

## Charging for care and support: consultation responses

### 1. Purpose

- 1.1 This report describes the range of responses received during the two month consultation process in late 2018 about charges for care and support services for adults.
- 1.2 Indications of the numbers of people expressing particular views are given where possible – but there are reasons to think that some categories of service user were more likely than other to respond to a necessarily quite complicated series of questions, and as some consultees pointed out, caution is needed in interpreting the numbers of responses as firm evidence about which options would be most unwelcome to the full range of service users. Counts of the contents of responses are in some cases approximate, because some respondents expressed mixed or qualified views.
- 1.3 To illustrate the range of views expressed, examples are included of comments made in written responses. Where comments are based on misunderstandings, or the Council is already addressing issues raised, brief explanations have been added. In some cases, responses are quoted under the question to which they are most relevant, rather than the one which they were answering on the form.

### 2. The consultation

- 2.1 Consultation about charges began in the week of 22 October, with a closing date of 21 December (though it has been possible to include in this analysis one form which arrived after the closing date). Consultation documents and forms were posted to more than 2900 service users or financial agents of service users, based on a list of all users of services in mid-October who might be affected. The Financial Assessment and Benefits Officers who carry out financial assessments for charges were also asked to explain the consultation to new service users referred to them during the consultation period.
- 2.2 101 forms were returned, of which 38 were completed online using a version of the form on the Council's website and the remainder were returned by post. One form was returned entirely blank, other than a tick in the box for indicating that the person does not pay charges; figures for numbers of responses to specific questions can therefore be compared with a base figure of 100. We also received by email two written submissions not using the form, one of which was in part a duplicate of an online response, and two people made comments in response to a post about the consultation on the Council's Facebook page.
- 2.3 In addition, officers arranged three meetings with users of day services provided by Blyth Star, the mental health organisation which currently provides the only remaining relevant services for which no charge is made, at their venues in Ashington, Blyth and Alnwick.
- 2.4 Of the 100 people who returned forms with substantive comments, 36 described themselves as service users, and 49 as parents, carers, relatives or friends of service users. 7 described themselves simply as "interested residents" of the

County; one was responding on behalf of an organisation; others did not provide clear information about who they were. 11 of the 38 online responses were from people who did not identify themselves as service users or as connected to a service user.

- 2.5 Respondents were asked to provide partial postcodes, to help us to understand the geographical spread of responses. 87 of the 100 respondents making substantive comments did so. While the distribution of responses cannot be matched exactly to the location of service users, since some responses appear to have come from family members living at a distance from the service users they were related to, approximate calculations suggest that the proportion of letters sent to respondents in rural Northumberland which produced a response was more than twice as high as in urban areas, with particularly high levels of response in the postcode districts including Berwick and Rothbury.
- 2.6 Overall the ratio of forms completed to consultation documents sent out was 3.4%. In the Berwick postcode district (TD15) it was 8.8%; in postcode districts in South East Northumberland, it averaged 2%.

### 3. General comments on increasing charges

- 3.1 The first question on the consultation form invited respondents to make general comments on whether the Council should change its care and support charging policy to help it make budget savings. 75 respondents answered this question, most of them expressing the general view either that the Council should not make savings by increasing charges or that it should not proceed with some of the specific proposals in the consultation document.

**R31:** The Council really must look elsewhere if savings need to be made. Hitting the most vulnerable in our society is not the answer.

**R12:** Is this civilisation? History judges civilisations on how well they cared for the most vulnerable; what will the legacy of NCC be when those in the future look back?

**R99:** There should be no changes as savings can be found in other areas by County Council.

- 3.2 Some respondents commented specifically on how hard it would be for them to pay more for the services they were receiving. (Since the questionnaire was anonymous, it is not possible to be sure how many of these would in fact be asked to pay a significantly increased charge.)

**R79:** Your letter has put the fear of God into me. I don't know how we'd afford these huge increases after just having a £16+ increase weekly a few months ago. I've sat and cried and lost a lot of sleep with worry since your letter over how will we manage to heat the house and eat if you force us to pay all this money.

**R84:** Myself, my mother and brother all receive benefits. My mother is on attendance allowance and my brother receives DLA. Both of them are on guaranteed pension credit as they don't have any savings, I am on carer's allowance. We would be in considerable hardship if we had to pay an extra £20 for one person.

3.3 Others were concerned about the erosion of their savings:

**R100:** I am very concerned that it is a large increase. My income doesn't cover fees and I am seeing savings shrink badly so hope you can minimise increase. I appreciate you have large problem.

**R79:** Vulnerable people shouldn't have to pay exorbitant fees. If you have a little amount of capital set aside to pay for funerals etc, that's it, they just take it from you; these disabled people are at the mercy of care firms/social services.

3.4 A number of respondents were concerned that the consequence of increases would be that people would end or reduce their use of services which they needed:

**R47:** If you implement your proposals you would find a large number of users would stop these services. People cannot afford your payment charges. You would no longer need to provide a care service. The health and wellbeing of the old and disabled decline impacting greater costs to the NHS, which we are seeing already.

3.5 Some consultees commented specifically about the impact on carers:

**R38:** Appreciate that cost of providing care accounts for about 30% of budget, carers save the state a far greater amount and suffer the stress that results from this. They should not be put under further stress by being asked to pay more.

3.6 The explanation in the consultation document that the proposals would bring the Council's policy closer to the minimum legal requirements set by national legislation and guidance was not well received by some consultees:

**R48:** My father is 89 years old, worked all his life. Paid his taxes etc. Never asked for any help until now and you have the nerve to mention MINIMUM LEGAL REQUIREMENTS in regard his care.

**R26:** Council Leaders should hang their collective heads in shame. This question could be re-phased along the lines of "Do you think it is a good idea to offer disabled members of our community the minimum level of support allowable under the law?"

3.7 Only seven responses agreed explicitly that increasing charges would be a reasonable decision for the Council to take, mostly with some qualifications.

**R14:** I agree that the council should charge more (through means testing) for some services in order to make budget savings although I would prefer that central government funding should increase, funded by a rise in national taxation (corporate and income tax).

**R80:** The council has a duty to spend resources effectively and efficiently. It is always appropriate to ensure people are helped who need it and that resources are not allocated to people who can afford to pay for services and support.

**R56:** I have no issue with paying more per week, however the quality of care must be maintained and improved with adequate investments in CPD [continuing professional development] for staff.

#### **4. Alternative savings**

4.1 The consultation document asked for suggestions about savings which the Council could make, or ways in which it could increase its income from other sources, to avoid the need for increased charges for care and support services.

4.2 Many of the suggestions for alternative savings reflected general assumptions about wasteful expenditure by the public sector as a whole or the Council in particular.

**R25:** Typical to pick on the vulnerable instead of getting rid of the excessive salaries you pay to CEO's etc. Why not pay these people a salary that's based on the work that they do and see how much money you can save.

**R26:** I'm sure savings could be made in many ways but one quick and easy suggestion would be to reduce the basic Member allowance by 50%.

**R92:** Within the overall expenditure there must be a large proportion of malingerers and fraudulent claimants. Weeding them out would reduce overall expenditure. However, there needs to be a commitment to do so!

**R99:** I do not know enough about the budget, however, there must be assets to sell off.

4.3 A number of controversial capital schemes were mentioned as examples of wasted money which respondents believed should have been spent on care services.

