

Adult Social Care

**Charging Review for Non-Residential
Services 2012 / 13**

**Report on the Consultation and
Engagement**

1. Executive Summary

- 1.1. In July 2012, Executive Board gave approval for Adult Social Care to consult with Stakeholders on a number of proposals relating to its charges for non-residential Adult Social Care services.
- 1.2. From July 2012 to March 2013, Officers from Adult Social Care have engaged with a range of stakeholders to ascertain how the proposals to amend the charges will affect:
 - People who use the services
 - The carers and family members of people who use the services
 - The services themselves
- 1.3. A range of methodologies were used to give stakeholders (particularly service users, members of day services and carers) a number of opportunities for them to have their say.
- 1.4. The feedback that has been obtained from the engagement activities has been collected and analysed, and forms the basis of this report.
- 1.5. The key findings of the consultation are:
 - A significant percentage of service users believe that they cannot afford the proposed charges and /or the changes to the council's financial assessment methodology
 - A significant percentage of service users believe that they will need to cease or reduce their use of services as a direct result of the proposals.

2. The Context of the Charging Review Consultation and Engagement

- 2.1. The Government assumes that local councils will ask people to pay towards the cost of their services and the amount of money that the Government gives councils to provide services is reducing. This means that without people paying towards their services we would not be able to provide the level and quality of services to people who need them.
- 2.2. Each Council decides how to charge people and what to charge them for the services that they receive, but they have to follow the government's guidance on how to do this. In Leeds people pay less towards the cost of their social care services than other similar Councils. This means that Leeds does not have as much money to spend on services as other similar Councils.
- 2.3. Charging Reviews have been undertaken previously in 2008/09 and 2011 which involved consulting with service users, carers and a range of interested stakeholders. Three of the clear outcomes from the previous consultations that were undertaken that are relevant to this review are:
 - people did not agree with charging for adult social care services;
 - people did not agree with increasing the amount that they contribute towards the cost of their services;
 - people did not agree with their savings being used to calculate their contribution and they felt that some people who had not saved were being subsidised by those who had saved
- 2.4. The changes made to the Charging Policy in 2009 and 2011 brought Leeds more in line with other authorities, but our income from customer contributions remains lower than the core cities average. This impacts on the funding available to the Council to fund Adult Social Care services.

- 2.5. There are three main reasons for income for charges in Leeds being lower:
- There are some services in Leeds for which charges are not made
 - There are some anomalies within the current charging arrangements which mean that service users are charged differently for similar services
 - The financial assessment methodology takes a lower amount of people's income and savings into account than in most authorities
- 2.6. There are two main differences between the financial assessment methodology in Leeds and that of most other authorities:
- Most comparator authorities take 100% of disposable income (after allowances for daily living, housing and disability related costs) as being available to contribute towards care services compared with 90% in Leeds
 - All comparator authorities use the same approach to capital (savings and investments) as is used for residential assessments, but in Leeds higher capital thresholds are used.
- 2.7. There are some anomalies in the current charging arrangements that give rise to potential inequities. For example, charges are made for respite care provided in a residential home, but respite care provided in community settings such as sitting services in the customer's home do not currently attract a charge. The services people receive through mental health day centres are not currently treated as chargeable services, but this is not consistent with day services for other client groups.
- 2.8. In July 2012, the Executive Board approved a consultation process on proposed changes to charges for non-residential Adult Social Care services. The proposals for consultation were designed to bring Leeds in line with the substantive majority of other authorities and to address the anomalies within the current charging arrangements.
- 2.9. The proposals approved by Executive Board in July 2012 to be consulted on are:
- introducing new charges for some services that are currently free, and
 - changing the way that we charge people and how much they will be asked to pay towards the services that they receive
- 2.10. The proposed new charges that were consulted on were:

| Service | Proposed Charge |
|------------------------------------------|-----------------------------------------------------|
| <i>CareRing and Telecare</i> | |
| CareRing (Pendant Alarm) | £3.84 per week (including VAT) |
| Telecare (Peripheral Monitors) | £5.50 per week |
| Telecare (GPS Systems) | £12.50 per week |
| Telecare (Just Checking) | £16.50 per week |
| Mobile Response Service | £3.00 per week |
| <i>Home-based Sitting Service</i> | |
| Shared Lives service: Outreach | £13.00 per hour daytime £14.50 waking night-time |

| Service | Proposed Charge |
|--------------------------------------|---------------------------------------------------------------|
| Shared Lives service: Day Support | £13.00 per hour |
| <i>Mental Health Services</i> | |
| Directly provided day services | £9.00 per group session £18.00 per hour one-to-one support |

2.11. For mental health housing support services there was a proposed increase in the charge from £13.00 per hour to £18.00 per hour to reflect the cost of providing the service.

