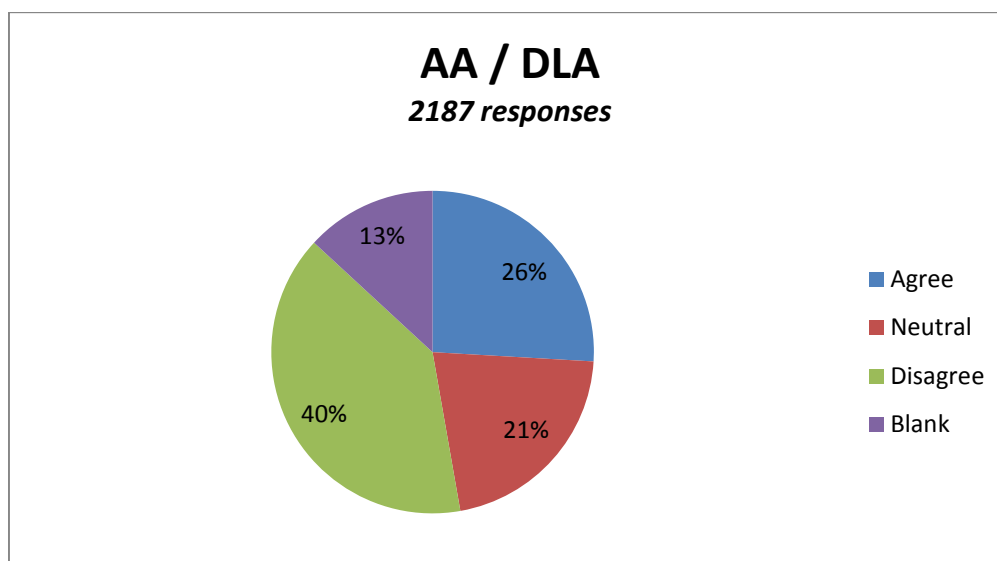


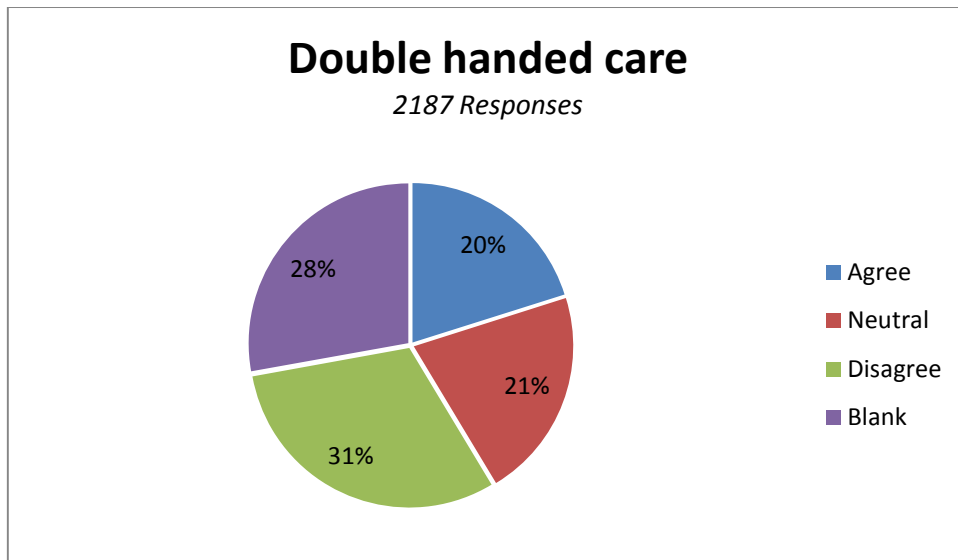
**CHANGES TO CHARGING ARRANGEMENTS FOR
COMMUNITY BASED ADULT SOCIAL CARE**

UPDATE ON FINAL RESPONSES

- 1 This is a supplementary note to update for the final responses received during the consultation on proposals to change the charging arrangements for community-based adult social care services
- 2 By the end of the consultation period (31 December 2017) there were 2,187 responses to the questionnaire representing a response rate of 22.7 per cent. The consultation phone line received 617 calls as of 14 December. This is an update of paragraph 2.6 of the report.
- 2 The final results for each of the five proposals were:
 - 2.1 Proposal One: to take the higher rate of Attendance Allowance and Disability Allowance into account when calculating contributions - updates for paragraphs 4.8 and 4.9

