



A summary of responses to Cheshire East Council's

Adult Social Care Charging Policy Consultation

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Introduction

Purpose of the survey

Through November 2023 to January 2024, Cheshire East Council sought views on several proposed changes to its Adult Social Care charging policy. The last time a review of fees and charges for Adult Social care services took place was in 2015.

The proposed changes to the Adult Social Care charging policy aimed to ensure quality services can be provided to the residents of Cheshire East in a financially sustainable manner. The proposals for consideration were under the following sections:

1. Care at home
2. Extra Care Housing charges (including Monitoring and Response charge)
3. Income disregards (non-residential)
4. Interim charging
5. Charges for residential and nursing care
6. Telecare assistive technology
7. Full cost fee payers
8. Money management administration
9. Other changes

Survey responses

Both paper and online copies of the surveys were made available to respondents during the consultation period. A total of 284 online (including email) and 151 paper sectioned responses were received.

Please note respondents could complete each of the nine surveys so may not be distinct across these total counts, i.e., the total number of responses does not equal the total number of respondents. A total of 435 responses were received across all nine surveys with the following number of responses received for each survey individually:

Proposal	Total Response
Care at home	89
Extra Care Housing charges (including Monitoring and Response charge)	55
Income disregards (non-residential)	62
Interim charging	30
Charges for residential and nursing care	50
Telecare assistive technology	55
Full cost fee payers	41
Money management administration	28
Other changes	25

For demographics of respondents please see Appendix A.

Proposal 1: Care at home charges

The proposal

The council has recommissioned a number of social care services since 2015 and in addition has held charges at old rates without updating these to reflect cost or adding inflation. It was proposed that Cheshire East Council aligns charges to the rates paid for care services. This proposal was to introduce a standard charge inclusive of the policy 3% fee which reflects the true cost of care at home services provided to people in their own home.

The proposal was to move the hourly charge for care at home from the current £14.64 per hour to £23.40 per hour – this fee is based upon the average rate paid by the Council for care at home as of October 2023. It was also proposed that 30-minute and 45-minute calls will be charged as a division of the proposed hourly rate - £11.70 for a 30-minute call and £17.55 for a 45-minute call. This fee is to be reviewed if/when the price paid for care changes.

The number of people this proposal might affect:

- 462 people currently do not contribute towards their care at home services and therefore will be unaffected by this change.
- 570 people are receiving care which costs more than they are able to pay and therefore, these people will see no impact from this proposal.
- 310 people are likely to see their care costs increase because they pay the full cost of the care they receive or receive a low number of hours of home care and their financial assessment shows they have the means to pay more.

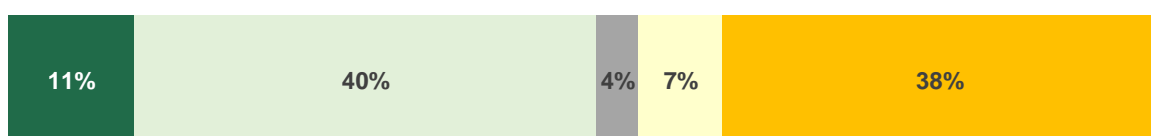
Overall views on the proposal

89 responses were received regarding this proposal with 10 being from individuals who receive care services from the council, 42 from carers or family members of someone who receives care from the council and 36 from other stakeholders.

21% of responses were from those who pay nothing for care, 65% who pay a contribution and 15% the full cost for their care.

Respondents were asked how strongly they agreed or disagreed with the care at home charges proposal, Figure 1 below presents a breakdown of responses to this question.

Figure 1: How strongly do you agree or disagree the council should introduce the "Care at home charges" proposal?



Total number of respondents 83

■ Strongly Agree ■ Tend to Agree ■ Neither Agree nor Disagree ■ Tend to Disagree ■ Strongly Disagree

42 of the 83 (51%) respondents who answered this question agreed to some degree that the council should introduce care at home charges with 33 respondents disagreeing (45%), making this proposal finely balanced among respondents.

Written comments about the proposal

Respondents were given the option to explain their reasoning and a total of 51 comments were left regarding this proposal a summary of which is presented below.

- Increase is too much, disagree with the proposal, couldn't afford to live and pay this (20 references)
- Agree this would be a fairer system, those who can afford to pay for care should do so (8 references)
- Standard of care is failing; Cheshire East should bring it in house to save money (4 references)
- Services not worth the money and ripping off Cheshire East Council, £23.40 hourly rate is too high, approach CCIL. Council rates should be competitive and commercially viable for both carer receivers and givers (5 references)
- Annual increase would be better rather than these large increases (3 references)
- Will increase risk for vulnerable people who don't want to pay the additional, increasing stress and strain on supporting family members and a heightened safeguarding concern (3 references)
- Social care should be funded by the government (3 references)
- Those that pay for care are subsidising the non-fee-paying majority which is not right or ethical (3 references)
- Paying for care that isn't being received/correct (2 references)
- The capital threshold of £23,500 has not been reviewed or increased for many years (2 references)
- Charges should be per apartment, not per person (1 reference)
- Benefits will not increase so couldn't meet the additional cost, disproportionately impacted by this (1 reference)
- Care at home is a valuable service which is appreciated (1 reference)
- Not sure how people will be affected, needs a fresh assessment (1 reference)
- Cost increases should lead to increased efficiency (1 reference)
- Given that a 2022 FOIA (freedom of information act) request by Cheshire DPAC (Cheshire Disabled People Against Cuts) revealed 1,623 residents were in arrears for non-residential or residential care charges, strongly oppose raising charges that could push more Disabled people into debt (1 reference)