2.12. The two proposed changes to the assessment methodology were as follows:

2.12.1. Applying the Department of Health Charging for Residential Accommodation Guide (CRAG) approach to taking into account savings and investments (excluding the value of a person's home)

- People would pay in full for their care if they had savings above £23,250 rather than above £46,500 as they do currently
- People with savings between £14,250 and £23,250 will pay more based on their savings (a notional amount of £1 will be added to their weekly income for every £250 in savings between these two thresholds compared with every £500 of savings currently)

2.12.2. Assessing 100% of people's disposable income (after allowances for daily living, housing and disability related costs) as being available to contribute towards care services rather than the current 90%.

3. The Consultation and Engagement Process

3.1. The role of the Advisory Groups

3.1.1. In July 2012, following approval by Executive Board to consult on the new charging proposals, two advisory groups were established:

- the Members Advisory Board
- Service Expert Advisory Group

3.1.2. The Members Advisory Board had representation from the five political parties and it met from November 2011 to March 2013. The purpose of the board was to oversee the charging review, including the consultation process and outcomes.

3.1.3. The Service Expert Advisory Group met from July 2012 to March 2013. The membership of the group represented:

- A number of user led groups, that is the Leeds Local Involvement Network, The Alliance of Service Experts and Leeds Involving People;
- A number of service user groups, that is learning disabilities, mental health, older people, younger disabled people and carers;
- The service users that would potentially be affected by the proposals.

3.1.4. The purpose of this group was to advise Adult Social Care on the following aspects of the Charging Review:

- The accessibility and clarity of the publicity and explanations of the review process;
- The accessibility of the consultation process;

- The accessibility of the report of the consultation findings
- The impact that the proposals could potentially have on people (which would contribute to the Equality, Diversity, Cohesion and Integration Impact Assessment).

3.1.5. The Service Expert Advisory Group has produced their own report on their involvement in the process and the key messages that they would like to emphasise from the findings. This report is included within the Executive Board report.

3.2. Approaches to People Potentially Affected by the Proposals

3.2.1 Consultation and Engagement Principles

In the planning and undertaking of the consultation and engagement activity a number of principles were adopted:

- To ensure that all service users who could be affected by the proposals were informed of the proposals and were provided with an opportunity to let the Council know how they would affect them.
- To ask people how the proposals may affect them and their family and/or carers to gain a better understanding of the impact of the proposals.
- Where possible, to provide specific information to service users on how the proposals may affect them.
- To provide a number of opportunities/ways in which people could contribute to the community engagement
- To ensure, as far as we were able, that the data/information that we had available on service users, was as up to date/relevant as possible, including information relating to people's equality characteristics.
- To involve representatives of service users and carers in the planning and analysis of the community engagement.
- To involve Elected Members through an all party Advisory Group in overseeing the consultation process and outcomes.
- To have a flexible approach to the community engagement, adjusting to local needs and requirements.

3.1.2 Prior to the distribution of the consultation information, work was undertaken to clean up the data and information that was held by Adult Social Care in relation to the people who use services. This was to minimise the risk of sending documents out to people no longer in receipt of services.

3.1.3 Information was sent to all service users who may be affected by the proposals, that is, everyone who had received a financial assessment, and people who were in receipt of the services we were considering introducing a charge for, with an opportunity for them to have their say about the proposals.

3.1.4 Five different information packs were produced, one for each of the following categories of service user:

- People who have been financially assessed
- CareRing and Telecare
- Shared Lives
- Mental Health Day Services
- Mental Health Housing Support.

3.1.5 21,469 packs of information were sent out to services users.

The information packs that were distributed to service users contained:

- A covering letter providing introductory details
- A sheet for people who may wish to request the information in alternative languages
- Details of who to contact with any queries and the dates and times of the drop-in sessions held across the city
- An information sheet setting out the proposals
- A feedback form for people to tell us their views about the impact of the proposals
- A pre-paid reply envelope.

3.1.6 For people who had received a financial assessment, the Council was able to notify them specifically on how the proposed changes to the financial assessment methodology would affect them financially.

