

HERTFORDSHIRE COUNTY COUNCIL

CABINET

MONDAY 22 JANUARY 2018 AT 2.00PM

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

Agenda Item
No.

8

Report of the Director of Adult Care Services

Author:- Helen Maneuf, Assistant Director Planning &
Resources (Tel:01438 845502)

Executive Member:- Colette Wyatt-Lowe – Adult Care and Health

1. Purpose of report

1.1 To advise Cabinet of the results of the public consultation on proposals to change how the Council charges for non-residential (community based) adult social care services.

2. Summary

2.1 The Council last reviewed its policy for charging for non-residential (community based) adult social care services in 2010.

2.2 Since then the national charging framework has been updated by The Care Act 2014, The Care and Support (Charging and Assessment of Resources) Regulations 2014 and The Care and Support Statutory Guidance. In addition, a number of anomalies have been identified by officers in respect of how charging is applied; it is therefore timely to revisit the Council's arrangements. Further, there is sustained pressure on funding for adult social care.

2.3 The Council wishes to continue to provide a wide range of services to as many people as possible and to collect a fair contribution towards them. A review of the Council's current charging policy was conducted by officers and a number of possible amendments were identified.

2.4 A formal consultation exercise was then carried out over a twelve week period in October to December 2017. Every service user who has had a financial assessment and currently receives a non-residential care service from Adult Social Care was written to, in order to seek their views; a total of 9,632 letters were sent and included a personalised financial statement setting out the potential impact for them based on the information held.

2.5 An online version of the questionnaire and a dedicated consultation phone line were made available. Three public consultation events were

held with a total of 49 people attending, and the Director of Adult Care Services presented to the Carers' Rights Day seminar on 24 November to discuss the proposals.

- 2.6 At the time of writing this report there were 1,908 responses to the questionnaire representing a response rate of 19.4 per cent. The consultation phone line received 606 calls.
- 2.7 Views from the consultation are attached at Appendix A and summarised in the main report. Appendix B contains the new charging policy reflecting the recommendations in section 3 below. A supplementary note is attached at Appendix D on the final responses received during the consultation on proposals to change the charging arrangements for community-based adult social care services.
- 2.8 In addition to the summary of responses provided in the report, the entire set of narrative responses received has been made available to Members in the Members' Reading Room. Any further updates will be reported verbally at the Panel meeting.

3. Recommendations

- 3.1 The Adult Care and Health Cabinet Panel considered a report on this item of business at its meeting on 10 January 2018. The Panel recommended to Cabinet that the following changes to the Council's policy charges for non-residential (community based) adult social care services be made, to take effect from 15 April 2018:
 - i) to include the Higher Rate of Attendance Allowance and Disability Living Allowance ONLY where people receive care to meet night time needs, when determining how much they can afford to pay towards their cost of care;
 - ii) for people receiving 'double-handed care', to charge based on the cost of both care workers providing the service, rather than only one as at present – to their maximum assessed contribution;
 - iii) to change the charging base for people in flexi-care accommodation:
 - For people in the 'low needs' band to three hours per week
 - For people in the 'medium needs' band to 8.5 hours per week
 - For people in the 'high needs' band to fifteen hours per week

- iv) to charge a weekly fee of £3.25 for users of telecare services provided by Serco who do not receive any other social care services;
 - v) To charge £2 per journey or £4 per day for transportation to and from day care;
- 3.2 The revised charging policy (which incorporates the changes referred to in 3.1) annexed as Appendix B to the report be adopted and the Director of Adult Care Services in consultation with the Executive Member for Adult Care and Health being authorised to make any minor amendments necessary to give effect to Cabinet’s decisions and to ensure consistency throughout the document.
- 3.3 Having noted the feedback provided within the consultation, to review the arrangements for Disability Related Expenditure (DRE) to ensure that there is clarity and consistency in relation to the allowances made for this expenditure, the Director of Adult Care Services be requested:
- (i) to contact the people who, based on current information held about their financial situation, are estimated to be required to pay significantly more through the changes to the policy, to explain the changes, ensure they understand the personal implications and offer them a financial reassessment;
 - (ii) to undertake on-going monitoring for people cancelling their care services because of increases in the amounts they are asked to contribute, and provide an update to the Adult Care & Health Cabinet Panel in due course.