Proposal 2: Extra Care Housing charges (including Monitoring and Response charge)

The proposal

Consultation within Extra Care Housing has already been undertaken in January 2019 to remove banded care charges and to move to an hourly rate charged based on actual delivery rather than planned care. The proposed hourly rate for Extra Care Housing is £22.15 this is based upon the actual cost to the Council for commissioning this care plus the policy 3% fee. In addition, the Wellbeing charge will end and a new Monitoring and Response charge will be introduced to each apartment at the rate of £25.00 subject to means. The Monitoring and Response charge supports the 24-hour on-site care provision.

The number of people this proposal might affect:

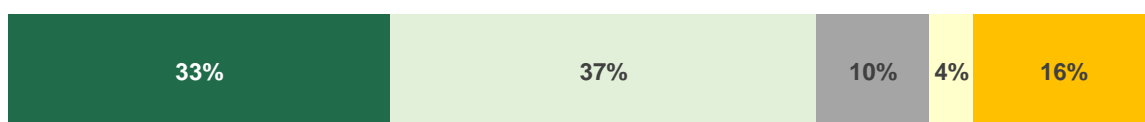
- All people who contribute towards their care through a banded system in Extra Care Housing will be affected by a move to an hourly provision charge and a monitoring and response charge per apartment, subject to means.

Overall views on the proposal

55 responses were received regarding this proposal with 15 being from individuals who receive care services from the council, 21 from carers or family members of someone who receives care from the council, 18 from other stakeholders, and 1 respondent who chose not to disclose this information. 11% of responses were from those who pay nothing for care, 80% who pay a contribution and 9% the full cost for their care.

Respondents were asked how strongly they agreed or disagreed that Cheshire East Council should charge for care in Extra Care Housing on an hourly rate, Figure 2 below presents a breakdown of responses to this question.

Figure 2: How strongly do you agree or disagree that Cheshire East Council should charge for care in Extra Care Housing on an hourly rate?



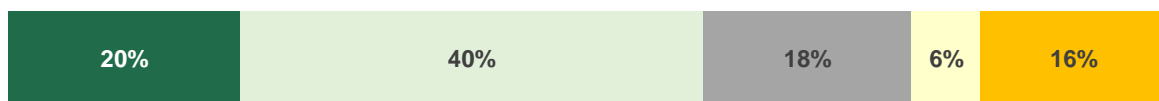
Total number of respondents 51

■ Strongly Agree ■ Tend to Agree ■ Neither Agree nor Disagree ■ Tend to Disagree ■ Strongly Disagree

36 of the 51 (70%) respondents who answered this question agreed to some degree that Cheshire East Council should charge for care in Extra Care Housing on an hourly rate with 10 respondents disagreeing (20%).

Respondents were asked how strongly they agreed or disagreed that Cheshire East Council should introduce a Monitoring and Response charge per apartment, Figure 3 below presents a breakdown of responses to this question.

Figure 3: How strongly do you agree or disagree that Cheshire East Council should introduce a Monitoring and Response charge per apartment?



Total number of respondents 50

■ Strongly Agree ■ Tend to Agree ■ Neither Agree nor Disagree ■ Tend to Disagree ■ Strongly Disagree

30 of the 50 (60%) respondents who answered this question agreed to some degree that Cheshire East Council should introduce a monitoring and response charge per apartment with 11 respondents disagreeing (22%).

Written comments about the proposal

Respondents were given the option to explain their reasoning and a total of 29 comments were left regarding this proposal, a summary of which is presented below.

- Cost should be per unit/apartment, not per person as costs are getting to be a worry (5 references)
- Poor service, carers don't pick up, never seen people from Radis, not paying for an hour when it's a 15-minute visit (5 references)
- Costs are too high, not enough money to live on (4 references)
- Not enough information given to consider the impact on service users for the change to hourly rate or the monitoring and response charge (4 references)
- Agree with the proposals (3 references)
- People should not be paying more than the actual cost of their care (3 references)
- The charge would result in a more accurate assessment of the costs involved (2 references)
- The charge should remain the same, extra should be put towards the care costs (2 references)
- Charge should depend on need and requirement, not the housing structure (2 references)
- Charging vulnerable people extra for monitoring services is wrong (2 references)
- If people can afford to pay for services, they should do so (1 reference)
- Increases in cost should lead to increased efficiency (1 reference)

Proposal 3: Income Disregards (non-residentials)

The proposal

At present, income disregards are based upon historic welfare working-age benefits with an additional 25% applied to the basic award amounts. The income disregard applied for residents over pensionable age is the applicable amount for Pension Credit plus 25%.