3.1.7 The feedback forms and briefing documents were developed with the Service Expert Advisory Group and the Service User and Carer Editorial Board.

3.1.8 The feedback forms focussed on asking people how the proposals would affect them and not whether they agreed with the proposals. A copy of the Feedback Form is attached at Appendix 1. Responses were made using free text and these responses were then analysed which identified themes emerging from the responses.

The majority of feedback forms were sent through the post, except in Mental Health Day Services where the majority of forms were distributed through the day centres.

3.1.9 A Freephone number allocated to the Financial Assessment Team enabled people to contact the team to discuss the potential impact of the proposals on their individual financial situation and to complete a Feedback Form via the telephone. In addition this was used as the general telephone number for raising any issues on the proposals and to request documents in different languages and formats.

3.1.10 An e-mail account was created for the Charging Review. This was an additional method for people to raise any issues, to request documentation in different formats and to submit a completed form electronically.

3.1.11 People were also offered the opportunity to request a visit from an Officer who would assist in completing the form with the individual in their own home or at a place of their choosing.

3.1.12 A number of drop in events were held across the city based on areas of Leeds that had the highest concentration of people who used services and that were also accessible by public transport. Details of all the consultation events held are set out in Appendix 2. In respect of Mental Health Day Services, drop-in events were held in each of the three day centres (The Vale, Lovell Park and Stocks Hill).

The purpose of the drop-in events was to provide people with an opportunity to discuss the issue, receive assistance to complete the feedback form, and to identify the potential impact in them personally. Officers from the Financial Assessment Team attended the drop-in events to offer guidance to people on how the proposals may affect them.

3.1.13 Three meetings were held for people living in sheltered housing accommodation at their request or at the request of elected members.

3.1.14 Meetings were also held in Mental Health Day Centres in conjunction with officers leading on the modernisation of day services. These were held in addition to the drop-in events held in these centres.

3.2 Approaches to other interested stakeholders

- 3.2.2 Briefing documents were provided to Elected Members, managers and staff in Adult Social Care, NHS Commissioners, NHS provider organisations, and to the Housing ALMOs. Stakeholders had the opportunity to provide a written reply to the proposals.
- 3.2.3 Officers attended a number of existing meetings that included:
- Adult Social Care Managers, including managers of services where charges were proposed
 - Carers at the Carers Expert Advisory Group
 - NHS Commissioner and Provider organisations at the Telecare Development Group and the Equipment Partnership Board
 - Community Groups at the Social Care Community Forum for Race Equality.
- 3.2.4 Specific meetings were also arranged to discuss the proposals and the potential impact on service users and services with the following stakeholder groups:
- Elected Members
 - NHS Commissioner and Provider organisations that included representatives of the Yorkshire Ambulance Service, Leeds Teaching Hospitals Trust, Leeds and York Partnership Foundation Trust, Leeds Community Healthcare and NHS Airedale, Bradford and Leeds.
 - Third Sector Mental Health Service Providers
 - ALMO Chief Executives
 - Supporting People Alarm Call Providers
 - Adult Social Care members of staff

4. The Consultation and Engagement Outcomes

4.1. Overview

- 4.1.1. 21,469 Feedback Forms were distributed to service users.

Details of the breakdown of forms distributed between the services affected by the proposals are attached at Appendix 3. The details show that the highest number of forms were distributed to people using the CareRing/Telecare service (14,599 - 68%) whilst the highest percentage of feedback form returns came from the Shared Lives Service (23%). A summary of the consultation responses from the feedback forms is attached at Appendix 4.

- 4.1.2. Overall the response rate was 18% (3,963 forms). A lower proportion of people using financially assessed services responded to the consultation (12%) compared with people using other services (range 15% to 23%). The lowest response rates were from mental health day centres (15%) and people who have been financially assessed (12%). There are two possible reasons for this:
- Officers met with members of Mental Health Day Services at a number of meetings and drop-in events at their centres. This provided an opportunity for people to have their say at face-to-face meetings with Officers.
 - People who have received a financial assessment received information from the Council on how the proposals would specifically affect them.
- 4.1.3. As there was a wide ranging number of responses between the various groups of people potentially affected by the proposals, work was undertaken to identify any statistically significant variations and the results of this are attached at Appendix 5.