4. Background

- 4.1 The current charging policy for community based services is available on the internet at the following location:

[Paying for your care costs | Hertfordshire County Council | www.hertfordshire.gov.uk](http://www.hertfordshire.gov.uk)

- 4.2 Since the current policy was set in 2010, the national charging regime for adult social care has been amended by the implementation of The Care Act 2014 and The Care and Support (Charging and Assessment of Resources) Regulations 2014 (“the Regulations”) and The Care and Support Statutory Guidance (“the Guidance”).

Section 14 of the Care Act 2014 alongside the Regulations and the Guidance provides a single legal framework for charging for care and support where a local authority arranges care and support to meet a person’s needs. Section 17 of the Care Act provides for a financial assessment of an individual’s resources to determine the level of financial contribution when a local authority charges for the services

that it provides. The overarching principle is that people should only be required to pay what they can afford.

- 4.3 The Guidance and Regulations provide for individuals to have a level of guaranteed minimum income which is set by the Department for Work and Pensions (DWP), and is intended to cover an individual's daily living costs.
- 4.4 Officers reviewed the Council's current charging arrangements and developed proposals in five areas. The Adult Care & Health Cabinet Panel was advised of these and of the plans for consultation on the proposals at their meeting on 8 September 2017, the details can be viewed using the following link:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/731/Committee/16/Default.aspx>

- 4.5 The next section of the report discusses each proposal and sets out the responses received. The overall response numbers and the breakdown of respondents are set out below:

Who responded?	Postal	Online
The service user	866	47
A representative of the service user or carer	742	113
Someone else (for example, if you work for a voluntary organisation)	30	23
Left blank	73	14
	1711	197

Proposal One: Higher Rate Attendance Allowance and Higher Rate Disability Living Allowance (Care Component)

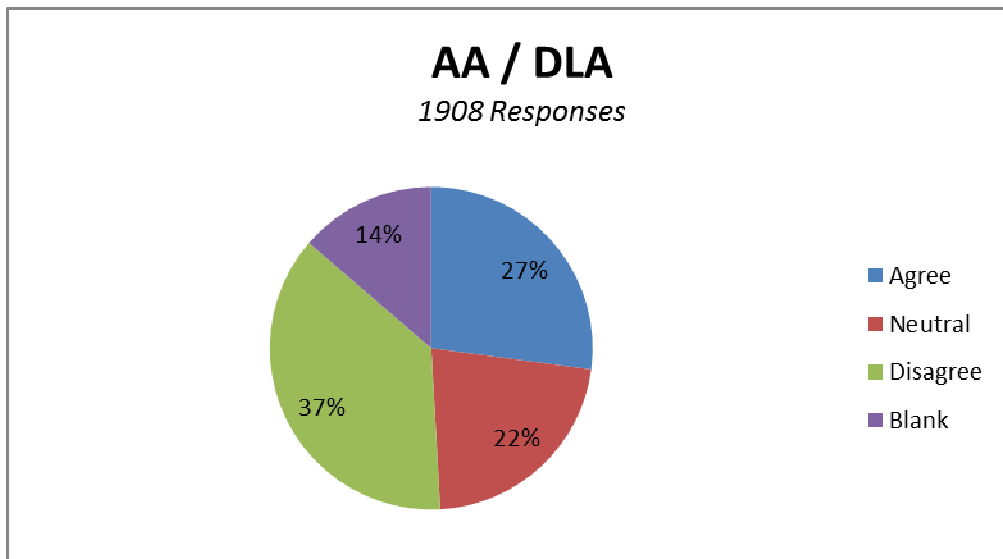
<https://www.gov.uk/attendance-allowance/overview>

<https://www.gov.uk/dla-disability-living-allowance-benefit/overview>

- 4.6 Both Attendance Allowance (AA) and Disability Living Allowance (DLA) are benefits awarded to enable an individual to pay towards the cost of their care. DLA was introduced in 1992 to help with the extra costs associated with disability although not intended to be spent on any specific purpose; and was for people aged under 65. Attendance Allowance (AA) then became the main benefit payable to people who first become disabled on or after the age of 65.
- 4.7 The consultation proposed that when working out how much an individual can afford to pay for social care the council would take into account both the higher rate of AA and DLA (Care Component)

whereas at present these are 'disregarded'. This proposal would bring Hertfordshire into line with other local authorities in the region and nationally.