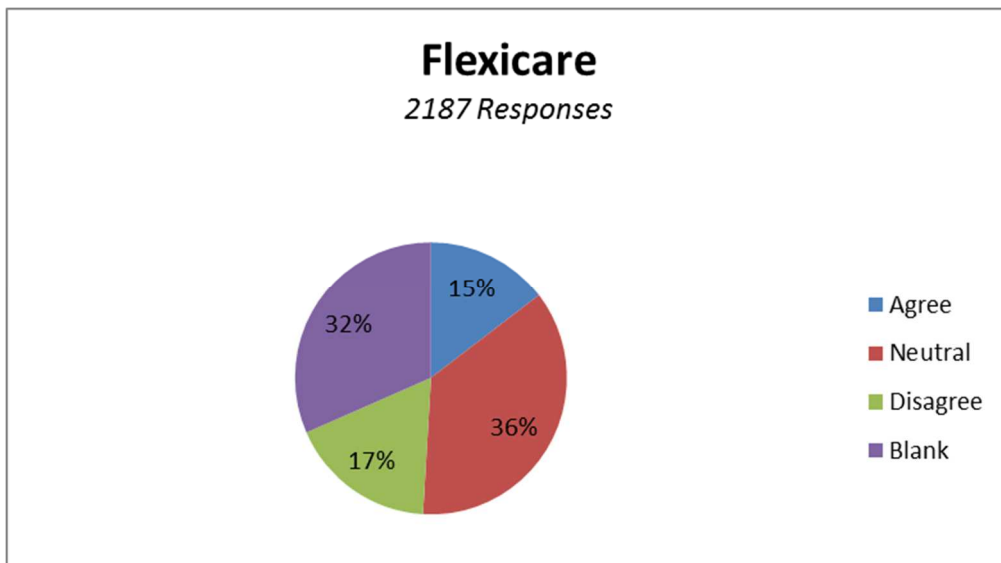


- 2.2 This was the proposal with which there was the most disagreement with 40% or 867 people disagreeing or strongly disagreeing with the proposal. Twenty-six percent of people agreed or strongly agreed.
- 2.3 Proposal Two: 'Double Handed' Care (having more than one carer at a time); updates for paragraphs 4.28 and 4.29



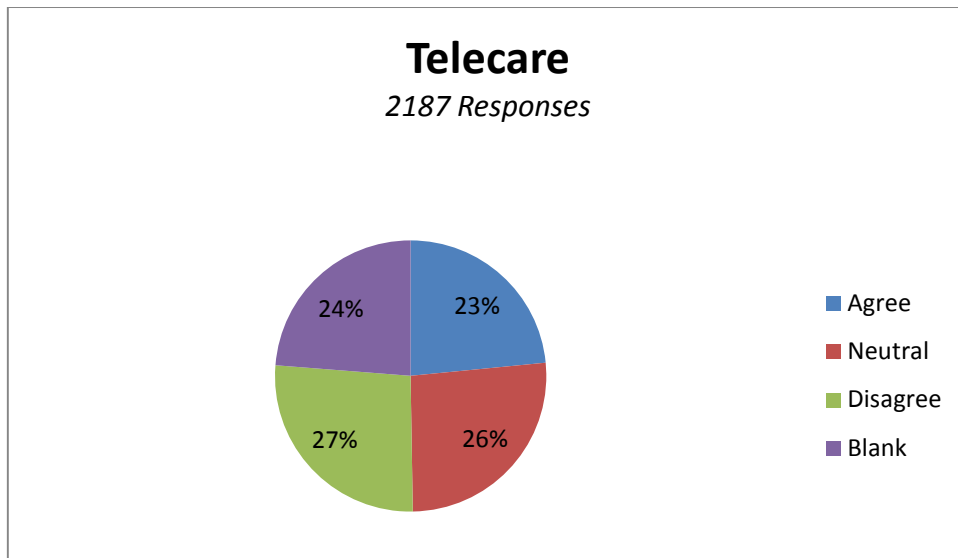
2.4 There was a spread of views between agreeing or strongly agreeing (20 per cent), being neutral (21 per cent), and disagreeing or strongly disagreeing (31 per cent).