- 4.1.4. At the same time as officers were consulting on the issue of the Charging Review consultation was being undertaken on the modernisation of Mental Health Day Services. In addition, the CareRing service was in the process of upgrading its equipment in people's homes. This meant that the Charging Review consultation picked up issues relating to both of these service changes: the Charging Review project team referred these issues to the appropriate services.

The Main Overarching Themes arising from all the Feedback Forms

- 4.1.5. The proposals will have an impact on a high percentage of people who responded to the consultation. *Impact on Daily Lives:*
- 61% of respondents (2,194 people) said that the proposals would have an impact on their daily lives, and 31% (1,111 people) said that it would not affect their daily lives.
 - A higher proportion of those attending mental health day centres (81%) and using mental health housing support services (85%) said the proposals would impact on their daily lives than those using CareRing/Telecare (60%), Shared Lives (68%) or financially assessed services (59%).
- 4.1.6. *Affordability.* Overall 26% of people responding (1,044 in total) raised concerns about the affordability of the proposals. A number of people who responded perceived that they would not be able to afford to continue to use the service or that they would continue to use the service and pay the charge but make adjustments elsewhere in their lives. Some of the service users stated that it would affect their daily lives with examples including it affecting people's social life, and / or other services that they buy to help them live at home, such as cleaners and gardeners. However, this was not true for all of the people who responded as some people acknowledged, through additional comments, that the Council would have to charge for services. A higher proportion of responses from people using CareRing/Telecare (36%), Shared Lives (33%) and mental health day services (39%) indicated that affordability was a reason for the impact of the proposals on their daily lives than for people using financially assessed services (22%) and mental health housing support services (21%).
- 4.1.7. *Cancellation of services.* Overall 24% of those responding (742 people) said that they would cancel their services. 19% of those responding (608 people) said that they would consider cancelling and 3% (94 people) said that they would reduce their services.
- Any cancellation of services, as a result of this perceived inability to afford the charges, would be to the detriment of people's mental and physical wellbeing, and to their independence and security. A lower proportion of people using financially assessed services indicated that they would cancel their service (10%) compared with the users of Care Ring/telecare (26%), Shared Lives (37%) and mental health day services (40%)
- 4.1.8. *Impact on Carers.* 47% of those who responded (1,197 people) via the feedback forms said that the proposals would have an impact on their carers / family members and 46% (1,183) said that they did not think that the proposals would affect their carers / family members. On this issue, a higher proportion of people using Shared Lives services (84%) indicated that the proposals would impact on their carers than people using other services (range 43% to 54%). The main reasons people gave for the impact of the proposals were stress, worry and loss of peace of mind for their

carers / family members and their carers / family members having to take on more caring responsibilities.

4.1.9. *Not charging for services*: Although stakeholders were not asked whether they agreed with the proposals or not, a number of them made additional comments saying that they did not agree with charging for services on the basis that:

- They were currently free
- They were vital services
- People perceived that they had paid for these services, either directly through their rent (in the case of people living in sheltered accommodation and Care Ring) or through their Council Tax or other contributions to the government.

The main themes arising from the other consultation and engagement methods

4.1.10. *Affordability*: Stakeholders were concerned about the ability of service users and/or carers to pay for the service, or that they may perceive that they cannot afford the services. Service users and carers stated that the proposals would both affect their daily lives and their use of the services.

4.1.11. *Cancellation of services*. The main risk identified by all stakeholder groups was that people who need services would cancel them and that this would have an impact on the service users and / or carers and also on the wider health and social care system.

In the statutory and third sectors, this risk was also raised along with a concern that the cancellation of services would lead to an increasing demand for their services which they could not absorb.

Of main concern to the NHS commissioning and provider representatives was the impact on emergency services and the potential for delayed discharge into a safe environment.

4.1.12. *Re-consideration of the proposals*. The consultation responses showed that people and organisational representatives were not wholly opposed to the proposals, but were concerned about the level of charge proposed and the timescale over which the changes would be implemented.

A number of suggestions were made by the people and the groups that were consulted, including the Service Expert Advisory Group. The Equality, Diversity, Cohesion and Integration Impact Assessment that accompanies this report provides details of how these proposals have been dealt with.

4.2. Changes to the Financial Assessment Methodology

4.2.1. Generally the services that people were contributing towards were well thought of, with people recognising the role that the services played in helping maintain people in their own homes.