Cheshire East Council is proposing to change the way in which income disregards are calculated to align to amounts set by the Department of Health, known as the Minimum Income Guarantee.

Income disregards applicable to a resident are based upon individual circumstances such as age and benefit award. The proposal to change income disregards only applies to residents receiving care and support in the community.

The number of people this proposal might affect:

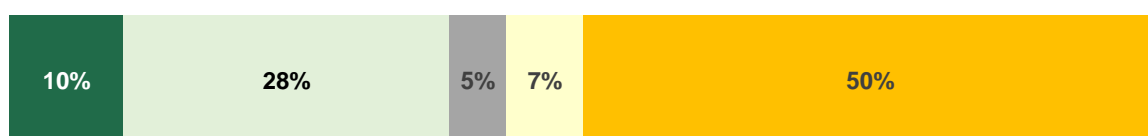
- Cheshire East Council currently charge around 2600 residents who receive non-residential care services. All of these residents have the potential to be affected by the proposed change to the income disregards which may result in an increase to their assessed contribution. Under the proposal, residents who have previously been assessed as making a nil contribution may be required to contribute to their non-residential care services.

Overall views on the proposal

62 responses were received regarding this proposal with 8 being from individuals who receive care services from the council, 34 from carers or family members of someone who receives care from the council, 19 from other stakeholders, and 1 respondent who chose not to disclose this information. 10% of responses were from those who pay nothing for care, 80% who pay a contribution and 10% the full cost for their care.

Respondents were asked how strongly they agreed or disagreed with the proposals in respect of changes to the income disregards. Figure 4 below presents a breakdown of responses to this question.

Figure 4: How strongly do you agree or disagree with the proposals in respect of changes to the income disregards?



Total number of respondents 60

■ Strongly Agree ■ Tend to Agree ■ Neither Agree nor Disagree ■ Tend to Disagree ■ Strongly Disagree

There was strong disagreement to this proposal with 34 out of the 60 (57%) respondents who answered this question disagreeing to some degree with the proposal.

Written comments about the proposal

Respondents were asked if they had any comments to make on this proposal, a total of 33 comments were left a summary of which is presented below.

- Disagree with the increase due to increasing costs for everything/cost of living crisis, would not be able to afford (19 references)
- Does not have enough money to live on currently, small capital has reduced month on month, cannot enhance this income (9 references)
- Would impact those on disability benefits greatly as these have not previously gone up in line with increased care costs (5 references)
- Agree with the proposal, due the financial position of the council tough decisions must be made (3 references)
- Implement a phased cap on any increase to prevent immediate hardship caused by the change (1 reference)
- The proposed increase is too high/excessive and not in line with anything (1 reference)
- Would pay more tax to see fewer charges to people in this proposal (1 reference)
- Maintain standard of care in regard to rising costs (1 reference)
- Targeting the wrong group for savings, should be going after fraudulent benefit claimants rather than this vulnerable group (1 reference)
- Council should take it at source rather than providing benefits and then taking it back through charges (1 reference)
- Explanation not clear, could not comment on the information provided (1 reference)
- Oppose, recommend freezing Cheshire East social care charges as a route to ends charging for all, as Hammersmith and Fulham, and now Tower Hamlets council have done (1 reference)



For people with severe disabilities who need a high level of care and have no possibility of adding to their income, the contributions to care cost consign them to a lifetime of poverty.



Proposal 4: Interim charging

The proposal

The Council proposed to implement interim charges and apply these in the first 6 weeks of care and support. Charges would be based on information the Council already holds or can access via the Department for Work and Pensions.

An initial 6-week charge would assume residents have the correct level of welfare benefit income in place, so that a nominal charge may be applied initially from the start of services for up to a 6-week period. This would be adjusted and backdated once the Financial Assessment has been completed and may be higher or lower than the interim charge. Council staff would support residents to access welfare benefit entitlement as part of the financial assessment process.

We are proposing this change to ensure all our customers are aware there will be a charge for social care services. This would prevent our residents receiving large backdated initial bills when the full financial assessment process cannot be completed prior to services commencing.

The number of people this proposal might affect:

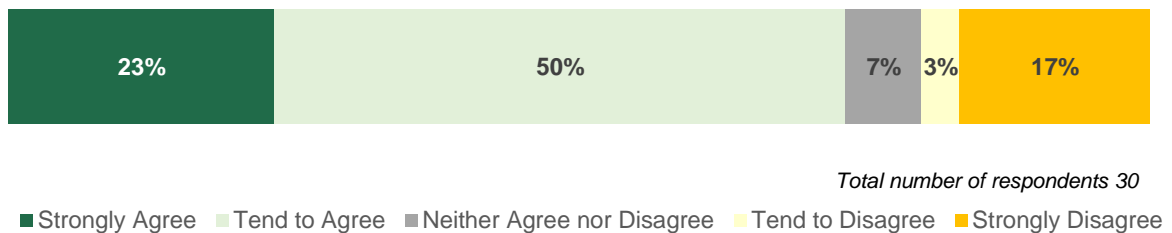
- Around 62 new residents are supported by Cheshire East Council Adult Social Care every week.