2.5 Proposal Three: 'Flexicare' Accommodation Bandings (updates for paragraphs 4.37 and 4.38)



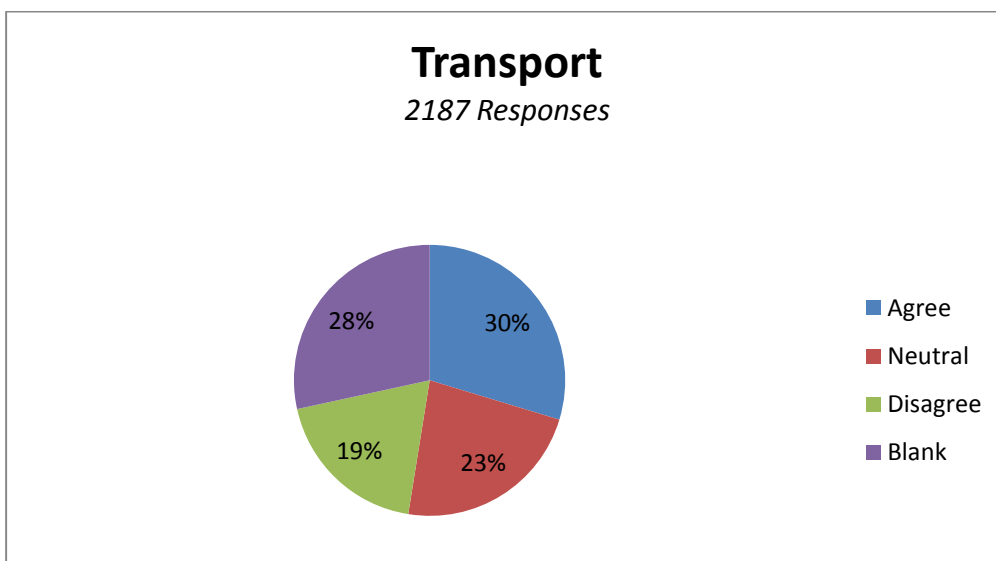
2.6 This proposal generated the highest level of 'neither agree nor disagree' (36 per cent) or blank responses (32 per cent) which is likely to be a result of there being relatively small numbers of people who live in flexi-care and therefore potentially affected by the proposal. Fifteen per cent of respondents either 'strongly agreed or agreed' with the proposal, whereas seventeen per cent 'disagreed or strongly disagreed'.

2.7 Proposal Four: Telecare (updates for paragraphs 4.42 and 4.42)



2.8 The pie chart shows a relatively even split of views across respondents, with 23 per cent agreeing or strongly agreeing with the proposal and 27 per cent disagreeing or strongly disagreeing. Half of the respondents had a neutral view or left this question blank.

2.9 Proposal Five: Transport (updates for paragraphs 4.48 and 4.49)



2.10 This was the proposal which had the highest number of people who strongly agreed or agreed with the proposal at 30 per cent. Nineteen per cent of respondents disagreed or strongly disagreed with the proposal with 51 per cent leaving this question blank or giving a neutral response.

2.11 Updates to Appendix A

Updated Table 1: Breakdown of respondents to questionnaires

Who responded?	Numbers
A service user	1007
A representative of a service user or carer	1020
Someone else (for example, if you work for a voluntary organisation)	62
Left blank	98
	2187

Updated Table 2: Breakdown of responses to questionnaires

Proposal	Agree	Neutral	Disagree	Blank	Total
AA / DLA	567	466	867	287	2187
Double handed care	440	465	673	609	2187
Flexicare	320	794	383	690	2187
Telecare	513	575	580	519	2187
Transport	649	500	417	621	2187

Updated Analysis of Narrative Responses

There were 422 narrative responses which were unsure or neutral in nature.

Favourable responses are analysed in this table:

Table 3: Nature of Favourable Responses to questionnaires

Nature of Response	Number of comments
Proposals will lead to improved equity for what is charged	95
It is reasonable that a more realistic price should be paid if it can be afforded	243

Unfavourable responses are analysed in this table:

Updated Table 4: Nature of Unfavourable Responses to questionnaires

Nature of Response	Number of comments
Level of financial impact will be severe	299
Unfairness / inequity of proposals	205
Penalising those with higher needs	161
Questioning applicability of using of Attendance Allowance and Disability Living Allowance to pay for care & whether this is lawful under the Care Act	147
Risk of people deciding that they can no longer care	138

Nature of Response	Number of comments
for someone, with the person then needing residential care at a higher cost/ or that independence will be undermined resulting in higher costs; preventative benefits will be lost	
Unfairly targeting disabled, poor and vulnerable and people who have worked hard / paid taxes / saved	110
It is more expensive to live with a disability	89
Alternative ways should be found to balance the books	84
People may decline services based on cost	78
The proposed increases are too high	63
The survey is not a fair process / bureaucratic	32
Current charges already unfair	27
Increases will not be matched by quality improvements	24
Impact / distress on people and their carers	22
The council now allows less Disability Related Expenditure; the council should do more to clarify entitlements	8
Should exclude people in 'End of Life' situations	1