- 4.8 People were asked their views about each proposal. The responses to the questionnaire for this particular proposal are shown in the pie chart below:



- 4.9 This was the proposal with which there was the most disagreement with 37% or 706 people disagreeing or strongly disagreeing with the proposal. Twenty-seven percent of people agreed or strongly agreed.
- 4.10 Favourable responses generally reflected back views that AA and DLA are awarded for care costs and that it was considered reasonable to ask those that could afford it to pay for care in this way:

"This seems to be a reasonable proposal where, as you say, the attendance allowance and disability living allowance are awarded to enable an individual to contribute towards their care costs."

- 4.11 Where respondents were not in favour, the narrative responses to the questionnaire emphasised the inadequacy of AA and DLA to cover the costs of daily living associated with disability and that people might otherwise need more intensive forms of care. Responses also pointed out the impact on carers:

"Everyone knows that the care component does not just cover personal care costs. It supports the cost of living in general and taking funds away will seriously impact the ability to care for an individual at home. In our case it would mean the cared for would need residential care and that would be a cost to the council."

"The attendance allowance is used for my husband's needs. All the attendance allowance my husband receives is used for him, for his care and comfort, bathing,

washing his clothes, bedding all his personal needs he has dementia, is double incontinence, which all I do for him as his wife. I have enough to worry about without worrying about where the money is coming from.”

“The true cost of caring for a severely disabled person far outweighs the sum received when in receipt of the DLA and Attendance Allowance. In fact all this will do is place more pressure upon the clients family who undertake the care responsibilities and consequently already carry the bulk of the financial burden.”

- 4.12 This area was the key area of discussion at the public consultation meetings. Specific comments on the proposal from the public consultation were:

“My son already pays for 24/7 care; the increase will mean he will only have £40 pm to live on. How will he pay for his activities and how will this impact on his mental well-being?”

“The contribution will go up by 170%, but the DLA won't go up by this much.”

“My son’s contribution is £82.62 per week and will rise to £110.08 which is a significant increase. He likes to go out; if he has no money left how will he be able to do so? He suffers from depressions.”

“My daughter will not be able to stay in her Council flat and will have to go into residential care if charges increase, and she only has the guaranteed minimum to live on.”

- 4.13 There was a level of concern about the impact upon younger adults with disability where families may be continuing to provide care, and about the risks that this change may mean that families and service users would consider residential care as a result. A risk was also communicated that people’s social care needs would increase as a result of having less money to spend on getting out and about.
- 4.14 People also raised concerns that the higher rates of AA and DLA were intended to be provided for night time cover, and that it was therefore unfair to take these into account where the council was not providing support with night time needs:

“Attendance Allowance and Disability Living Allowance care component were not introduced 'to enable an individual to pay towards the cost of their care.' They were introduced, according to Hansard, to help with the additional costs of living if you have a disability. ... In addition, the higher rates of AA and DLA care are only payable to claimants who have night time needs.”

- 4.15 The proposals outlined that the council’s intention was to align the treatment of AA and DLA with how the council already treats Personal Independence Payments (PIP). PIPs were introduced as a new benefit from 8 April 2013. PIP is being implemented on a phased basis, and

will eventually fully replace Disability Living Allowance DLA for people aged 16 to 64; the current government timetable is that this will be completed by the end of 2018. People who were aged 65 or over on the 8 April 2013 remain on DLA if entitled to it on that date.

- 4.16 Feedback was received that PIP did not make a distinction between day and night time needs, and so was different from AA and DLA:

“Personal independence payment does not take into account night time needs. It is therefore untrue to say that the change would align how the council treats AA and DLA (Care Component) with how the Council already treats Personal Independence Payments¹, which are taken into account in full.”

- 4.17 Carers in Herts also make this point in their response to the consultation:

“...in order to be eligible for the higher rate care components of DLA and AA, people have to demonstrate that they need help and supervision throughout both day and night, or that they are terminally ill. In the case of PIP there is no eligibility requirement to demonstrate the need for assistance throughout the night – the Department of Work and Pensions decides whether someone is eligible for standard or enhanced rate PIP on the basis of the level of extra help and support they need with daily living...”