4.4 Other suggestions were varied. Examples included:

**R61:** Charges for car parking other than town centre parking.

**R30:** Leisure and sport services across the County should be reviewed and potentially axed or charges increased.

**R7:** Allow gardening section of neighbourhood services to undertake private work. E.g. extend gardening service for elderly to all residents not just social housing for a fee.

**R82:** If the council made better planning decisions and it did not have so many appeals there would be a massive saving in legal costs.

**R30:** There should be a review of recycling to seek to increase revenue from items which are disposed of but which still retain a value.

**R37:** Scrap the Police & Crime Commissioner; opt out of the North of Tyne Combined Authority - simply another layer of bureaucracy.

- 4.5 These and other areas identified by consultees have been considered during the Council's budget process, though in some cases the Council's assessment of how to make available resources go further, or attract additional resources, is different from those of consultees.

### **Savings in social care costs**

- 4.6 There were a number of suggestions about how money could be saved specifically in adult social care services.

**R16:** There can be too many people/too many teams involved with clients. There is a lot of unnecessary teams popping up, are they really needed? Cut the middle people out, things will be more effective and client will get a better service. Most clients feel they are passed from pillar to post between teams/workers which can't be healthy for those with memory problems.

**R77:** The council needs to stop wasting money, communicate better with other services, as I have found one service has no idea what the other has done/said. Surely this could be arranged better. Rather than paying for separate visits to old peoples homes then communicate with NHS/SS /Who may have already been - talk to each other

**R67:** The use of the care visitors is in a total mess, and more money is wasted and spent on providing effective help during the visit. The rota's provided are never stuck to and the staff themselves are continually ringing their head office.

**R58:** Our carers are based in county Durham the distance they travel each day is huge. If more care companies used LOCAL staff, it must work out cheaper for everybody.

- 4.7 These comments reflect issues which will be being reviewed over the coming year. Monitoring of the detailed arrangements made by home care providers is being strengthened, to ensure that we are able to assess efficiency, reliability and consistency, and issues about high numbers of handovers between social care teams in some situations are being addressed. The primary benefits in both cases are expected to be improved service user experience, but opportunities to contribute to the savings targets for adult social care will also be identified where possible. Respondent R58 lives in the Bellingham/Kielder area, where providers have found it particularly hard to recruit local care workers, and have had to make temporary use of workers who live some distance away. However the use of care workers travelling from a considerable distance away would be expected only during the period when a new provider is developing its capacity in the local area, or to provide cover during short-term periods of particular pressure.

- 4.8 Opposite suggestions were made by different consultees about the scope for savings by changing the mix between public sector and independent services:

**R51:** The council has to make a difficult choice over its services. It can no longer in my opinion continue to fund residential and day services at today's current price and privatisation seems the only way forward to make the residential and day services more competitive and value for money.

**R23:** Perhaps if the Council made full use of the services available to them rather than always using their own services first (which are much more expensive) then savings would be made as well as giving those who are receiving the services a choice.

**R79:** Council should return to employing carers directly by the council, therefore cut out all fees paid to care firms. As charges have increased significantly since outsourcing to agencies, they should only be used for overspill as a last resort.

**R57:** Instead of using private companies the local authority should take care workers back 'in house' like the old 'home helps' and this could result in savings as you are cutting out the middle man.

- 4.9 The Council's budget proposals for 2019/22 include a target for savings through a further review of the cost-effectiveness of in-house services and independent sector alternatives.

### **Setting a higher budget**

- 4.10 Some respondents rejected the premise that the Council needs to make savings on the scale described in the consultation document:

**R19:** The council should see the current situation as an emergency and be spending reserves to cover costs or taking advantage of low interest rates to borrow until a change of government can be brought about or an actual rather than fictional "end of austerity". The council should be lobbying central government at every opportunity to end this ridiculous situation.

**R27:** I believe it is now time for you as Councillors to stand up to the Government (together with all other Councils - power in numbers) and to refuse to accept further reductions. This is not a poor country, it is a very rich one. Vast sums of money remain in the hands of the well-off, who have simply not felt the pain of austerity. At the same time, the least advantaged have been asked to bear the brunt of the cuts and are being asked again. It is time to say, "No"

**R29:** The easiest way would be a slight increase to council tax charges, I understand this may not be popular but a small increase to everyone's council tax charge would generate a reasonable income to the council.

## **5. Disability-related expenditure allowances**

- 5.1 55 respondents completing the form commented on the proposal to reduce the automatic allowance in the financial assessment for disability-related expenditure,

the second-highest number of responses on any of the specific proposals. The consultation document described three options for this: removing any automatic allowance, so that expenditure would only be taken into account if service users provided specific evidence; reducing all weekly standard allowances by £5; and reducing the standard allowance for recipients of the highest rates of Attendance Allowance, Disability Living Allowance and Personal Independence Payment (AA, DLA and PIP) from its current rate of £48.30 to £35. The consultation document indicated that the Council was provisionally intending to adopt the third option.

- 5.2 32 respondents either explicitly said they were against any change which would make this element of the policy less generous, or said they were against the Council's provisional proposal without saying whether they were also against the other options. Eight responses supported the Council's proposal, some with qualifications; three supported the option of reducing all standard allowances by £5, and three supported the option of a detailed financial assessment of every service user, though at least one of these seems to have done so on the basis that they expected this to reduce rather than increasing charging income, and has been counted in the total of people against increasing income in this area. One respondent said they had no issue with paying more, without making it clear which option they favoured. Other responses did not directly address the question – for instance some repeated their opposition to higher charges in rural areas.

### **General opposition to increasing income by changes in this area**

- 5.3 Some respondents made general comments about the impact of increased charges on people who receive only the standard allowance:

**R5:** The money received by these people is already minuscule compared to their needs. If you take more away from them you are reducing their already limited quality of life

**R34:** An extra £690 pa is a huge additional cost to absorb and pensioners will cut back on other expenses such as heating and food, resulting in more hospital admissions and less ability to stay in their own homes. For those with no savings or house to sell this would be an additional financial burden on the local authority

**R86:** It's a tax on the disabled.

- 5.4 Some based their opposition on concerns about the impact on them personally, or on the person they cared for:

**R84:** I am my brother's appointee and the proposed changes would make a worse difference in our lives as the standard of living would decrease considerably. He only gets out once a week with an enabler for his 2 hours. He suffers from schizophrenia and mum and I feel he needs time out as well as we do.

**R92:** Being on this higher rate of PIP it is difficult to suggest where I might need less support. As it is my disabled husband and I simply SURVIVE!

**R38:** Personal experience tells me that current allowance is very helpful but nowhere near covers our expenditure, therefore any decrease would be difficult to cope with.

- 5.5 Some respondents considered the proposals as a price rise, and commented on how large this would be:

**R57:** An increase of £13.30 per week more is a very high percentage increase for people who are on a limited income with no means of increasing it apart from the small amount the government deigns to give them.

**R49:** It appears that the charges may actually double for many people. This is an extortionate increase.

- 5.6 Charges would only be likely to double for people who are currently paying relatively low charges. Because most people's charges are based on how much income they have above a minimum threshold, the percentage increase in charges would vary greatly. For people whose income is only slightly above the current minimum, the impact might be to increase charges by a factor of two or more – or to require people to pay charges when they were previously not required to. But on the figures in the consultation document, based on 2018/19 costs and benefit rates, the overall projected increase in charging income if all proposals were implemented would be about 18%<sup>1</sup>.