Overall views on the proposal

30 responses were received regarding this proposal with 3 being from individuals who receive care services from the council, 15 from carers or family members of someone who receives care from the council, 11 from other stakeholders, and 1 respondent who chose not to disclose this information. 35% of responses were from those who pay nothing for care and 65% from those who pay a contribution to care costs.

Respondents were asked how strongly they agreed or disagreed with the proposals to introduce interim charges for up to a 6-week period to avoid large, backdated bills for our residents. Figure 5 below presents a breakdown of responses to this question.

Figure 5: The Council proposes to introduce interim charges for up to a 6-week period to avoid large, backdated bills for our residents. How strongly do you agree or disagree with this proposal?



There was strong agreement to this proposal with 23 of the 30 (73%) respondents agreed to some degree with this proposal with only 5 respondents expressing any kind of disagreement.

Written comments about this proposal

Respondents were asked if they had any comments to make on this proposal, a total of 13 comments were left a summary of which is presented below.

- Much better plan/ sensible approach, avoids large, backdated bills which must be a worry (5 references)
- The interim payment should be set at an amount that is unlikely to result in a refund to the resident (1 reference)
- Deferring for two weeks to allow resident and family to deal with other matters due to change of circumstance, one less thing to sort (1 reference)
- Can't afford this (1 reference)
- No to back-dating, you're putting people in debt (1 reference)
- People aren't aware of what welfare benefit they can claim so will be at a disadvantage, financial assessment can take over 3 months so how can these be acted on within the six-week window without extra staffing? (1 reference)
- Fairer to charge all what is affordable, and from beginning of service. Currently full cost users are subsidising others who only pay for a fraction of care costs (1 reference)
- Improving information at the start would be of benefit, received a lot of wrong information and this caused distress (1 reference)
- Increase cost should mean increased efficiency (1 reference)
- How does this fit with both the discharge to assess approach and the CHC assessment? Processes will take longer than the six-week window (1 reference)

- Oppose, recommend freezing Cheshire East social care charges as a route to ends charging for all, as Hammersmith and Fulham, and now Tower Hamlets council have done (1 reference)

“

This is a much better plan if it avoids large back dated bills which must be very worrying for some residents and their families.

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Proposal 5: Charges for residential and nursing care

The proposal

The standard charge for residential and nursing care will be amended to reflect the average cost that the council pays.

The number of people this proposal might affect:

- Introducing a revised standard charge for residential and nursing care will not have any impact to the existing charges levied to residents for these services. This is because residents who are assessed to contribute towards their support in residential and nursing care will continue to do so. Full cost payers are already charged the same fee in which Cheshire East Council pays and this will continue.

Overall views on the proposal

50 responses were received regarding this proposal with 1 being from an individual who receives care services from the council, 32 from carers or family members of someone who receives care from the council and 17 from other stakeholders. 19% of responses were from those who pay nothing for care, 68% who pay a contribution and 13% the full cost of their care.

Respondents were asked if they had any comments to make on this proposal, a total of 36 comments were left a summary of which is presented below.

- Couldn't afford this, increased contribution out of minimal savings (7 references)
- Full cost payers are paying considerably more than CEC for care homes, unfair system for those who have worked hard and saved (5 references)
- More information needed, nothing to comment on, proposals are not clear (5 references)
- Any changes need to cover the full cost of care, so self-funding residents do not pay more and subsidise council residents (2 references)
- Increased charges should not mean someone who is settled should move to a different care home (1 reference)
- The fees should represent the true costs (1 reference)
- Thought should be given to existing contracts the council holds for residential care to ensure they deliver both value for money & are rates commercially available (1 reference)
- Need to see full transparency of charges, only recently discovered a hidden levy of £1 per £250 between £14,250 and £23,250, which is ensuring my mother's account actually reduces by c£25 per month in relation to her incomings (1 reference)
- Care standards in residential places could be improved, no enrichment activities and poor standard food, no enjoyment left in life (1 reference)

- The council would be better served improving the intrinsic fundamentals of the residential and nursing system looking to improve the system as a whole from communication through to accountability of providers rather than charging residents more, example given of were the care system has failed (1 reference)
- This necessary revision may prepare carers and those for whom they care (1 reference)
- Journey First is useless and dysfunctional, needs improving, they do not deliver and are out of touch with the needs of their clients (1 reference)
- Are the tariff rates being amended. What is the impact of the increase capital limit to £86k that was announced in the 22-23 Budget? (1 reference)
- Seems like picking on the vulnerable (1 reference)
- Standard rates and actual charges should be monitored against each other each year to enable optimisation of council spend (1 reference)
- Increased cost should lead to increased efficiency (1 reference)
- It shouldn't be a one charge fits all approach but should look at what is included in the whole of someone's care package and overall living costs. People who live in SLN's with care provided by Cheshire East Council staff have their utility bills included in the cost of their rent, people in SLN's provided by external providers such as 1st Enable have to pay their own utility bills in addition to their rent charges. Although they receive housing benefit this only covers the rent, therefore people who are in non-CEC SLN's have to pay more external costs than those in CEC SLNS (1 reference)
- Oppose, recommend freezing Cheshire East social care charges as a route to ends charging for all, as Hammersmith and Fulham, and now Tower Hamlets council have done (1 reference)