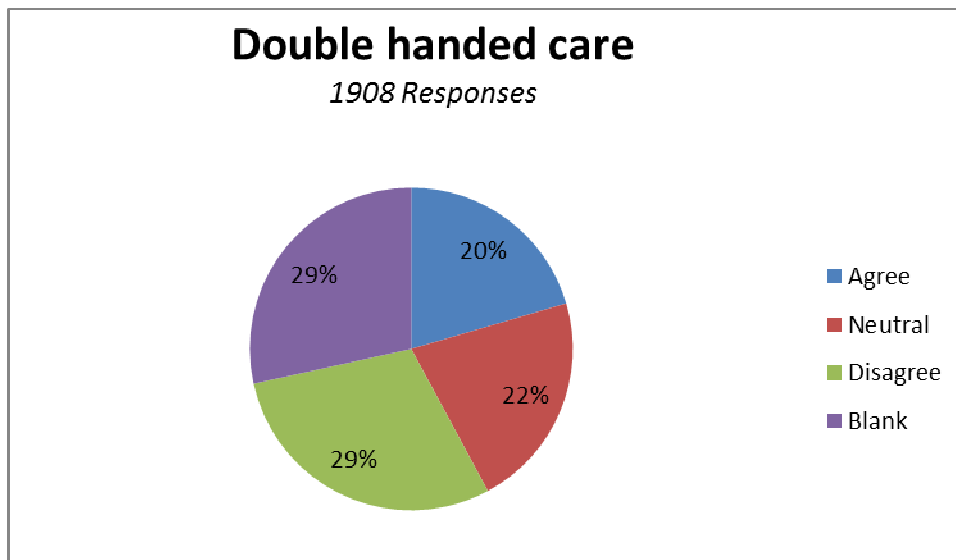
- 4.18 Whilst the Care Act guidance is clear that AA and DLA can be taken into account it does not go into detail about the specific treatment required for the different levels of these benefits.
- 4.19 Carers in Herts also make the following point in their consultation response: “We also consider that it would have been appropriate to align the PIP assessments with the approach to DLA and AA assessments and disregard the difference between the standard and enhanced rates. This is because it is likely that the enhanced rate is being paid to those with more severe disabilities who may well need support with care needs at night. We believe that the failure to acknowledge this simply disregards the support that many family carers are providing, particularly at night.”
- 4.20 Listening to and reflecting on the consultation feedback on the impact on families in caring situations, and the requirement to have night time care needs to qualify for the higher rates of AA and DLA it is now proposed only to take higher rates of AA and DLA into account when people have night time care needs.
- 4.21 The Council intends to continue to look at the impact of the change from DLA to PIP on a case by case basis as and when people transfer onto PIP, as is its current approach.
- 4.22 During the public consultation there was also significant discussion about the Council’s approach to certain allowances or ‘Disability Related Expenses’ which are off-set against the charge paid. There was feedback that the Council’s approach to DRE had changed over

time so that fewer items were now allowed to be claimed under DRE; and that it was not always clear what was allowed to be claimed.

- 4.23 In response officers are proposing to review the arrangements for DRE to ensure clarity and consistency, and to report back to the Adult Care & Health Cabinet Panel on the results of this review.

Proposal Two: 'Double Handed' Care (having more than one carer at a time)

- 4.26 In some instances more than one carer is required to assist people at the same time (sometimes known as 'double handed' care). Currently, the Council applies a charge as if only one carer is present. In other words, the Council ignores the costs of the second carer when deciding how much should be charged.
- 4.27 The consultation proposal was that charges for double handed care are based on the cost of both carers providing the service, but only up to the maximum amount people are assessed as being able to pay.
- 4.28 The responses to the questionnaire for this proposal are shown in the pie chart below:



- 4.29 There was a reasonably balanced spread of views between agreeing or strongly agreeing (20 per cent), being neutral (22 per cent), and disagreeing or strongly disagreeing (29 per cent).
- 4.30 Where respondents disagreed with the proposals, the general thrust of the narrative comments was around the issue that people should not be penalised financially simply because they had higher needs. This comment sums this up:

“Facing a disability is traumatic enough and the severity of the disability isn't determined by the unfortunate individual. So, the individual should not be penalised for having a condition that requires two carers. The individual is already feeling a loss of independence, dignity and embarrassment. Knowledge of the possibility of withdrawal of support could, potentially, lead to requiring even greater support.”

