.”

- Others suggested that an average cost or flat rate should be implemented across all three levels, or suggested that the increased costs should be phased in gradually.

Discussion group participants

- Most agreed with the proposals, and felt they were reasonable. Some said they would be happy with the charges, particularly where levels 2 and 3 would be assessed. However, participants did highlight some caveats, for example if charging was phased or gradually implemented. Others agreed with some elements of the proposal, particularly the flat rate for level 1 service, but felt that the increase for subsequent levels were too large.

“Sounds reasonable for level 1. Higher level may have impact on finances. What are costs for the other 2 levels? ... People with higher needs whom need level 2 or 3 may feel penalised as have to pay more.”

- Many participants wanted more information or had additional questions, particularly relating to the proposed charges for the difference levels and actual costs of providing the services, as well as whether or not Telecare would be taken into account in Disability Related Expenditure.
- Telecare was seen as a vital service by many and considered to be a good value service that promotes independence and keeps people safe. The long term benefits, including a reduction in reliance on health and related services in the future, were highlighted by many,

and concerns that an increase in cost would lead to a reduction in the numbers of people able to use it were raised by a small number of participants.

“Very worried - its about keeping people safe surely? If it prevents people having to go out, it's a good idea to have the available facility. We have telecare and a fall censor so it would increase our charges. We can't answer without knowing the rates that will be charged.

Object strongly, that someone who could need lots of telecare equipment may not have it even though they will then be at risk of becoming very unsafe.”

8. Charging for carers' services

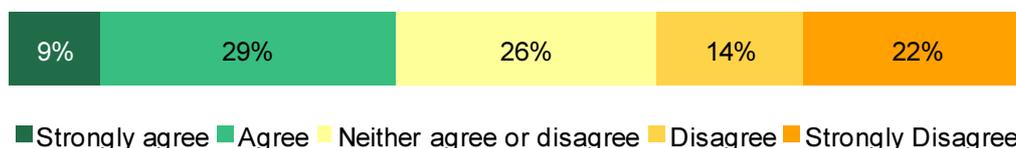
The Care Act introduces new rights for carers, including the ability to request a social care assessment of their need to determine their eligibility for services. Where a carer meets the Council's eligibility criteria, they can be offered assistance to meet those needs through a personal budget Direct Payment.

In order for the Council to meet the increase in demand for carers services it anticipates as a result, it is suggested that a small weekly low flat rate fee contribution is made through a personal budget Direct Payment.

Survey responses

Views were more split in relation to agreement with this proposal; although a similar proportion of those responding to the consultation agree (38%) as disagree (37%), whilst around one in five (22%) said they strongly disagree.

Figure 8: Agreement that the Council is right to provide carers services net of a small rate fee



Base for %: 90

Detailed views:

Survey comments and feedback

- Most comments indicated disagreement with proposals, some very strongly. Carers save the Council money and there was a view that those who need services shouldn't have to pay for them. Some were concerned that the proposal may discourage carers from accessing services and support, or deter them from providing help at all, which would result in increased costs to the Council in the longer term.

“Not morally right to charge carers as this prevents service users needing more assistance from LA health service. Would cost more if put into permanent care. Disgusting to charge a carer.”

“This is an insult!. Carers do save the LA so much, they need to be respected.”

- There was some agreement to the change in principle with caveats, as long as the fee was small, if it was a flat rate and not financially assessed, for example.

“Yes, if you are just referring to a personal budget but no if it includes things like access to the carers centre and the emergency card which should continue to be provided to all as really useful services that are valuable for many and encourage a wide take up.”

- Some wanted more details about the proposals, specifically cost information.

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- Some comments highlighted the need to review carer assessments, which some felt weren't followed up with action.

“The new act must start with reviewing carers assessment - currently no follow up of any action points.”

Discussion group participants

- Many participants strongly disagreed with the proposal, with some stating it would not be 'unfair' and 'an insult'. Those who held this view felt that carers save the Council money by providing free care and should be helped and supported without charge in their role. Some were concerned that introducing a charge would discourage carers from access support services, or continuing in their role as a carer in the future, resulting in increased care costs for the Council in the long run.

“Difficult to get care anyway, this would make it more difficult. Carers do enough already. It's an insult!! Carers do enough!”