- 5.7 One respondent argued that it was wrong for the Council to treat any of the relevant benefits as available to pay charges:

**R47:** People who receive the allowance have already been through a very comprehensive process to be entitled to get these allowances. They should not need to justify again to NCC why they are in receipt of these payments. If someone receives the higher rate, their expenditure is £85.60 a week, not as you assume £48.30 a week. The government do and would not pay an allowance which has not already been evaluated for their needs.

- 5.8 This is a misunderstanding of the benefits system. The costs which the three benefits are intended to cover have never been explicitly defined by any Government, and the levels at which they are paid has never been linked to any specific calculation of the costs which people with differing levels of disability are expected to incur. However it has long been clear that the Department of Health and Social Care recognises that these benefits may be available to pay for care services – indeed statutory guidance issued under the Care Act currently says<sup>2</sup> that

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<sup>1</sup> As explained in the consultation document, more people are likely to choose to make private arrangements if the Council ceases to subsidise the cost of their home care, so income collected would not be expected to increase by this percentage – but removing subsidies would make a saving for the Council whatever choice people make.

<sup>2</sup> [www.tinyurl.com/SGuidBens](http://www.tinyurl.com/SGuidBens)



in assessing what people can afford to pay, any income from these benefits “must be taken into account”.

### **Responses agreeing with the Council’s proposed option**

- 5.9 Most of the eight responses supporting the Council’s proposal gave no detailed reasons. Those that did added some qualifications:

**R27:** Option 3 seems the best one if changes must be made. However, please note that:

(1) It is not difficult to spend over £48.30 per week on disability costs e.g. Higher electricity and gas bills due to the need for extra heating and extra washing. Extra travelling costs due to hospital appointments and due to having to use the car rather than public transport for shopping because of lack of time. Cost of incontinence pads, as the ones offered free by the NHS are useless. Paying for help with housework and gardening because the demands of caring require so much time and energy.

(2) Reasons for not requesting an assessment of caring expenses may include

(a) No point if savings exceed £23,250

(b) Can't face the task at the end of a long day's caring.

While those who can afford to can and are probably willing to pay more, those who are less well-off may need to be offered help to complete a financial assessment.

**R28:** All of the proposed changes are likely to result in more people asking for a full assessment of their expenditure. This is likely to increase the amount being paid out and provide an increased overhead to undertake the assessments. So this could easily become a false economy. If one of the options had to be chosen, I agree that option 3 is possibly the fairest as I doubt whether people in this category have proportionately higher disability related expenditure.

### **Responses favouring a £5/week reduction in all standard allowances**

**R29:** Your provisional proposal to choose the third option seems to be detrimental to the minority that receive a higher level of benefits, I think it is wrong to assume that. The benefits are paid at a higher rate for a reason. The claimants of higher benefits are probably less likely to be able to manage on the reduced standard allowance as their needs and therefore costs are likely to be higher. In effect if you choose option 3 you are discriminating against the very people who need extra assistance. Option 2 would be the best as this would not discriminate between the people who need assistance.

**R76:** £13.30 extra a week is extortion, an extra £5 a week yes but how much more are they going to take from vulnerable people - it is hard enough.

- 5.10 The consultation document did not spell out explicitly that when people receive the highest rates of the relevant benefits, the current Council policy automatically assumes that *all* of their additional benefits above the next highest rate is needed to pay for other costs of disability. There is no way of knowing whether respondent R29 would have taken a different view if this had been more clearly stated.

## Individual assessments of disability-related expenditure

- 5.11 A number of respondents suggested that reducing the standard allowances would increase the number of people choosing to have a detailed assessment of their expenditure, and argued that this would be unwelcome to service users and an expensive waste of Council resources.

**R20:** Implementing this complicated kind of means testing puts the most vulnerable at risk and is in the long run probably more costly to implement and oversee.

**R21:** The more difficult you make this the more it will cost in administration charges and dealing with appeals and complaints

**R28:** Undertaking individual assessments would be a bureaucratic nightmare and probably cost far more than it saved. Moreover, expenditure incurred by the disabled can be unevenly distributed during the year. You would forever be asked for re-assessments. At the same time, current allowances are far from generous and should be increased, not decreased.

- 5.12 Of the responses which argued that every service user should have a detailed assessment of their expenditure, only one gave a full explanation:

**R34:** I think it is convenient you state that “people don’t like the idea of producing evidence....” The council should absolutely undertake a detailed financial assessment for each individual - as all of their situations cannot be condensed into your simple analogy. You should also be assisting each individual with a list of allowable and non-allowable expenditure to assist the financial assessment to an acceptable degree. The emphasis should not be placed on the individual to produce evidence – this is a way of frightening people into acquiescing to all of your demands because of the fear and anxiety you will have placed upon them. Your suggestions are half-baked and need to be clarified and not generalised as you have shown in your analysis.

- 5.13 Others commented on how difficult it would be to carry out such assessments in a way which accurately reflected people’s needs:

**R18:** Disability related expenditure is very variable week to week and difficult to categorize and I am very sure many people would be unable to calculate it and not understand how to produce evidence or that cost assessment is even available. I did not know this. It would add to costs by training assessors and increase stress on vulnerable groups who had to keep reapplying as their circumstances changed. Even the weather has a huge impact on costs, heating, access to lower cost activities when weather is better, clothing costs etc.

- 5.14 Since the questionnaire was anonymous, we are not able to check why this respondent was unaware of the availability of an assessment of disability-related expenditure. The information sheets which we standardly give people during an assessment do explain this, but in the light of this comment we will look at ways of making the information more prominent in the updated versions to be published in April this year.

- 5.15 Some respondents made specific comments about types of expenditure which they believed assessments were likely not to take into account:

**R9:** Let's be honest you are not making higher standard allowances than you need to. Option 3, those with the greatest need and highest financial drain pay more! Further more there are a great many disability related expenses you currently take no notice of. If you are to charge more I would want you to widen the list to take accurate information from recipients. Mileage would be a good example of this. If a recipient receives PIP enhanced on both areas, cannot walk far & has autism with a carer who drives them; then mileage is a disability related cost. As is extra heating for Fibromyalgia or ME, extra washing therefore electric for those who have conditions soiling clothes or bedlinen. Online food delivery for mobility, extra clothing for wear & tear in those that cannot help damaging their garments etc etc.

**R32:** A lot of disability related expenses are hidden. For example heating on longer and higher than normal, buying prepared food, ready meals and easy to cook food due to difficulty preparing meals. More use of taxis, paying delivery charges as unable to collect goods. Additional costs of clothes and bedding as it has to be replaced. Specially adapted furniture and cooking utensils. paying for landlines and broadband in order to stay in touch with friends and relatives. Informal arrangements with neighbours and friends which take pressure off Social Services.

**R87:** Gym costs to keep active? Are alternative therapies included? When it comes to expenditure are essential necessities e.g. fuel costs, water charges, sanitary products, replacement soiled clothes taken into account?

- 5.16 Most of these costs can taken into account currently when individual assessments of expenditure are carried out, if they are linked to disability, though we do not normally allow the costs of therapies which the NHS has not assessed as being effective. We would also ordinarily discuss with service users whether some or all of their travel costs can be met using the mobility elements of PIP or DLA, if those are being paid, since Councils are prohibited from treating the mobility elements as income available to pay for care.