4.31 Carers in Herts also made this point in their consultation response:

“the service user has no choice but to use this level of service if they are to remain safely in their own homes. The alternatives would be admission to residential care where more staff are on hand as needed or a heavier role for the family carer if available. We therefore object to this proposal – as particularly discriminatory towards the most disabled people and likely to discourage people from remaining in their own homes.”

4.32 The practice of allowing the second carer free of charge is unique to Hertfordshire as far as is known, and the approach is particularly advantageous to full cost charge payers who ask the Council to arrange their care.

4.33 Given the feedback received, the position of other similar local authorities and the opportunity for full cost payers to consider alternative solutions (or to be re-assessed on request) it is recommended that the original proposal to charge for the second carer in double-handed care situations is approved.

Proposal Three: ‘Flexicare’ Accommodation Bandings

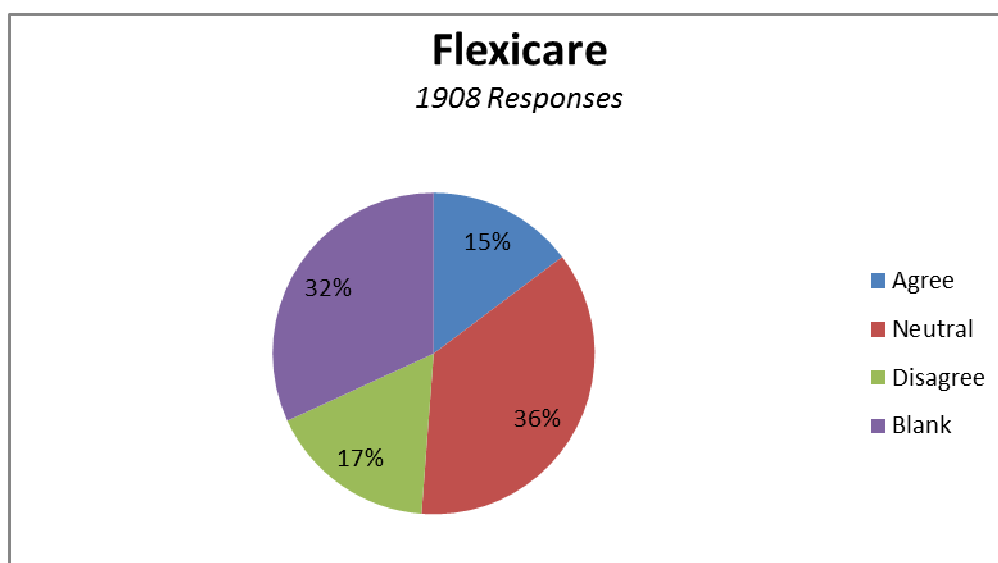
4.34 Some accommodation provision includes care provision, and one of these services is called ‘Flexicare’. Flexicare provision is based on levels (or bands), which reflect the level of care required by an individual. People’s financial contributions are also based on these bands and the contribution is levied at the ‘mid-point’ of the band so a fixed amount is paid regardless of how many hours are provided within the range.

4.35 Feedback from social workers and providers, together with a review of commissioned packages, demonstrates that the overall needs profile of people in Flexicare has increased over recent years and continues to rise. Over time, provision has graduated to the high end of each care band. This means that the current way of setting contributions at the mid-point of the care band no longer appropriately reflects the hours of care typically being delivered to an individual.