- A few agreed with the proposal, although their agreement depended on a variety of things, for example ensuring the fee was small and a flat rate (not a financial assessment), and that support for carers would improve as a result.
- Many said they needed more information, or asked more detailed questions about cost information and the fee rate, what services would be provided and what 'carer payments' could be used for. Some participants who currently have caring responsibilities expressed their dissatisfaction with the quality of current carer support and said they would not be willing to pay for what is being provided at present.
- There was some concern that the proposal would be overcomplicated (one participant mentioned the burdens of managing two direct payments - their own as a carer and the cared for person's), bureaucratic and seemed to be more expensive to implement in administrative costs. Others liked that idea of receiving direct payments as they felt it recognised their role as a carer and the financial implications of this.

“Again difficult to say without knowing what charges would be. What is the charge for? Could have been achieved by reducing the offer of award. Overcomplicating the process unnecessarily.”

“Carers do spend a lot of their own personal money on cared for person...Good that role of carer has been recognised – they save local authorities lots of money.”

- Ensuring that the costs are fully assessed and explored on an individual basis was important, and not being charged more than was necessary or affordable was seen as key.

9. Amending the Direct Payment offer

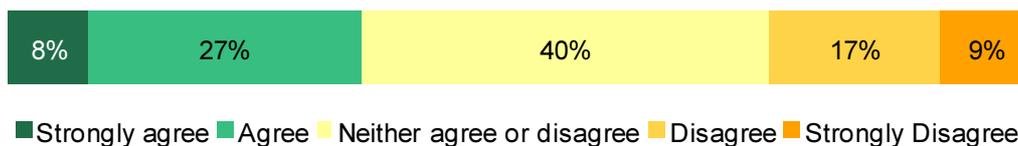
The Council is proposing to improve the offer of a Direct Payment and make the process clearer to customers. As part of this process, it is proposed that:

- all start up grants, contingency funds and additional costs associated with managing a Direct Payment are removed from the up-front offer and become a claim by the customer as part of the disability related expenditure assessment based on the customer's need
- Direct Payment arrangements are better explained and made clearer to the customer
- audit of the Direct Payment account is conducted by the Council initially at 12 weeks and then at random intervals thereafter. This may be more frequent if the customer is experiencing difficulties.

Survey responses

The majority of respondents (40%) 'neither agree nor disagree' with this proposal. Just over a third (35%) agreed with the proposal whilst around a quarter (26%) said they disagreed.

Figure 9: Agreement that the Council should amend its Direct Payment offer



Base for %: 90

Detailed views:

Survey comments and feedback

- Mixed views were reported about this proposal; some agree with the caveats, such as the condition that changes make the system easier and less complex, that the new system would allow flexibility for contingencies and would use simple language and explanations.

“Anything that makes the process easier would be welcome. Not providing contingencies etc. up front would be okay as long as the systems to access them when needed work well and do not delay access.”

“Provided the council explains to the customer in simple language the direct payment offer.”

- However, a similar proportion emphasised how vital start-up grants are in building contingency funds if individuals are employing workers in order to meet statutory employment duties. Without this there was a concern that safeguarding issues or legal challenge could result. There was also a fear that the proposal won't allow for flexibility and creativity, and that they would make complex system worse, for example having to claim back money from the Council would increase bureaucracy and admin for users and their carers.

“Do not reduce buffers. I have had to use this to keep solvent for each of the last three years.”

“Does not allow for contingency or leeway for any flexibility...if you take away the contingency - this allows people to be more in control with freedom and flexibility to be creative...”

- Many feel current system is not fit for purpose and that the Council need to ensure that direct payments are in line with actual expenditure and market costs. A number of respondents felt the Council should audit more regularly to ensure a build-up of funds does not occur, provide more support, clarity and transparency about the system and what is required at beginning, ensure clearer guidelines and more actively promoting direct payments

“Current system is not fit for purpose, as it does not pay market rates”

“Like direct payments but need extra support and review often”

“If the council wishes to reduce the overall level of funds held in DP contingency accounts it could do this by a simple and more efficient administration.”

- Some said they required more information about the proposal, for example details and explanations about motives behind the change and cost information.

Discussion group participants

- There was general agreement in favour of this proposal from some groups, with caveats; for example, as long as the service user is given enough money to set themselves up, that the top up might be given in some, but not all, circumstances, that the policy is applied fairly and is not just used as a money making exercise, as long as individual payments don't stop and so on. However, the majority of comments related to the current system and how it could be improved.

“Okay with the proposals as long as the customer gets the amount of money they need to set up.”

