

Appendix 6

Changes to Contributions Policy Proposals Responses from the Consultation meeting May 12th 2016

What do you think about the change to a 'Standard Policy' Does it seem fairer?

People felt that the 25 – pension age group were by far the hardest hit and this was both unfair and discriminatory

The reasons for this was that it is the very time when people spend more creating and furnishing hobbies and interests and creating social networks By hitting this group so hard this would limit their opportunities in life for 40+ years – too late for many

People in the 25 – pension age group will be paying ridiculously more money but their costs over 40 years will be greater than other groups

Many disabled people in this group continue to live with in the family home with their parent as carers (saving health and social care services millions of pounds) but are never entitled to Housing related costs.

Quote from carer 'Bradford should be brave to be different. Portability is of no interest to me - I can't afford to move out of Bradford'

People felt they were already paying more both as services users and carers due to the changes in assessments and the negotiations about encouraging people to provide more themselves – so penalised twice and leaving people with no social life and often the persons carers too

Personal budgets are less and less well funded. We are already paying for services ourselves and will be paying Bradford Council more for the privilege of having a personal budget. It may prove cheaper and easier to give the Council back everything and wait for a crisis to happen.

Some services users do not see the value of services and refuse to pay e.g. someone on the autistic spectrum, acute mental health episodes. Their carers often end up having to foot the bill because

they recognise that with out a service/ support the person health will deteriorate and they will end up picking up the crisis – what else do you do?

It's hard to work it out. There was nothing that went out with the original questionnaire.

“My son lives in supported living. He has no means of increasing his income. It's not fair on him and others like him as people have different/limited opportunities to earn extra income. The change from charging nothing to the new policy is far too much.

The Council should do its best to make people understand.

Why is only the middle rate of DLA/PIP taken into account?

There were lots of misunderstandings with the examples. They need to be clearer.

It's not clear whether and how direct payments are taken into account?

This consultation has reached a relatively small number of people. How are others going to have the opportunity to have their say?

1-1s or 1-2s are very important.

There needs to be a lot more information about who can help.

There needs to be more information given to carers about the contributions policy and the Care Act

This will have a huge impact upon carer's finances> It will squeeze on the disposable income of carers and the guilt that they feel to cover the shortfall so the people they care for retain a decent quality of life.

There are unintended consequences for carers (see previous comment)

Not really sure there is not enough clarity and information. The message does not seem to have been communicated clearly. It is difficult to understand. The questionnaire was not simple, needed

clarity and has to be accessible for all to understand and comprehend.

The examples that were given needed clarity. There was no explanation of how the figures were derived and what they meant in reality. There was confusion on how mobility allowance is used or not used/deducted from the the examples

There seems not standardised way in which a formula can be applied bearing in mind each person's situation will be different. Would like to get information about how many questionnaires were returned and their analysis

Need clarity in terms of how the policy will be applied. Some people will end up being worse off so it will be a case of who can best provide as much or as little income evidence to get the best deal.

Until the individual financial assessment is done will not be able to say whether fair or not.

Not enough information provided to make a decision.

The policy questionnaire didn't give any examples therefore didn't feel able to make decision one way or another.

Fairer to whom?

Yes – Portability

Yes – simplifying assessment

No – depending on if have to pay more

Just increased Council Tax

What about priority debts

Should be transitional arrangements

The papers sent out did not give much info on the changes.

What do you think about disability related expenditure/ Do you have any concerns?

The examples are all very physically disabled or older people based. It does not in any way illustrate disability related costs for people with LD/ on the autistic spectrum or who access mental health services

If people have had work funded by DFG they have been financially assessed for this too and many people have contributed – so why don't they get some acknowledgement of this under disability related expenditure (Appears as though only if you have paid full cost)

Felt that Social Workers and Community Care officers need more training about what they put in their care plans because this affects what can be classed as disability related expenses by the finance team. Suggestions that Adult services randomly check a selection of support plans and if they reflect peoples real disability related expenditure?

There needs to be examples of costs for people with learning disabilities and for people with autism. All the example relate to physical disabilities.

Question: Please could you clarify how carers allowance for pensioners is worked out (pension credit)?

Main concern is about life opportunities and social interaction. Disabled people are already penalised for using taxis, or extra cost for living i.e. accommodation in supported housing i.e.. for extra heating. It will restrict social outings and will mean people will be isolation because they cannot go out as they wont have money to pay for extra treats,
We need clarity as to how the social housing and supporting accommodation aspect will be applied to people accessing disability related benefits.