4.36 The consultation exercise therefore included a proposal to change the charging base for the Flexicare bandings to set the charges assuming that typically a higher number of hours of care is required:

Current Band	Hours	Current Charging Base (assumed mid-point)	Proposed new Charging Base	Weekly Increase as indicated by financial modelling
Low	0-3	1.5	3	2,781.97
Medium	3-10	7	8.5	2,508.62
High	10+	14	15	421.36
Weekly Increase				5,711.95
Annual Increase				297,821.07

4.37 The responses to the questionnaire for this proposal are shown in the pie chart below:



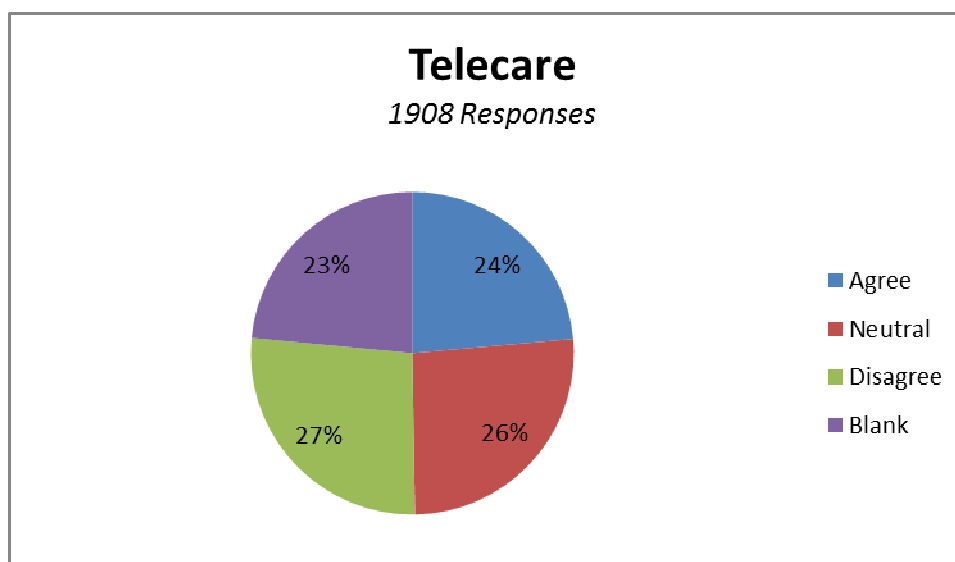
4.38 This proposal generated the highest level of 'neither agree nor disagree' (36 per cent) or blank responses (32 per cent) which is likely to be a result of there being relatively small numbers of people who live in flexicare and therefore potentially affected by the proposal. Fifteen per cent of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

4.39 Whilst recognising the feedback received, it is nonetheless recommended that the original proposal to change the charging base for Flexicare is adopted.

Proposal Four: Telecare

4.40 The consultation exercise included a proposal to levy a charge for those users of telecare services provided by Serco who do not receive any other social care services.

4.41 The responses to the questionnaire for this proposal are shown in the pie chart below:



4.42 The pie chart shows a largely even split of views across respondents, with 24 per cent agreeing or strongly agreeing with the proposal and 26 per cent disagreeing or strongly disagreeing. Half of the respondents had a neutral view or left this question blank.

4.43 Where responses were negative they emphasised the impact on preventative approaches which allow people to retain independence and reduce reliance on more formalised care:

"This is preventative - and saves HCC money. The return on investment justifies the cost."

"Introduction of such a charge could lead to individuals withdrawing from the service leaving them vulnerable."

"This cost of almost £200 a year would put people at risk as they can't afford it. That may well mean they end up in hospital and then need more care on discharge."

4.44 Where responses were neutral or favourable they focussed on the reasonableness of the weekly cost:

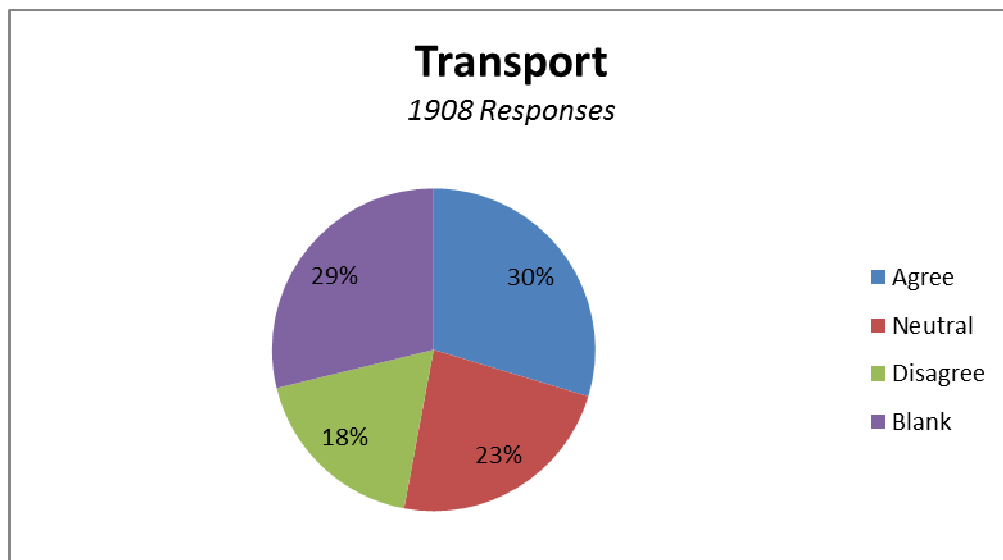
"In comparison of the monthly £17 charge my mother has to pay for her lifeline cover the revised weekly charge of £3.25 for Telecare support seems to be very reasonable."