“*The new charges need to cover the full cost of care. Currently the council pays less than private care residents who pay a higher rate and effectively subsidise council funded residents.*”

Proposal 6: Telecare assistive technology

The proposal

Telecare consists of a range of devices such as a pendant alarm or lifeline which aim to keep people safe and independent in their home. The service also includes a call centre which checks that people are safe when telecare devices trigger alerts, and a mobile response service which can visit someone's home, for instance, when they need help after a fall.

The standard charge for the Telecare Service from Cheshire East Council is £5.00 per week. The council is proposing a change to this fee due to a national scheme which is taking place called the digital switchover.

This will increase the cost of the council running the Telecare service, which is an important reason why we've proposed a new Telecare charge.

The number of people this proposal might affect:

- Increasing the fee for Telecare Assistive Technology has the potential to impact 1,975 residents who are charged for this service.

Overall views on the proposal

55 responses were received regarding this proposal with 18 being from individuals who receive care services from the council, 23 from carers or family members of someone who receives care from the council, 11 from other stakeholders, and 3 from respondents who chose not to disclose this information. 10% of responses were from those who pay nothing for care, 50% who pay a contribution and 40% the full cost for their care.

Respondents were asked 'the Council is proposing 3 options for the increased fee for Telecare Assistive Technology. What do you think the charge should be?' Below shows a summary of responses to this question.

The Council is proposing 3 options for the increased fee for Telecare Assistive Technology. What do you think the charge should be?



Total number of respondents 46

38 of the 46 (86%) respondents who answered this question felt the charge should be £7.50 a week, no respondent felt the charge should be £12 a week.

Written comments about the proposal

Respondents were asked if they had any comments to make on this proposal, a total of 37 comments were left a summary of which is presented below.

- Even a cost increase to £7.50 from the current £5 represents a 50% increase, which appears excessive, disagree with the increase (22 references)
- People need to feel safe in their own homes to decrease the need for residential care, costs should be kept low so more people opt for it (11 references)
- An increase of £7.50 may be enough at this time, given the cost of everything else (8 references)
- Any cost increase should be kept to a minimum & be capped at the actual cost to the council in providing the service. (3 references)
- Will swap to a private company if the cost increases (3 references)
- The council should recover costs to improve services and financial assessments (1 reference)
- An increase of £1.00 would probably be acceptable. £130.00 per year is what a £2.50 additional cost would total and this is totally unacceptable for vulnerable people (1 reference)
- System paid for through Plus Dane Housing, would this mean a change to CE? (1 reference)
- System at Healthview does not work correctly, residents are paying for a system that does not work (1 reference)
- Service needs to improve, have previously waited 20 and then 60 minutes for an answer and based on this is not worth the increase, would pay for a quality service (1 reference)
- Charge should reflect the number of services used rather than a flat rate (1 reference)
- Not enough information to make an informed choice (1 reference)

I use telecare to maintain my health and my independence. Any increase in the charges will mean I will need to opt out of this service. The cost of living increase is already impacting on people who are disabled and the benefit level doesn't meet our needs as things currently stand.

Proposal 7: Full cost fee payers

The proposal

People who have capital over £23,250 are viewed as able to fund their own care. The council is required to offer people who have the means to pay for their own care an assessment to determine their eligibility for care services and, where the resident chooses, to commission services on their behalf. Often residents can benefit from the rates the council pays care providers. The council provides services to help people source their own care and support.

The council proposed that where an individual chooses to remain in contracted services provided by the council that a one-off arrangement fee of £100 is introduced and the current flat rate weekly fee of £3 per week is increased.

The number of people this proposal might affect:

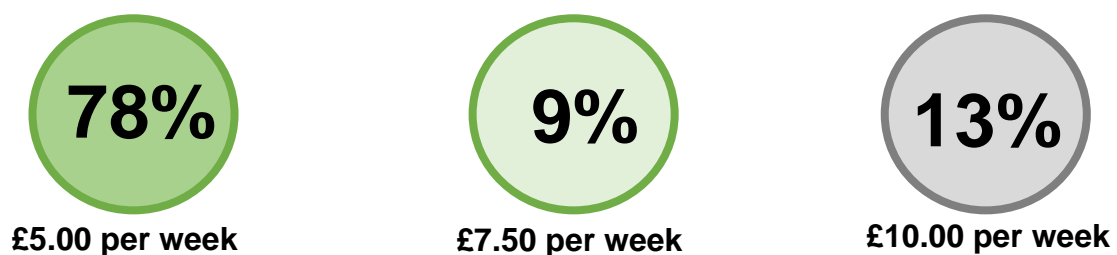
- The Council currently has around 180 people using Council services who are able to pay the full cost due to their capital and who would see an increase in their administrative fee under this proposal. A one-off arrangement fee for care sourcing would be applicable to residents that are new to Adult Social Care services.