Disability related expenditure good thing especially if it is tailored to individual needs not just physical needs

One comment made from a carer was that if she told Adult Services about DRE this could exclude her from service's such as incontinence as not all day centres can deal with this. Most welcomed this as part of an assessment if it would bring the charges down.
If service users are in receipt of DLA care shouldn't that be good enough for Adults Services to include DRE.
If a social worker can clearly see a hoist or wheelchair and its noted in the service plan is that good enough.

Step lift should be included, specialist equipment if Blind or deaf.
Expenditure on wellbeing/dignity costs if on care plan.
Cost of adaptations.

What do you think about Housing Related costs? Do you have any concerns?

Too limiting and physically related. Doesn't take into account changes in care needs or adaptations for people with LD or autism.

No provision for maintenance of your property if you own it. Rent usually includes property maintenance so discriminatory. (Reading Council now allows money for maintenance in their policy – why can't Bradford?)

There should be a recognised (notional) figure factored in for people paying "board" living at the family home. This needs consider their contribution to family living expenses including utilities costs (which may be a lot more because of the person being supported).

Feel that the expenditure is reasonable and does seem like a fair way in which it will be implemented. All the reasonable factors have been taken into account

Housing related expenditure good thing especially if it is tailored to individual needs not just physical needs

All the group thought this was a good idea and would welcome this change.

Housing maintenance should be included.

Is the non dependant rent of £14.55 classed as housing costs?

Any concerns or issues regarding double ups?

No comments as we ran out of time

Doubling up need to be means tested to ensure that quality and care is appropriate.

What happens if someone cannot pay for 2 carers or requires services of female/male carer?

It does seem that those who are well off will be affected but it needs to be clearly communicated and documented as to who it will be applied.

Concern that self funders who the “double up” will affect more are being penalised for double ups when in a lot of cases it is a health and safety issue.

The main concern was that service users might feel discriminated against.

People would cancel trying to make the cost cheaper which could be detrimental to their health.

If for health and safety reasons why should service users pay?

What do you think about charging for care in supported living?

No comments as we ran out of time

Need to know how this will be implicated on people who are not supported through supported accommodation.

Supported living and the bands in which people fall into need to be clear and what factors are taken into consideration when applying the policy. It does seem vague as to what is and what can be supported

Think it's fair should be charged the same as everyone else

The group thought that everybody should pay.

If don't use should not pay.

Any concerns around shared Care

No comments as we ran out of time

Need further clarification as to what is shared care and what does this mean in terms of how this policy will be applied.

How will individual support needs be met through shared care in cases where the carer is working on a rotational basis.

Think it's fair should be charged the same as everyone else

OK as will be better off

What information do you think would help people understand the proposals and how can we most effectively get the message out if there are any changes ?

No comments as we ran out of time

Information needs to be distributed through lots of different networks:

- Carers Resource
- Patient Participation Groups
- CCGs/GPs

There needs to be more consultations in different areas at different times of the day.

There needs to be a central database which is used to communicate with service users

Information must be accessible to the individual (SYSTM 1?)

A lady in our group says she can read it but it's far too difficult to understand.

Another lady asks for leaflets to be put in community centres

Need standardised examples and further clarity as to how the figures are derived.

The policy needs to be clear and accessible and easy to read for all

Where can source information be obtained of exact figures that are being applied.

The agreed policy should be sent out to everyone.

Letter advising them of what happens next – timescales etc

Meetings at older peoples forums

Letting advice centres /cab know the new policy.

Group meetings.

Visits day centres.

Speak to 3rd party agencies so they can get the message out.

Talk to each individual – visit – give examples

Use organisations to pass on information

Not enough information to make a decision.

General Comments

More than one person said they were tired and fed up of fighting a cause they never won

This proposal has the driver of the Care Act yet the carers in this case will be bailing out the cared for person because of the huge bills – Care Act legislation gives the same rights to carers as cared for person

If this was a business proposal would you go for it from a personal perspective? Would you be prepared to lose out and get into debt?

The contributions policy is incredible complicated and it's operation particularly when you have a direct payment or personal budget is complicated and not clear. Paper work is confusing and suits the purpose of the system not the services user .

This new policy takes more money from the individual services user and more money from their carers

Learning Disability has not been considered in the examples. It's not easily quantifiable but should at least be considered.

The proposals will leave the most disadvantaged people with learning disabilities and crucially no possibility of generating extra income which would be needed to access any kind of social activity. Where does this fit with the requirements of the Care Act?