"There is a need to remove disparity between existing services and create a more equitable charging policy. The removal of free services will ensure that service users take services when they really need them."

- 4.45 Introducing a weekly charge for telecare will bring Serco service users in line with users currently receiving equivalent services from North Herts Careline who already pay a weekly amount of £3.25. As part of this change it will be necessary to ensure equity between the two providers in relation to the cost of phone calls when the alarm service is triggered, so that both are at local rate.
- 4.46 It is therefore recommended that the original proposal to introduce a weekly charge of £3.25 per week for Serco Telecare services is approved.

Proposal Five: Transport

- 4.47 Door to door transportation is available for journeys to and from day centres. The current charge for transportation does not reflect the true cost of providing the service and is subsidised by the Council. The average cost of a journey in one of the Council's fleet vehicles was £6.89 in 2014/15. The Council currently charges £1 per journey. Day tickets for local buses cost in a range of £4 to 6.30 per day.
- 4.48 The consultation exercise therefore asked for views on proposals to increase charges to £2 per journey / £4 per day, and the pie chart below summarises the responses to the questionnaire:



- 4.49 This was the proposal which had the highest number of people who strongly agreed or agreed with the proposal at 30 per cent. Eighteen per cent of respondents disagreed or strongly disagreed with the proposal with 52 per cent leaving this question blank or giving a neutral response.

- 4.50 Unfavourable responses emphasised the financial impact and risk of isolation from services or from communities and the impact this would have on health and wellbeing:

“This could lead to individuals resisting visiting day centres resulting in isolation from lack of social activities as well as having a departmental effect on only their health but also their well-being. They could also miss out on valuable information on health and self-care.”

“An additional charge could mean that the client would have to find between £10 and £20 per week. Is this a realistic expectation that clients will be able to afford such increases?”

- 4.51 Favourable responses indicated that some respondents found the proposed charge reasonable:

“The revised cost of £2 per journey is still very cheap when compared to the cost of a taxi.”

- 4.52 The proposal will reflect a more realistic contribution towards the cost of providing the service. On balance and acknowledging the views put forward, it is recommended that the charges for transport are increased as set out.

Implementation Arrangements

- 4.53 In addition to the proposed review of Disability Related Expenditure, and subject to the Cabinet’s decisions, it is proposed that as part of the implementation of the new arrangements commitments are made to:

- a) contact the people who are assessed to pay significantly more (more than £20 per week) through these proposals to explain the changes, ensure they understand the personal implications, and offer them a full financial re-assessment;
- b) To undertake on-going monitoring for people cancelling their care services because of increases in the amounts they are asked to contribute.

5 Financial Implications

- 5.1 A summary of the anticipated income from each individual proposal is set out in the table. Please note that it is not accurate to simply total each proposal in order to assess the overall increase in income likely. This is because some individuals will be affected by more than one proposal and will only pay up to their maximum charge.

Proposal	Indicative Annual Increase in Income
	£'000
AA / DLA Night Time needs	310
Double-Handed Care	1,000
Flexi Care Accommodation	297
Telecare	309
Transport	47

5.2 A review of the non-residential (community based) adult social care services has been undertaken to identify opportunities to streamline the financial assessment process and the charging arrangements for adult social services.

5.3 The levels of income will be monitored as the year progresses.

6 Equalities Implications

6.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equality implications of the decision that they are making.

6.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment produced by officers.