“Council should ensure this is applied fairly and utilised where needed and not just a method for council to achieve savings.”

- Many valued the start-up grant and emphasised the importance of building up contingency to allow for the payment of costs relating to employer duties when employing help or support through direct payments (such as Police checks, holiday and other statutory pay). Some relayed experiences (both personal and those of friends and family) of having to pay for services out of funds that had built up because payments had been stopped. In these instances, having a 'buffer' and financial flexibility was very important.

“I know lots of people who are not receiving money into their bank accounts and are having to make up the gap themselves and incur bank charges.”

- Linked to this were points raised by many participants relating to failings within the current direct payments system, including complicated and onerous administration for individuals and their carers. Many felt that the Council should provide more clarity and support, and assist direct payment recipients by auditing more regularly.

“Need a review process which offers customers chance to read the reviewed paper work. Frequency of payments – some agencies changing weekly with only 7 days to pay. Money advocates not always flexible to pay various care agencies where this meets customer needs. More flexibility to meet needs.”

- Many emphasised the importance of an approach that focuses on individual need and allows for flexibility, as some recognised that direct payments are not suited to every individual or situation.
- Some participants wanted clarity on what could be purchased by direct payments and what it covers.

10. Care top ups

The Council assesses the needs of individual service users' and defines a 'personal budget' to meet them. A person may choose a service provider that is more expensive than the Council's relevant normal rate for someone with their assessed care needs. The difference between the normal rate and the cost of the private care provider is known as a top up payment and is usually paid by a family member as your finances will be required to support your care needs.

The Council is required under the Care Act to put in place arrangements to formalise top up payments through signed agreements and is proposing that top up payments are checked to ensure they are sustainable. This would protect the customer from having to change care provider or move care home if the top up is not affordable and sustainable.

Although no question was asked in the consultation document about agreement with this proposal, the topic was covered by a small number of groups at the consultation events.

Detailed views:

Survey comments and discussion group participants

- Of those participants who commented, there appeared to be general agreement with the proposal, as they did not want people to be moved around if this situation occurred.
- Cheshire Centre for Independent Living emphasised the importance of the Council working alongside the domiciliary market to review costs and benchmark against internal provider services.
- However, the need for more information and clarity was highlighted. For example, how checks for sustainability would be made and assessed, what would happen if an individual's circumstances changed, and so on).

11. Other comments

A small number of other comments were received via email, letter and in the form of a poem. The views and issues raised have been included in the analysis along with all other feedback, although the main points raised included:

- Issues relating to the consultation process, specifically that the views of service users ignored and events attended were poorly organised (not running to time, no clear focus and so on)

- Concerns about the closure and removal of some care services and a lack of transparency and clear communication around this
- Feedback about the cost and efficiency of Care4CE and internal care services
- Concerns around the cost and quality of some domiciliary care providers
- The increase in the amount of disposable income taken into account in the charging formula is too high
- More awareness raising activity should be done to increase the public's understanding of how local services are funded
- Full cost residential care clients should be rewarded for saving and paying tax by making them tax exempt whilst they are in care
- Concerns about the increase in Telecare charges
- Issues with help and support provided by third sector organisations around domiciliary care providers and respite care.

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Demographic Profile of Respondents

Figure 10 and 11 below show the gender and age profile of those who responded to the consultation questionnaire. Slightly more females than males (53% to 47% respectively) completed the survey. Around a third (32%) were aged between 65 and 74, just over a quarter were aged 55 to 64, just under a fifth (18%) were 35-54 and 15% were aged 75 and over. The smallest response was received from those aged under 35.

Almost two-thirds (63%) had not attended a consultation event. 34% of those who responded indicated that they had a limiting long term illness.