Not clear how the contributions currently made to direct payments is dealt with in the context of these additional charges. This will cause huge concern.

“Utilities: People who rely totally on another person to leave the house – either because of a safety issue or disability. This incurs

extra heating/lighting costs. This isn't taken into account. Again further penalising people having genuine additional needs"

"Care Act 2014 supports people to access activities in an equitable way. This proposal does not facilitate this in any way because it means loss of most disposable income for the most disadvantaged in society"

At the moment the increase for people in supported living is according to the "examples" quite extortionate. Could this be done in more manageable stages? - Over a three year period for example? How is this fair otherwise?

Amazing amount of spin! The language used at the introduction sounded very much like decisions have already been made (i.e. "will be etc). This doesn't really seem like a consultation more a job done!

How many consultation groups will be held (apart from this). Answer was this is the only one. How on earth does that help people – especially with communication difficulties to contribute?

Carers cannot always leave the cared for etc.. More sessions at different times needed.

Consultation letter and questionnaire confusing not clear

How are we rolling this out some will be reassessed on new policy before others – not fair.

How long will this take – over what timescale – before everyone is on new policy.

Parents with children receiving service do not want too much extra work i.e. providing evidence needs to be as simple and less painful process as possible.

Unfairness that some supported employment clients have been making a contribution and others not so new policy will be fairer.

Transitional protection on implementation.

How will the decision be communicated after the committee meeting?

What's the date of the committee meeting?

Broadly this table felt that it was a positive change (but will be hard to adjust to?)

Need to keep financial assessments up to date – annual reviews do not currently take place.

How to request a new financial assessment if circumstances change.

Need to keep care assessments up to date – annual reviews do not currently take place.

Information needs to be accessible.

Comments about the process

It would have been useful to get the information beforehand

There should have been more face to face consultation sessions with service users and carers. These should have been advertised when the questionnaires went out

It would have been useful to have sent separate questions to carers (many people thought that services users have never shown them the consultation questions)

Information beforehand needs to get to grips with how peoples own personal financial situation and how the proposals affect us

Are insurance costs included on the Direct Payments awarded
It would be helpful if these were clearly itemised?

Comments from written representations received after this meeting

'One of the drivers of the Care Act 2014 is the portability of care and financial assessments and that this would be better achieved if

Bradford was to adopt the standard contributions policy that is used by the majority of Local Authorities in England'

Can you please advise/respond to the following?

- On what evidence is 'that this would be better achieved' based on?
- Compared to what other possible alternatives?
- Why have no potential alternatives been suggested/offered
- Is the financial charging formula you propose the same throughout all Local Authorities in England – there are some which state that the charge will be 90% of a person's disposable income. Is this what BMDC is proposing as no indication was given in consultation?

How do you define what is reasonably affordable and what is it compared to? By definition many people with different types of learning disability and autism not only have limited income but the vast majority have never had and never will have the opportunity to gain increased income through employment. They also are at a further disadvantage in that they do not have the same opportunity to create assets.

Regarding the possible 90% of disposable income – The government sets benefit amounts it deems meets the needs of the person. How can the proposal to take such a huge amount of disposable income away from what was previously deemed as necessary be fair??

The lack of information or any indication relating what the likely charges were going to be, made responding in any kind of properly informed way impossible.

The questionnaire as part of a review consultation piece was unfit for purpose and potentially falls outside of Gunnings Principles.

How can service users be asked to give an opinion or form a view when no understandable information i.e. EasyRead or pictures and symbols have been used, or the potential impact explained. Asking Ryan if he agrees to a charge would mean very little to him. Ask him if he would be happy about not being able to go on a simple holiday, remain involved with his disability Rugby , or afford

a meal with family or friends he would be able to answer with a very clear NO!!

At the moment I do not pay any contributions because I live in supported accommodation.

If you change this policy I will start having to make contributions and this will affect my chances to do things such as socialising. As the moment I go out with my friends to sports clubs, this helps to keep me healthy and fit, it also helps me to keep my mind healthy. If I cannot do these things I am worried I will start to feel unwell.

I travel independently through the day, in the evenings I use my money to pay for taxi's so I can go out, if I have to use my money to pay a contribution I will not be able to go out, this means I can only go out in daylight or in the summer.

I am very unhappy about the way this has been handled and wish to request that the closing date 20th May 2016 is extended and the consultation to be carried out again to allow

- The consultation to be widely publicised across the whole district
- Accessible information to be developed
- Recognition of different client groups support needs for small or 1-1 consultation.