### **Other comments**

- 5.17 One respondent was critical of a system in which people have to apply for a benefit which is then taken back off them to pay for services:

**R77:** My mother was told she needed attendance allowance - she could not fill in the forms as she is not mentally capable now - now you're thinking of charging more or even 'making savings' so why bother in the first place.

- 5.18 This is a national policy issue. The possibility of redirecting the funding for Attendance Allowance to support the social care system directly has more than once been considered by the Government, but has not been proceeded with.

- 5.19 One respondent who receives direct payments to enable them to make their care and support arrangements suggested that the financial assessment should take account of this:

**R82:** There is an expense of 'time' managing carers/accounting etc on DP so there should be an allowance made for this in financial terms. If I didn't manage direct payments the council would have those administration costs. The council know it is worth something.

## 6. Financial assessments of couples

- 6.1 32 respondents commented on the proposal to reduce the minimum income assumed to be need by couples, which would end the discrepancy between the Council's current policy and the assumptions in the social security system and the Care Act regulations. Of these 13 were against the proposal, and 12 supported it or did not object to it, though three of these felt that the change should be phased. Others made a variety of comments.

### Opposed to the proposal

- 6.2 Some respondents objected on general grounds:

**R5:** Everyone is struggling including couples. The top brass should consider living for a week on what these couples bring in and see how they manage.

**R6:** People are individuals. During their working lives they pay tax and NI as individuals so why should the benefits system treat them as joined at the hip? Everyone knows the minimum income figures are rubbish in this country, they are far too low for adequate survival, as are state pensions.

**R16:** I feel all clients should be assessed as one person and not include their spouse. When and if their spouse leaves/passes away they will not have their income/out goings.

- 6.3 Others felt that the proposal failed to take account of the likely pressures on the partner of a service user as their carer:

**R31:** It is horrible that you should even consider reducing the income of those that are struggling already. Does the spouse of a disabled person not already suffer enough?

**R54:** Having taken 7 months to be accepted for carer's allowance it seems very unfair to take the majority of this away, especially as the carer has had to leave her paid job to care.

- 6.4 In the situation of respondent R54, the Carer's Allowance payments would not themselves be taken into account in the charging assessment, since they are not part of the service user's income, but there would clearly be an overall impact on the household income if the service user was asked to pay an increased charge.

- 6.5 One respondent was concerned about their own ability to cope with the proposed increase:

**R91:** At present as part of a couple we have enough spends but feel this could not be reduced.

- 6.6 The overall scale of the increases for couples was another source of concern:

**R38:** Whilst it can be expected that, in general, costs are bound to increase, this proposal for couples is huge percentagewise. We would be very concerned about this.

- 6.7 Two respondents suggested that the proposal would cause problems for dysfunctional couples. One spelled this out in detail:

**R12:** It's clearly wrong to start assuming that a person benefits from half of the household income. This is not how real life works. It may work for middle class people in perfect partnerships, but for those in low income groups you'll find that the earner will keep most of the money; particularly in an abusive relationship and it's unacceptable to ask the abused partner to prove it when they are the victim and all NCC is doing is adding more pressure and stress onto the most vulnerable AGAIN. If you have to raise charges, then charge couples as two individuals and in the same way under the same rules as you charge individuals.

- 6.8 As described, this is not a good example of a potential problem, since the regulations on charging require earnings to be wholly disregarded, so in effect neither member of a couple where one person is in work will have to pay charges, unless they have substantial savings. A situation of this kind could, however, arise for a couple in which one member has a substantial occupational pension, and shares little of this with the service user. In those circumstances, a non-standard response would be needed, which would be likely to include safeguarding enquiries as well as consideration of what if any charges the service user could reasonably afford.

### **Supportive of the proposal/not objecting**

- 6.9 Those who supported the proposal mostly did so on the grounds of fairness:

**R7:** Apart from disagreeing with charges for care I have no real issue with this as single people are already penalised. Heating costs etc are the same whether single or in a couple.

**R57:** A couple's joint income should be used (as it would be for housing benefit for example)

**R18:** I do not think there is any justification for treating a person in a couple more generously than people who live alone, this should certainly be changed for reasons of equality and not discriminating against people not in a relationship.

- 6.10 One supported an increase for couples but did not wish this to increase the Council's overall income:

**R19:** This anomaly should be harmonised with no net effect - i.e. the increase for couples should be balanced by a decrease in charges for single people.

- 6.11 Because of the scale of the increase, some respondents felt that it should be phased:

**R10:** If the increase is needed and agreed, the increase should be phased in over several years to help people adjust to the increase and not put too much of a burden on people who are already vulnerable.

**R26:** This is the only proposal that appears to have any merit but any changes would need to be introduced gradually so as not to cause financial hardship.

## **7. Home care costs in rural areas**

- 7.1 50 respondents completing the form made specific comments about the proposal to charge those in rural Northumberland who are assessed as able to afford it the full cost of their home care, rather than continuing to link their charges to the cost of providing home care in South East Northumberland. Of these, 32 were opposed to the proposal, four supported it, and others made less easily classified comments.
- 7.2 Five of the respondents who thought that charging a higher hourly rate in rural areas was wrong gave postcodes in the urban South East; 20 gave postcodes in rural Northumberland. Of the four respondents who expressed support, two were in the urban South East and two in rural areas.

### **The principle of differential charging**

- 7.3 Many consultees felt strongly that hourly charges should be the same in all areas of the county, regardless of differences in the cost of the service, some suggesting that costs should be averaged across all users, wherever they live.

**R10:** I feel there should be no difference between the charges for a person in SE Northumberland than for a person living in a rural area with the same level of income. Persons living in rural area may also be disadvantaged in other ways. How is this different to providing school transport for children in rural areas?

**R24:** I am extremely concerned about any suggestion that people living in rural areas should pay more for care. This is iniquitous - they have paid the same rates of tax and National Insurance and are entitled to the same care.

**R14:** I feel it would be highly discriminatory of an urban-based council to levy additional charges on rural residents.

**R18:** People should be charged the same wherever they live. It is completely unreasonable to penalize those who live in a rural area.

**R12:** NCC obviously must fairly distribute the cost across all users of the service if NCC is determined to raise costs, so it will be a small increase for all, rather than a giant unaffordable sum for the minority, which is grossly unfair and unacceptable.

**R32:** A fairer method would be to average the time and travel across the whole county and apply the cost to all.

7.4 Averaging charges does not appear to be permitted by the Care Act. The older legislation in force before 2015 permitted local authorities to “recover such charge as they consider reasonable”, and statutory guidance confirmed that this could include averaging charges across a local authority area, which was the Council’s policy until the Care Act came into force in 2015. This requires that charges “may cover only the cost that the local authority incurs in meeting the needs to which the charge applies”, which appears not to permit averaging. It seems likely that the change was the result of a drafting oversight rather than an intentional change in national policy, but officers’ advice is that reverting to the Council’s former policy would not now be legally safe.

7.5 One consultee suggested an alternative solution:

**R26:** If there is a potential legal issue then why not agree an average payment to providers such that the Council paid the same for each individual.

7.6 The difficulty with this suggestion is that there are strong reasons to appoint a single preferred provider for each local area within the County, most of all in rural Northumberland, where it would be particularly inefficient for multiple providers to be sending care workers to the same villages. Averaging payments to providers would mean that preferred providers appointed for urban areas would be paid more than is necessary to sustain a service, and would make it difficult to attract any provider to operate in rural localities.