6.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

6.4 An Equality Impact Assessment has been undertaken and this is attached at Appendix C. Whilst it is felt that the proposed changes will have an individual and cumulative effect on those upon which they impact, it should be noted that the financial assessment process which forms part of the Care Act Guidance ensures that an individual will only be asked to pay a contribution if they can afford to do so. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which provides sufficient funds to cover an individual's daily living costs.

Appendix A

Changes to Charging Policy for Community Based Adult Social Care: Summary of Consultation Responses

Questionnaires

Table 1: Breakdown of respondents to questionnaires

Who responded?	Postal	Online	Total
The service user	866	47	913
A representative of the service user or carer	742	113	855
Someone else (for example, if you work for a voluntary organisation)	30	23	53
Left blank	73	14	87
	1711	197	1908

Table 2: Breakdown of responses to questionnaires

Proposal	Agree	Neutral	Disagree	Blank	Total
AA / DLA	517	420	710	261	1908
Double handed care	390	414	561	543	1908
Flexicare	281	696	323	608	1908
Telecare	450	499	511	448	1908
Transport	566	444	348	550	1908
Total	2204	2473	2453	2410	

Analysis of Narrative Responses

There were 329 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	65
It is reasonable that a more realistic price should be paid if it can be afforded	209

Unfavourable responses received at the time of writing are analysed in this table:

Table 4: Nature of Unfavourable Responses to questionnaires

Nature of Response	Number of comments
Level of financial impact will be severe	246
Unfairness / inequity of proposals	163
Penalising those with higher needs	125
Questioning applicability of using of Attendance Allowance and Disability Living Allowance to pay for care & whether this is lawful under the Care Act	119
Risk of people deciding that they can no longer care 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	98
Unfairly targeting disabled, poor and vulnerable and people who have worked hard / paid taxes / saved	84
It is more expensive to live with a disability	68
People may decline services based on cost	63
Alternative ways should be found to balance the books	56
The proposed increases are too high	43
The survey is not a fair process / bureaucratic	25
Current charges already unfair	20
Increases will not be matched by quality improvements	18
Impact / distress on people and their carers	10
The council now allows less Disability Related Expenditure; the council should do more to clarify entitlements	5
Should exclude people in 'End of Life' situations	1

Public Consultation Events

Three public consultation events were held with a total of 49 people attending; the Executive Member for Care and Health and Director of Adult Care Services attended.

The Director of Adult Care Services was also invited to attend the Carers' Rights Day seminar on 24 November to discuss the proposals.

Table 5 summarises the discussion themes.

Table 5: Discussion themes from public consultation events and Carers' Rights Day session:

Questions about the charging process itself: how it operates, how the decisions about what to assess for are made, how social care charging relates to the wider benefits and taxation system
Individual queries relating to personal situations; attendees were asked to leave details for follow up conversations
Concern about the impact on disabled people, the fairness of targetting this group; the impact on their opportunity to live independent lives, the risk to their continued well-being. Particularly for people with learning disability cared for by their families. Concerns that families may no longer manage to provide care.
The risks of a false economy should this mean that more people now require residential care
The high costs of living with disability
The lack of clarity about Disability Related Expenditure in terms of what was allowed to be claimed for; inconsistency about what would and wouldn't be allowed, complexity of the form, lack of flexibility, trust and bureaucratic burden of having to provide receipts to support minor items of expenditure, the appeal process.
Whether a set amount per week could be allowed to enable quality of life to be maintained
The nature of the care system and how its costs work; costs that care agencies pay to their workers and how care salaries are low
That people may decide not to have more services
Whether it was appropriate to take AA and DLA into account and whether these benefits were provided for specific purposes which the council might or might offer support with
Concerns about care standards and poorly trained staff – further details were sought for follow up; discussion about the efficiency of care agencies and whether home care should be returned to in house provision. Discussion about how to encourage more people to think about care as a career.
Questions about day services and the future of this provisions
The financial impact on families & risk of future increases
The overall financial pressures on the HCC budget and the opportunities to lobby government and MPs about the financial pressures on adult social care and the general way in which society treats the most vulnerable
Concerns about the lack of transparency in relation to this consultation process; that the website had been difficult to navigate; the lack of day time meetings
How Direct Payments are used and monitored