Figure 10: Gender of survey respondents

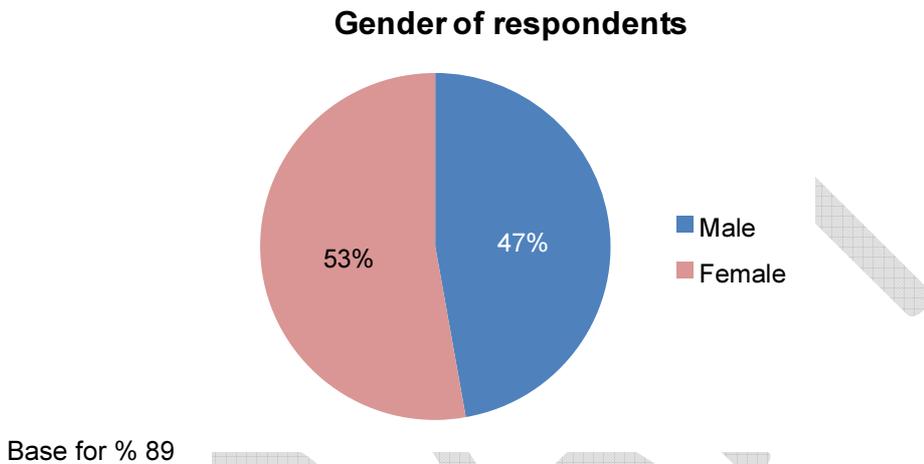


Figure 11: Age of survey respondents

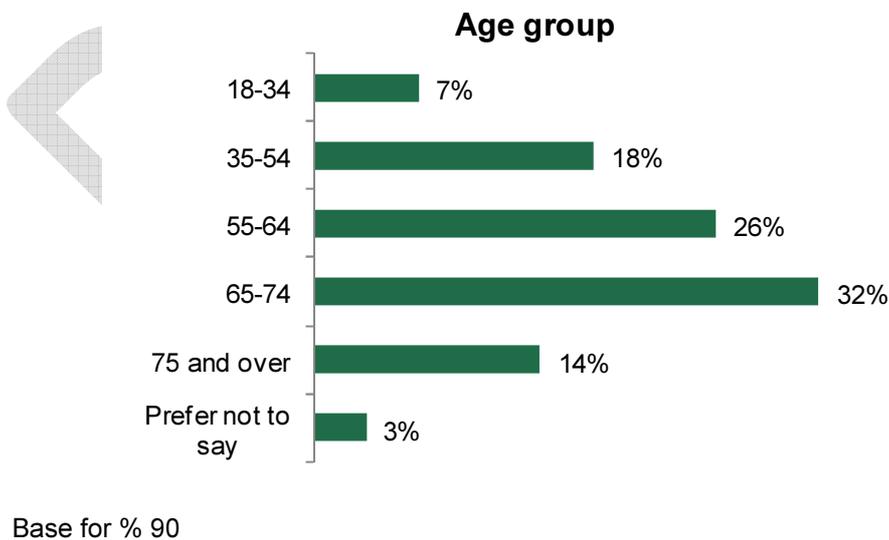
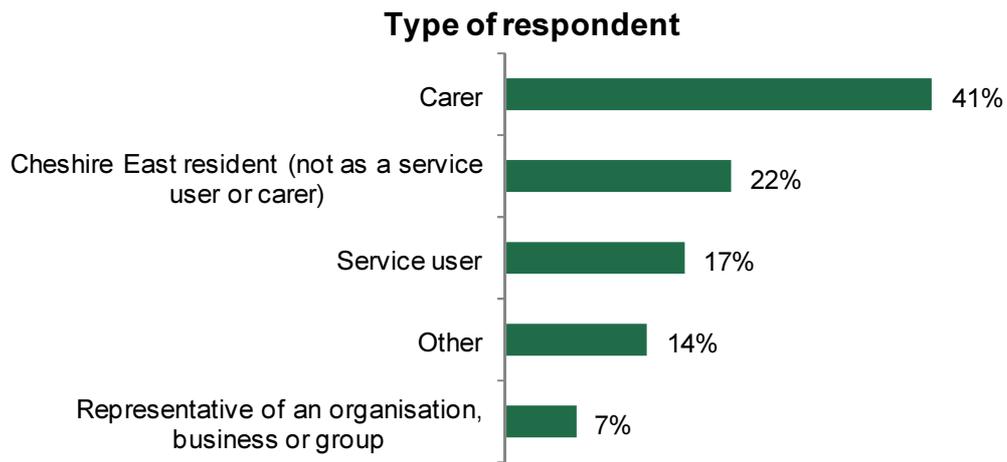


Figure 12 Respondent type



Base for % 88

The majority of respondents completed the consultation survey as a carer (41%). 22% were residents of Cheshire East, but were not responding as a service user or carer, and 17% responded as a service user. Most respondents who classed themselves as an 'other' category were a friend or relative of a service user.

¹ 'Preparing for the Care Act in Cheshire East Council' Have your Say consultation document, Adult Social Care Services, Cheshire East Council

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