7.7 Another consultee argued in detail that the argument against averaging was inconsistent:

**R31:** The fact that the County pay providers more for clients in rural areas is itself an averaging out of costs. For example one of the carers in Rothbury is a local who walks or is given a lift to all her calls. The clients she cares for do not incur any travel time or expenses above those of a local carer in Ashington. Similarly I am sure there are carers in the SE of the County who are required to travel to more outlying areas of the town.

7.8 This comment brings together two separate issues. The actual costs to providers of providing a care package will vary from service user to service user in every area, and may sometimes be different from week to week, but the Care Act requirement is specifically concerned with the cost of a service *to the local authority*. In Northumberland, the local authority pays standard rates to care providers in each local area of the County, expecting providers to take responsibility for organising their operations cost-effectively.

## The reasons for higher costs in rural areas

- 7.9 Some consultees suggested that the Council does not need to pay higher rates for home care in rural areas:

**R31:** I think that the wages are not the main reason for the lack of local carers. Lack of support in the field, poor communication with the office, having to work long hours, travelling in winter and other HR concerns play a much more important part. This is illustrated by that fact that a large number of recruits do not stay and there is a high turn over of staff. Because of these difficulties the Care Providers have never been able to gain a reputation as good employers in rural area where word of mouth is all important. Changing this would have a greater effect than raising the hourly rate which could never be very much anyway.

- 7.10 These are interesting comments, but the current view of officers responsible for commissioning home care is that, while there are indeed likely to be a number of reasons why recruitment and retention of home care workers in rural Northumberland is difficult, addressing most of these would be likely to lead to higher costs for rural providers, whether in wage rates, transport costs, or guarantees of minimum paid hours for care workers whose workload may vary substantially from month to month because of the small number of service users in the area where they work. Other local authorities which we know of that serve areas of mixed character also pay higher rates for home care in their rural areas.

- 7.11 Another response linked high home care costs to changes to NHS services in Rothbury:

**R13:** The Council could and should make more of an effort to reopen community hospital facilities. For instance in Rothbury 24 7 care can be provided by a very low staffing base for up to 12 patients instead of having to make non-cost effective trips to individual homes with disgracefully short care contact time-wasting valuable care time in the car doesn't make sense.

- 7.12 While a number of other arguments have been put forward by campaigners wishing to reinstate the inpatient beds in Rothbury, it would be hard to make out a strong case for doing so on the basis that accommodating people in hospital would be more cost-effective than home care. Community hospital beds would not ordinarily be seen as substitutes for care at home, since hospital stays are generally short-term and focused on rehabilitation. Spending on home care in the Rothbury area is also considerably lower than the annual cost of the inpatient beds, which was calculated by Northumberland CCG during the consultation on the closure of the beds to be £500,000.

## Low rural incomes

- 7.13 Some respondents suggested that higher hourly charges were unacceptable because many people in rural areas have low incomes:

**R37:** There are considerable levels of rural poverty which the proposed savings ignore.



**R5:** Families are already surviving on a minimum and shouldn't have to struggle further because the council leaders don't think they're worthy of what the rest of the county receive without question. NCC is a disgrace for even considering this move

- 7.14 These comments appear to be based on a misunderstanding of how the charging arrangements operate. The hourly charge is only one element in calculating charges, which are capped for each service user at the level which they have been assessed as being able to afford. In practice, higher hourly costs will therefore usually make no difference to the weekly charges payable by service users on low incomes<sup>3</sup>; the impact will largely fall on service users with substantial savings or income from occupational pensions.

### **Problems of living in rural areas**

- 7.15 Many of those who objected to this proposal also made wider comments about limited or more expensive services in rural areas. Some responses from Berwick and Rothbury raised issues arising from the recent controversial consultations about changes to hospital services in those areas, and others mentioned a range of public services and other facilities.

**R37:** People in the South East of the County already benefit disproportionately from the provision of public services. They have bus services, live nearer hospitals, etc. It costs more to heat a home in rural area (no gas) than in an urban environment.

**R82:** There are already many extra costs to those living in rural areas. Adding extra care costs is not fair. The services the council offers are fewer anyway in rural areas so relatively speaking they don't benefit as much as those in urban areas - so it evens out, if care costs are a bit subsidised.

**R23:** Living in rural areas means you are financially disadvantaged by higher cost of living, higher costs for vehicle fuel and shopping as many people are forced to buy from small local shops rather than from larger towns.

- 7.16 Some responses referred to wider problems faced by older people in rural areas.

**R93:** People who are isolated in rural areas need care more if anything and therefore it should be subsidised.

**R32:** Part of this issue is due to previous council policies, for example a lack of affordable housing in North Northumberland has led to younger people moving away, and the beautiful scenery etc. to older people buying up houses and moving into the area. We now have a Catch 22 where there are insufficient people of working age, who are looking for employment, to fill the jobs that are available. The sectors most affected include Care.

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<sup>3</sup> A possible exception would be where a service user needs only a very low level of support

## Length of home care visits

- 7.17 Some respondents made specific comments about the services they were receiving. These included:

**R38:** If you are talking about having to pay extra for travel time in rural areas, I can assure you that our carers' travel time comes out of time allocated to the client. E.g. my husband's time allocation could be 9am to 10 am, the next client's visit starts at 10am. Therefore the travel is done during CLIENT time. The journey between could be 25 minutes or more. This has long been a concern of mine.

**R66:** My mum has 4 visits per day to help her with medication, the visits take 5 minutes, we get charged for 15 minutes - this increases our contribution to costs DAILY is almost an hour. This is 7 days a week we pay for and get no service. How OFTEN is this happening - seems like very expensive across 12 months savings are being made but only benefit goes to employees.

- 7.18 This is an issue which has been raised a number of times, reflecting a lack of clarity about what exactly is meant by the timings for visits given in people's care and support plans. Providers have also raised this as an issue. Both the contract for home care and the information materials given to service users are being revised to spell out what has in practice been the position for many years, that the timings given for visits, which are always expressed as multiples of 15 minutes, are indicative, and that care workers are not required to stay for the full indicative time if the tasks can be completed in a shorter time in a way which respects the person's dignity. Care workers are also expected to stay *longer* than the indicative time if necessary on a specific occasion, for instance because the service user is unwell – but it is acceptable for providers to plan staff rotas on the basis of an assessment of average actual timings, with some flexibility built in to ensure that care workers ordinarily arrive on each visit within an acceptable timeband. Paying providers and charging service users on the basis of the actual length of each visit would add significant administrative overheads, and would require offsetting increases in the fee rates and charges, so would on average have no net benefit for service users or the Council.

## 8. Day services

- 8.1 The consultation document described two potential changes to the Council's approach to charging for day services: a policy change ending the exemption from charges of some working age mental health day services, and an intention to end some other anomalies where that charges for specific services are set at less than the full cost of the service. The second of these would not strictly be a policy change, since the Council's existing policy for day services other than specific working age mental health services is full-cost charging.
- 8.2 46 respondents who completed the form made comments on this topic. 24 of these were opposed to increases in charges for day services, 5 supported the proposal, and 17 made other comments. Many of the comments on this issue made on the response forms were based on respondents' general views rather than on specific knowledge of the services which would be affected. The three meetings with users of the mental health services concerned provided more direct feedback from those

who might have to pay charges for the first time if the exemption for those services comes to an end.