Those who do not wish to pay increased fees will be signposted to information and advice to source their own care from the market if they choose not to use Council services in future.

Overall views on the proposal

41 responses were received regarding this proposal with 3 being from individuals who receive care services from the council, 20 from carers or family members of someone who receives care from the council, 15 from other stakeholders, and 3 respondents who chose not to disclose this information. 13% of responses were from those who pay nothing for care, 61% who pay a contribution and 26% the full cost of their care.

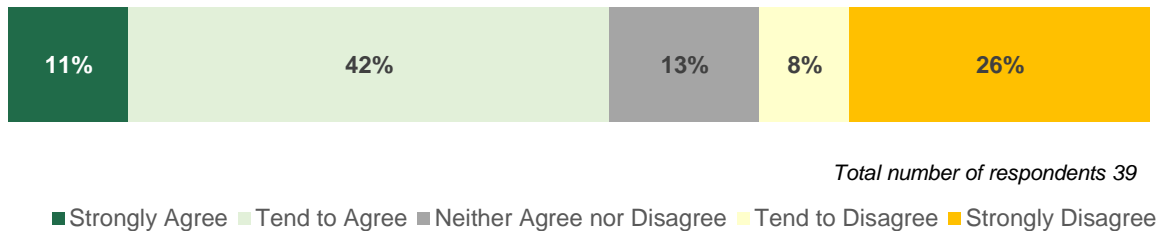
The Council is proposing 3 options for the increased fee for full cost administration. What do you think the charge should be?



Total number of respondents 32

25 of the 32 (78%) respondents felt that £5.00 per week charge was preferable. Respondents were asked “How strongly do you agree or disagree that Cheshire East Council should introduce a one-off arrangement fee for care sourced by the local authority?” Figure 6 overleaf presents a summary of responses to this question.

Figure 6: How strongly do you agree or disagree that Cheshire East Council should introduce a one-off arrangement fee for care sourced by the local authority?



20 of the 39 (53%) respondents agreed to some degree that Cheshire East Council should introduce a one-off arrangement fee for care sourced by the local authority, 14 respondents disagreed (34%).

Written comments about the proposal

Respondents were asked if they had any comments to make on this proposal, a total of 18 comments were left a summary of which is presented below.

- Against additional charges, society should be caring, pay taxes to cover this (6 references)
- A fair proposal for those who can afford this (3 references)
- Should only rise in line with inflation (2 references)
- The cost increases are excessive at 66% and 233% increase, people might not use the service (2 references)
- Houses should not be taken account during assessment (2 references)
- Providing the one-off arrangement fee/ how does this fee work, have concerns (2 references)
- Costs should be priced on individual needs as they vary (2 references)
- Charge to be allocated 3/6 months after receiving care due to the emotional trauma at the time (1 reference)
- Small weekly charge rather than a large increase (1 reference)
- Those who can afford to pay for their own care should do so and lessen the burden on the local authority (1 reference)
- Will this affect existing deferred loan agreements? (1 reference)
- At no point should this strategic consideration mean that individual Disabled citizens are unduly charged for services such as social care, which authorities are legally required to deliver.

“

I can see the logic here but my concern would be if this £100 would be payable whenever a new contract had to be found. We have experience of a care agency taking a person off their books during a 14 day hospital stay. I have heard that some agencies do not even wait that long.

”

Proposal 8: Money management administration

The proposal

Cheshire East Council offers a Money Management service as a corporate appointee to 451 people who lack the mental capacity to manage their own finances. Residents currently pay £11 per week towards the cost of this discretionary service. This proposal is to increase the weekly charge to £12 per week to cover the additional costs attributed to the increase in service delivery for this area. The proposal is to apply this consistently so long as it does not cause financial hardship.

Examples of the potential impact of this proposal:

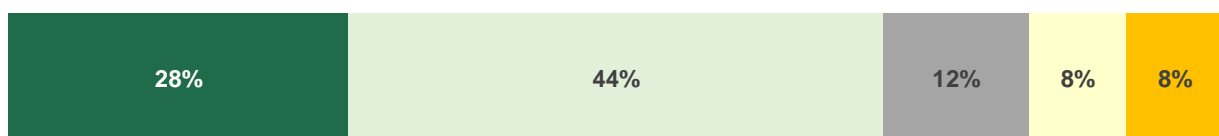
- The Council currently levies a flat rate fee for Money Management services to 451 residents for whom Cheshire East Council acts as their corporate appointee. All of these residents will be potentially affected by any proposed increase to the Money Management fee.