### **The consultation meetings**

- 8.3 Three meetings with service users were held, at the three main venues used by Blyth Star, the organisation which operates the only non-chargeable day services still in operation, in Blyth, Stakeford and Alnwick. The Alnwick and Stakeford services were formerly operated as social care services by the mental health NHS trust serving Northumberland, in its various organisational forms; other social care day services which were operated by the NHS mental health trust, which were also non-chargeable at the time when the current policy was introduced, no longer exist.
- 8.4 The services in the area around Stakeford provide work-related experience in a number of areas for people whose mental health conditions make it difficult for them to move into paid employment, though it does not provide a direct route into paid work. It offers training programmes (which are not formally accredited) in retail, horticulture and garden maintenance, and has a number of commercial contracts. Comments at the Stakeford meeting included:

They are concerned that if service is charged then attendees will not come - rendering them vulnerable to exploitation in the community.

Their main anxiety is that if there are charges people will disengage as they will not recognise for themselves the value of the service.

They provide garden maintenance for vulnerable people, who reduced attendance could leave without a service.

Service users commented that “I would just sit at home and eat if I didn’t come here” and that “it gives me confidence in a friendly atmosphere”.

Carers commented that “I wouldn’t feel he was safe being at home alone – it’s a job to him as it provides an employment type environment” and that “people at the bottom of the pile get the least voice”

A staff member felt one important feature of the service was that “there is no pressure here like in a paid work environment”

- 8.5 The Alnwick service operates a service-user-led programme of activities, facilitated by staff, which includes speakers, outings, art, and sessions developing users’ skills in areas such as cooking. Some users who attend also outside the service do voluntary work or are in part-time paid employment. Comments included:

Good company - gets me out of the house.

The art sessions always come up with something else to make us think about things and engage us.

My carer is pleased that I come here - it gives him some peace and quiet!

- 8.6 The Blyth meeting included both service users attending building-based daytime sessions and users of Blyth Star's outreach service, which provides more flexible support. Some of the users attending this meeting were distressed and angry about the prospect of a change which they saw as threatening their essential support arrangements. Their comments included:

A view that Blyth Star was now providing support which a few years ago they would have received from their care manager. Users' perception was that at one time they would see their care manager fortnightly to discuss issues that were disturbing them, whereas now they might see a care manager only once a year.

"Without this I would be sitting at home staring at the walls and ruminating. I have suicidal thoughts and this would be bad for me"

This is unlike other day services as we don't face any stigma here - we get understanding and acceptance.

A view that the consultation material had been too confusing, and that they should have been given a shorter explanation of the specific impact on them, rather than a document including irrelevant information about rural home care, and about charges for people with savings of more than £23,250, which they could not imagine any user of the service having.

- 8.7 While the Blyth Star service users were sent an extra information sheet summarising the reasons why the Council was reviewing their exemption from charges, they had also been sent all of the other material, with the intention that this would enable them to comment on the overall fairness of the proposals if they wished to do so. In the outcome, it is not clear whether any of them did; none of the consultation forms returned made comments which specifically indicated that it had been completed by a Blyth Star service user.

### **Questionnaire responses on day service charges**

- 8.8 A number of respondents expressed the general view that it was wrong or unlawful to charge for mental health services:

**R26:** Mental Health Day Services sounds very much like health provision which should be free at the point of delivery.

**R47:** The mental health act was made to provide easy access for people who need a service at no charge. Again if you start charging people in this group they may stop that service and become at risk to themselves and families.

**R12:** How could anyone at NCC imagine this is a sound policy in the knowledge of how mentally ill people are vulnerable and financially disadvantaged and in need to help?

- 8.9 Others made comments which appeared to be about day services more generally:

**R80:** day services are a critical release valve for disabled people with physical and mental health difficulties AND their carers/families. This would be the last area where I would like to see action taken which might exclude or limit access for existing and potential service users.

**R74:** As unpaid carers and old aged pensioners, [name] has to contribute to his share to the household expenses if the charges for day services keep going up we will not be able to keep him there then he will have no contact with other handicapped like him.

**R31:** So you don't charge for mental health day services, yet would like to charge the rest of the vulnerable! Day care provision is ALL associated with mental health! both for carers, and the cared for!

### **Support for the proposals**

- 8.10 Some supporters of the proposals made no detailed comment. One expressed a specific puzzlement:

**R28:** The policy seems reasonable on the assumption that there is no justification for treating some day services differently to others. However, I do not understand why the Council would ever charge for services provided by voluntary organisations.

- 8.11 The Council makes no charge for services which are provided by organisations which do not make a charge to the local authority. However many services provided by voluntary organisations do have a cost to the Council.
- 8.12 One rural respondent saw low day services charges as another example of the unfair advantages of urban areas:

**R56:** In rural areas, there are few services available and so I would suggest that if costs for rural hourly care provision goes up, this should be off set by the equal rise in costs of day services available in urban areas.

## **9. The discount for payment by Direct Debit**

- 9.1 The proposal to reduce or end the discount for payment of charges by Direct Debit attracted 63 comments, more than any other specific proposal. A variety of opinions were expressed. 17 respondents were against any change to the discount; 16 accepted that it could be reduced from 4% but did not believe that it should be abolished; 19 felt that it should be ended, but five of these felt that people already getting the discount should continue to do so. Some of the other responses suggested a continuing discount, but set on a different basis.

## Arguments for retaining the discount

- 9.2 Many respondents suggested that if the discount was discontinued, it would add to administrative costs because more people would pay by invoice:

**R15:** The discount is used by many businesses to save money or reduce costs. If people decide to change the way they pay fees, sending out invoices and collecting your fees would make costs higher than they are now. False economy idea. Non Starter.

**R51:** The discount for people who pay direct debit should stay as it is of financial benefit to those who chose to use it and it provides the council with guaranteed income rather than waiting for people to pay monthly or fall into arrears.

**R87:** Ridiculous proposal - direct debits are controlled by you therefore almost certainly guaranteeing payment on time.

**R68:** If you do end the discount I will cancel DD and pay when bill comes through.

- 9.3 Others emphasised their view that discounts were standard practice which should be followed:

**R66:** Direct debit discounts apply to all direct debits for services, WHY should the council be different?

**R7:** It is an industry standard practice that DD discount given. If changed should be option 3 - lower discount.

- 9.4 Others felt that a change would be unfair:

**R34:** seems unduly harsh to penalise those who you were trying to incentivise a little while ago - not really the actions of a caring ruling body

**R48:** So, just because more people, especially the elderly in this case, are paying by DD you want to claw back the 4% discount

**R49:** This appears to be a money grab. It costs the council less to take payment by this method.

- 9.5 Supporters of the proposal to end the discount only for new users gave only limited arguments for their position:

**R16:** I feel that the discount should continue to people who already have it however do not offer to new clients who do not know any different. I feel it would be a shame to take this discount away from people who have it already.

- 9.6 Some respondents agreed that the existing discount was higher than necessary, but felt that a discount should be retained:

**R4:** Suggest there should be some discount but 4% is too high.

**R20:** Maybe reducing discount could be acceptable. Makes everyone equal then

**R14:** I assume that payment by direct debit offers a small administrative advantage to the council, so I would support a proposal to reduce the current discount level.

### **Against a discount**

- 9.7 A number of those who favoured ending the discount gave as a reason that not everybody is able to pay by Direct Debit:

**R19:** There shouldn't be any difference in charge based on method of payment as this could discriminate against people who are unable or uncomfortable using certain methods of payment. That said, a 4% price hike by the back door is also unfair. The discount could be reduced and applied to all charges, not just those paid by direct debit.

**R6:** I don't agree with paying all bills by Direct Debit. Many other people are not able to pay by Direct Debit. Why should they be forced to pay more for the same services?

- 9.8 Others felt that the discount was unnecessary, because of the positive advantages for charge-payers of Direct Debit:

**R27:** I agree with ending the discount altogether. Incentive no longer needed.

**R76:** Direct debit is a great way to pay, saving could be made here by ending it.

### **Alternative suggestions**

- 9.9 Some respondents made suggestions which would retain a discount, but on a different basis:

**R26:** This should be linked to the actual saving to the County Council. If it costs £10 to raise and process an invoice then give a £10 discount rather than a percentage. However care needs to be taken so as not to impose multiple increases on individuals.

**R11:** The discount could be kept as an introductory offer to give people an incentive to pay by Direct Debit. As so many are well used to paying by this method for other services, I see no need to keep the discount as a permanent feature.

- 9.10 One respondent suggested a more drastic alternative to a discount (which would not in fact be lawful):

**R41:** If no discount is given then it must be made compulsory for everyone to pay by direct debit.

## 10. Administrative fees for people with the option of paying privately

- 10.1 The final proposal in the consultation document was to introduce administrative fees for people who ask the Council to arrange non-residential care and support services which they have sufficient savings to be able to afford to arrange privately.
- 10.2 50 respondents made comments on this proposal, 19 opposing it, 17 supporting it, and 14 making other comments.

### Against the proposal

- 10.3 Comments opposing the proposal included:

**R1:** Very unfair for pensioners who have saved all their lives for their retirement

**R7:** It is your job! We already pay for NCC staff. NO

**R13:** Every service the Council provides has an administrative cost why should this type of service have its administrative costs recharged? This is simply a price rise by another name.

**R21:** The Council get money from government to pay for their services. They should be demanding more money and not asking service users for more. We already pay income tax and Council tax.

**R48:** By the time you add all these extra charges my father's pension will not be enough to pay for any care at all.

**R49:** If people are paying for their services surely they are saving the council money anyway.

**R51:** Administrative fees are unreasonable as people who can make their own arrangements will but those who cannot should not be charged,

- 10.4 Some respondents were specifically puzzled about why more money should be due when they are already paying the full cost of their services:

**R9:** You are receiving the full amount from these service users and would be better calling it a tax to generate more income.

**R30:** Councils should not charge admin fees for providing critical social care services. They should budget for their admin costs as a central rather than separate charge. Fees for other services, such as planning applications, can be increased to subsidise other key services.

**R66:** This needs to be much more specific, we already pay for ALL services provided why should we pay more? IF people are already subsidised maybe they should pay an admin fee!



## Not against the proposal

10.5 Responses favouring the proposal mostly simply commented that it seemed fair:

**R17:** If someone is financially able to make private arrangements then an admin fee is fair in only those circumstances.

**R81:** No problem with this - people who need services will go straight to companies who can assist them rather than using the council.

10.6 One respondent described in detail what they saw as a more businesslike approach than what the Council was proposing:

People who ask NCC to arrange services when they could afford to make their own arrangements should be charged for the care assessment and then given an estimated bill for the total cost of making financial and contractual arrangements, etc. The person could then choose to pay in one sum, or by DD, or not use NCC any further. Obviously NCC need to run the operation in this regard like a business - hence the assessment needs charging, followed by a no-obligation estimate with payment options. The current idea about this from NCC is financial nonsense.

10.7 The Care Act does not permit the Council to charge for assessments of people's care and support needs.

## Issues about making private arrangements

10.8 A number of respondents, whether opposing the proposal or expressing no clear view, raised issues about the practicalities of arranging support privately:

**R95:** Admin fees could cause some people to make their own arrangements not always suitable for them with no control over services provided.

**R8:** For many people, making care arrangements can be a time of uncertainty & a bewildering array of choice. The Council provides security in supplying its list of approved suppliers. If people are tempted to make their own arrangements in order to save NCC's admin costs there is an increased risk of rogue suppliers taking advantage of, by definition, vulnerable people. Surely, the cost versus benefit of administering such a small charge is not going to be worth it for NCC? I think resources could be better employed elsewhere.

**R29:** The need for care often follows a change in the household & the elderly may not have the ability to arrange their own care or be able to evaluate if care charges are fair. This may result in an increase of unreasonable charges being applied to those most vulnerable. It would also increase the burden yet again on the friends/family that may already be struggling.

**R28:** If the goal is to encourage people who can afford it to contract directly with the care provider than guidance and advice needs to be issued to help people with this and some assurances need to be provided that the service charges for contracting directly will not exceed those that are arranged through the County Council.

**R27:** I agree that those who can should pay the fee to cover arranging care services. I would point out, however, that I have in the past tried to find private carers for my husband (when Carewatch was at its worst) and was unable to find anyone to take it on. Even if I could find someone now, I would rather stay in the present County Council organised system and pay the admin fee than risk at any stage being left without care if someone else let us down.

**R100:** Not realistic to arrange my own care as I live in a small village and need continuity. Having had exactly same support for 19 years don't feel I cause admin services.

- 10.9 In response to respondent R28, the Council has no control over the fees charged to private customers by home care agencies. Comparisons would in any case be difficult to make, since some home care agencies which focus on private business may offer a service which goes beyond what the public sector can afford to commission.

### **Other comments**

- 10.10 A variety of other comments were made:

**R18:** Seems fair to charge a set up arrangement fee but I don't see what an on-going weekly fee would be providing so no to that.

**R19:** I would introduce this only for people who have assets well above the capital limit. It shouldn't force anyone to have to sell their home to pay for care.

- 10.11 In relation to the comment by respondent R19, people's homes are not taken into account in financial assessments for non-residential care, so it is not easy to envisage circumstances in which paying for care other than in a care home would force anyone to sell their home.

## **11. Should some people pay *lower* charges?**

- 11.1 Respondents who answered this question, which was included in part to fulfil requirements in the statutory guidance on setting charges, were generally sceptical about the likelihood of any reductions in charges, given the Council's financial situation:

**R12:** Obviously this is mute as a policy. NCC has no intention of letting people pay less and that's clear in the first few lines of this webpage. If you were fair than you'd be paying carers for doing a job of care and you'd be providing people living alone with their own carer - but that's in cloud cuckoo land.

**R18:** I think a reduction in many areas is hugely desirable and sadly unrealistic.

**R26:** No comment as this is not a realistic option (though it should be).

- 11.2 Some respondents did put forward proposals to right what they saw as injustices in the current arrangements:

**R87:** Reduce charges in rural areas no day centre, lunch club, facilities in the north of the county, no choice of provider. Put the costs up in the highly populated areas.

- 11.3 The consultation document asked specifically about whether carers should continue to be charged for services provided specifically to meet their needs rather than those of the cared-for person. Respondents who addressed this commented on the importance of support for carers, but emphasised issues other than exemption from charges:

**R27:** Taking carers' needs into account when planning care services is laudable. The reality is, however, that I do not think the system could possibly cope with giving us a truly adequate amount of support. The costs would be astronomical. I believe many carers like myself would be reluctant to ask for more free time either because of the cost to themselves or their partner or because of the cost to the Council. I attend one two hour class on those weeks when I can get a friend or relative to sit with my husband. Going for walks, attending a gym. pursuing former hobbies or attending events run by Carers Northumberland are all out of the question.