Overall views on the proposal

28 responses were received regarding this proposal with 4 being from individuals who receive care services from the council, 15 from carers or family members of someone who receives care from the council, 8 from other stakeholders, and 1 respondent chose not to disclose this information. 28% of responses were from those who pay nothing for care and the other 72% paid a contribution to their care costs.

Respondents were asked ‘how strongly do you agree or disagree that Cheshire East Council should increase fees for Money Management services from April?’ Figure 7 below presents a summary of responses to this question.

Figure 7: How strongly do you agree or disagree that Cheshire East Council should increase fees for Money Management services from April?



Total number of respondents: 26

■ Strongly Agree ■ Tend to Agree ■ Neither Agree nor Disagree ■ Tend to Disagree ■ Strongly Disagree

18 of the 26 (72%) respondents ‘agreed’ or ‘strongly agreed’ that Cheshire East Council should increase fees for Money Management services from April with only 5 respondents disagreeing to any degree with this.

Written comments about the proposal

Respondents were asked if they had any comments to make on this proposal, a total of 11 comments were left a summary of which is presented below.

- Okay if the rise is in line with inflation (2 references)
- As a discretionary service the cost should reflect the actual cost to the council to provide, however the rate should also be kept competitive to rates commercially available/ should be in line with minimum wage (2 references)
- A lot of elderly people appoint their own related power of attorney (1 reference)
- Those who can afford to pay for service should do so (1 reference)
- Taxes should support this service as individual's are likely vulnerable in other ways and need support (1 reference)
- Cost increases should be reflected in increased efficiency (1 reference)
- Reasonable option if rises won't cause financial hardship (1 reference)
- Once the service is set up surely the work is finished (1 reference)
- Oppose, recommend freezing Cheshire East social care charges as a route to ends charging for all, as Hammersmith and Fulham, and now Tower Hamlets council have done (1 reference)

“

As a discretionary service the cost should reflect the actual cost to the council to provide, however the rate should also be kept competitive to rates commercially available

”

Proposal 9: Other Changes

The proposals

Annual fee review

It is proposed that the Council completes an annual review of charges in line with fees paid for adult social care services. A review would ensure the fees levied to residents reflect the cost paid by the council.

Adult Social Care charging policy review

The Council's Adult Social Care charging policy will be reviewed to update on the proposed changes along with a full refresh of wording to ensure the policy reflects updated legislation and practice.

Most specifically the charging policy will be divided to cover non-residential charging and residential charging separately. The refreshed policies will include key updates on the current practice in respect of billing, transport arrangements and Adult Social Care debt.

Overall views on the proposals

25 responses were received regarding this proposal with 3 being from individuals who receive care services from the council, 11 from carers or family members of someone who receives care from the council, 9 from other stakeholders, and 2 from respondents who did not disclose this information. 43% of responses were from those who pay nothing for care, 50% who pay a contribution and 7% the full cost of their care.

Respondents were asked if they had any comments to make on these proposals, a total of 21 comments were left a summary of which is presented below.

- Increased charges annually but not as large increases such as the proposed 60% for care at home (7 references)
- Please consult with Scope and Disability Rights UK to protect and increase the disregard amount for under retirement age disabled people who will struggle to meet the cost increase. They will be disproportionately affected and need additional consideration (2 references)
- Policy should be clear and simple (2 references)
- Proposal is reasonable but a cap on increases payable in any year should be introduced (2 references)
- Would welcome Cheshire East Council aligning to other local authority commissioners of care but ensuring fees keep pace with inflation (1 reference)
- Service is valued would agree with an increase in annual fees to retain it (1 reference)
- Consideration to affordability of all increases that may impact an individual should be given rather than each increase in isolation (1 reference)
- Cost should be reviewed on an annual basis, review also does not mean increase only (1 reference)

- Prices on care homes should be charged with facilities in the home, if nothing extra provided then charges should be lower (1 reference).
- Charge of independent living – would be a relief to pay per flat (unit) not per person as cost increase is a worry (1 reference)
- Cost increase should lead to increased efficiency and accountability at Cheshire East, negative opinion of it (1 reference)
- Reviews will be a good thing (1 reference)
- Oppose in the strongest terms any proposals to raise charges that could push more Disabled people into debt (1 reference)

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As Disabled people, we know our lives are not valued equally to others, and more proposals that do not freeze or lower costs or which propose service reductions will cut us off from our communities, prevent us from getting the care and support we need, and ultimately may cut many of our lives short, all in service of a spreadsheet somewhere in Sandbach.