**R28:** There will be thousands of people, friends, family members and neighbours provide care in their own time without any recognition. So I believe that registered carers should pay for their support services but these support services should not be reduced. Carers Northumberland services should be offered to the unofficial carers too.

**R6:** Carers do also need support to maintain their lives, even when the cared-for person is their priority.

**R95:** Carers need help otherwise more older people will end up in hospital or residential care costing more.

**R32:** As a carer I wouldn't like you to change your policy. However I don't benefit or have any contact with Carers Northumberland. I've never felt the need or been contacted by them. The organisations who do help me are County Blind Ass, who provide a visitor to visit M in Law, Citizens Advice, for welfare benefit and other advice and information and the local Development Trust who provides a library, cinema, groups training and a new self help group for carers funded by a charitable trust. These give me 'time out' from caring. These agencies are funded by different sections, if at all, of NCC. It's important to see the issues in the round and see how lack of support can have unforeseen results.

## 12. Equality impacts of the proposals

- 12.1 The consultation form invited respondents to tell us about unfair impacts which they believed they would have on people with "protected characteristics" under the Equality Act 2010, or on other distinct groups of people.

12.2 Between them, respondents identified impacts on a range of protected groups:

**R7:** 1950's women who have had to wait 6 years for state pension but are not eligible for any benefits. In my own case funds I had reserved for possible future care have been decimated. These increases will only add to that.

**R13:** Lone female home owners with long term health problems in remote rural areas will be unfairly impacted by the proposals. Costs should be equalised to all.

**R19:** These increased costs discriminate against gay people because we are less likely than the rest of the population to have children to look after us and provide care in old age. Your proposals to increase costs will therefore fall more heavily on us, on average, than on the straight community.

**R49:** It appears the more disabled you are the more you pay. That is not how people should be categorised. It seems to discriminate.

**R18:** People with a learning disability are impacted by this whole process. Disability is far too broad to be grouped under a single category and it is disrespectful for a consultation not to consider the needs of people with different types of physical, mental and intellectual disability.

**R87:** totally unfair to younger disabled users especially those in rural areas.

**R32:** It will put additional pressure on carers who are usually unpaid, do not qualify for Carers Allowance and take a great pressure off LA's own Care Services.

**R30:** These proposals negatively impact the following groups: The long-term sick including those with chronic conditions; the mentally-ill; the elderly; the disabled; women – who tend to make up more than 50% of the groups listed above.

12.3 In total, 12 respondents repeated under this heading the view that rural residents were being unfairly treated. Other issues raised in other parts of the questionnaire were also repeated here by some respondents, including the impact on people with low income and the impact on older people with savings.

12.4 The equality impact assessment accompanying the decision report about the proposals discusses these issues in more detail.

### **13. Comments on the consultation process**

13.1 A number of consultees were unhappy about aspects of the consultation process:

**[Response from Bell View]** Clients from our Day Care and Help at Home services reported finding the consultation letters complex and lengthy, they were difficult for clients to interpret. At clients' and carers' request staff were being asked to help clarify the information they had received. Much reassurance was needed.

Our staff were worried that some older people would not have the support of organisations like Bell View to help them with the forms and express their concerns.

**R97:** Too complicated to read and understand. [The only comment on one respondent's form]

**R18:** People with a learning disability are impacted by this whole process. The paperwork posted out is extensive and difficult to understand. It seems designed to induce fear and make vulnerable people feel responsible for the spending cuts and the fact that there is not enough money to go round. I presume it is available in braille and additional languages, I wonder if there is an easy read version or if people's care managers have been asked to explain it to them? There are many people with a mild learning disability with no one to respond for them even if they show them the letter yet who will have no understanding of the implications and will not have replied. The potential loss of income to them is hugely significant.

**R12:** It is also sickening that NCC has not advertised this consultation, nor contacted those residents on PIP to warn them of the likely consequences.

- 13.2 The consultation document was indeed complicated, in part because the charging system is itself complicated, and in part because officers advised that it was important to meet as fully as possible the quite demanding requirements of the statutory guidance. While the intentions of the guidance are admirable, the practical impact is to make it still harder to produce simple consultation materials. A one-page summary which accompanied the consultation document was intended to help; it is not clear whether it achieved its objective.
- 13.3 For these reasons, it would have been difficult to produce an easy read consultation document without oversimplifying unavoidably complex financial issues, or omitting information which might be highly relevant to particular recipients. However care managers were indeed asked to familiarise themselves with the consultation materials, and to offer to explain it to service users. So far as we know, based on responses to other communications about charging sent to the same people, no recipients of the consultation material required Braille versions or versions in another language. All current service users who might be affected were consulted, whether or not in receipt of PIP. The Council has no access to contact details for people receiving PIP who do not currently receive care and support services. The Council made information about the consultation publicly available on its website, with a link to this at the top of the homepage of the site, and there was also some coverage of the consultation in the local media.
- 13.4 Some consultees were sceptical about the meaningfulness of the consultation:

**R73:** If the council is intent on cutting expenditure I doubt whether my comments will have any sway of impact and the paper exercise is bound for the shredder anyway!

13.5 Others felt that the consultation process was itself wastefully expensive:

**R2:** The Council needs to be mindful that small changes to your systems and processes could make savings in a big way. For example, look at the way in which you have communicated this consultation, via 12 sheets of A4 plus postage and the administration costs of doing this one exercise. Why could you not simply send an email with the link to the consultation, with an option to request a paper copy? You would receive a much higher response rate. There will be thousands of letters put in the bin as people a) do not have the capacity to understand its contents and b) there are those that would never fill it in anyway. If you feel this contravenes the rights of everyone to be consulted, then you could find a way to identify who has an email address and who does not. I am sure this could be replicated with lots of other processes, e.g. financial assessments, etc, whereby email would be a much more cost efficient method of communication.

**R40:** 3 first class envelopes arrived relating to this information, It might help if you condense it and use one envelope. Less expense.

13.6 While email is increasingly used to communicate with service users and carers, particularly those of working age, the nature of the client group for adult social services is such that it remains less often a suitable option than paper material. However we do hold email addresses for some service users who have agreed to communication by email, and we will consider the scope for making more use of these in future communications about charging. It is not clear why respondent R40 received three copies of the consultation – one possibility is that there were multiple service users in the same household, or that the respondent was managing the finances of a number of relatives. No consultation materials were sent by the Council using first class post.

13.7 Some consultees were concerned about the risk that relying on consultation responses might lead to decisions which treat badly the groups of service users who are least able to respond.

**R17:** This is quite a complicated system as benefits always are and to be honest lots of disabled especially elderly people will struggle to understand any of the above so again the most vulnerable will have less of a voice and be an easy target!!!!

**R18:** Any essential cuts should be made on an equitable basis to avoid penalizing particular groups who find it difficult to respond to this type of consultation process and could be deemed not to object rather than to be unable to respond.

13.8 A few respondents expressed the view that the Council should be finding better solutions itself, rather than consulting them:

**R53:** Now come on let's get to the nitty gritty of this problem. There are many people in the county council who earn high salaries so let them earn their money and come up with a well thought out solution to this problem

**[Facebook response]:** I get a letter from Northumberland County Council on 25th October stating they need to reduce expenditure by £36 million over the next 3 years.

What makes this even more hideous, is that you are asking me, as a parent and carer of a disabled adult, to suggest ways that you can take money off him to cover this.