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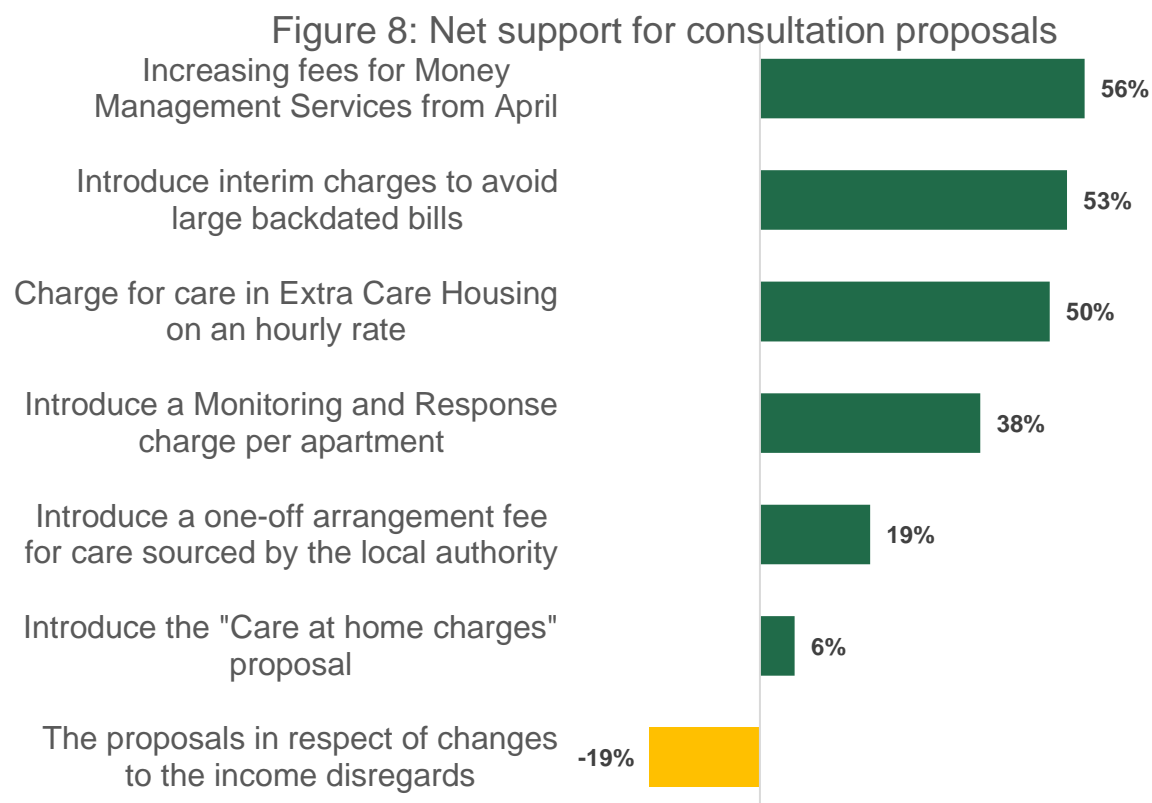
Conclusions

Overall levels of support and opposition to proposals

Figure 8 below shows the 'net support' for each of the proposals in the consultation. Net support is calculated by taking the total who 'strongly agree' or 'tend to agree' to a proposal and then detracting those who 'tend to disagree' or 'strongly disagree.'

Some proposals such as "increasing fees for money management services" or "introducing interim charges to avoid large, backdated bills" have good overall levels of net support of over 50%.

Other proposals received less net support, and even net opposition, including "the proposal in respect of changes to the income disregards" (-19% net opposition) or the proposal to "introduce the 'care at home charges'" (6% net support). All proposals receiving low levels of net support should be carefully looked at to consider whether they should be taken forward, or whether they need refining.



Core themes arising from the written comments feedback

A core theme across the open comments was concern around finance, especially when looking at large percent increases on fees being paid. There was a general sentiment that mitigation for this should be in place such as smaller annual increases rather than large price hikes. There was great concern from those on a fixed income, with no way to enhance this as it would directly take from the money needed for basics, at a time of a cost-of-living crisis when money was already tight.

Concerns were also expressed around the standard of care being received such as care calls being cut short, poor standards of care or paying for services that were not being provided and this may require further investigation and review.

This consultation report should be considered by the relevant team alongside any other available evidence and reports when making decisions on the Adult Social Care Charging Policy.

Appendix A: Demographics

Demographics provided are **combined** totals across all nine sections, this means that a single respondent could be counted under each section a maximum of nine times and therefore totals are not distinct counts.

It was not possible to generate a distinct count for the online surveys as no identifiers were present across responses to different surveys.

Organisational responses were received from: Macclesfield Town Council, Middlewich Town Council, Hatherton and Walgherton Parish Council, Cygnet Social Care, David Lewis Centre, Advantage (Cheshire) Ltd, Right at Home and Disability Rights UK.

Gender	Count	Percent
Female	231	53%
Male	112	26%
Prefer not to say/ Not disclosed	92	21%
Grand Total	435	100%

Age	Count	Percent
16 – 24	<10	1%
25 – 34	<10	1%
35 – 44	17	4%
45 – 54	43	10%
55 – 64	107	25%
65 – 74	83	19%
65 – 84	28	6%
85 and over	56	13%
Prefer not to say/ Not disclosed	89	20%
Grand Total	435	100%

Day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months including problems related to old age	Count	Percent
Yes	141	32%
No	164	38%
Prefer not to say/ Not disclosed	130	30%
Grand Total	435	100%