The main findings from the Feedback Forms

4.2.2. People who had been financially assessed accounted for 26% of the forms issued (that is 5,654). A lower proportion of people using financially assessed services responded (12%) compared with people using other services (range 15% to 23%)

4.2.3. The feedback from the overall consultation on this issue showed that the main concern of people was the affordability of the proposals. Of those completing the feedback forms 16% (108 people) expressed concerns they could not afford the

charges or would find it difficult to pay and 20% (141 people) said that it would affect their disposable income to spend on other things.

- People were asked if the proposals would affect their daily life. 59% (372) of people who responded to via the feedback forms stated that it would and 35% (219) saying that it would not affect their daily life.
- Of the comments received in relation to whether the proposals would affect people's use of services, 10% of people (58) stated that they would cancel their services, 17% (99) said they would consider cancelling and 9% (52) said they would reduce their services.
- 39% of respondents (229) said that the proposals would not affect them and 15% (89) said that they would keep their services. For some people the additional proviso was that charges did not increase by much more in the future otherwise they would then become un-affordable. A higher proportion of people using financially assessed services said that they would keep them (15%) than those who said they would cancel (10%).

4.2.4. There was no significant difference between those respondents who said that the proposals would impact on their carers (45% - 214 people) and those who said that they would not (48% - 229 people).

4.2.5. Some people would not just be affected by the proposed changes to the financial methodology, but also by charging for services that had been provided free of charge. 462 people have been identified as affected by more than one of the new charge proposals as well as the financial assessment changes, the majority being people using Care Ring as well as financially assessed services.

4.2.6. Although we did not ask people whether they agreed or not with the proposals, we received a number of comments on the issue more generally of whether charges should be made for care services. They can be summarised as follows:

- People should contribute towards the services they receive and hopefully the charge will not be too high.
- The Council should not charge for services for older and disabled people.
- The Council should not implement the proposals in winter because of high energy bills.
- People want a better standard of services if they either have to pay or if they have to pay more.
- The Council should look at other ways of making savings, for example the Council Tax or the Christmas Lights.
- It was important to retain the cap at the current level to ensure that services for people with high needs do not become unaffordable.

The main finding from the other consultation and engagement methods

4.2.7. It was the view of some members of staff that whilst the Council's financial assessment methodology might be seen as being fair with regard to service users whose pensions, savings and investments were products of a different economic era, working age people of today will not have the same returns or benefits when they retire and so will be less financially secure.

4.3. New Care Ring and Telecare Charges

4.3.1. Generally, the people consulted believe that Care Ring and Telecare are vital services for people living in the community. They value the safety and security that

these services give to vulnerable people either with physical and / or mental health needs living on their own or with a family member / carer.

- 4.3.2. People who had needed to activate their Care Ring alarm generally spoke highly of the service and how it had helped them in the past. NHS commissioners and providers see these services as intrinsic to the delivery of their own services, ensuring, for example, that people can be discharged home without unnecessary delay into a safe environment.
- 4.3.3. The view of NHS and Adult Social Care members of staff was that Care Ring and Telecare were provided as part of a wider health and social care service, maintaining people for as long as possible, as independently as possible, in their own homes. Therefore any impact on the service would have a wider impact on the health and social care sector.
- 4.3.4. Not all people in receipt of Care Ring valued the service. A number of people, particularly (but not wholly) those living in Sheltered Housing accommodation, stated that they had not asked for the service and, at that point in time, did not need the service.

The main findings from the Feedback Forms

- 4.3.5. The highest number of people potentially affected by the proposals are in receipt of Care Ring and/or Telecare services. Of the 21,469 feedback forms issued, 68% (14,599) were issued to people using Care Ring and/or Telecare services. 21% of forms issued to Care Ring / Telecare service users were returned completed (that is 3,052).
- 4.3.6. People were asked if the proposals would affect their daily life. 60% (1672) of people who responded to this question said that it would affect their daily life with 31% (853) saying that it would not, or would not significantly, affect their daily lives.
- 4.3.7. A common perception amongst service users was that they would not be able to afford the proposals. 853 people (28%) who completed the feedback forms raised affordability concerns and 384 (13%) said that the proposals would affect their disposable income to spend on other things. People referred to the general cost of living as well as their static limited income as reasons for un-affordability. Some disabled people raised the issue of the cost of being disabled.
- 4.3.8. As a result of the un-affordability a number of service users said that they would cancel or reduce their services. 26% of respondents (614 people) said that they would cancel their service, 20% (472) said they would consider cancelling and 1% (16 people) said they would reduce their services. However, of the people who commented on the impact on the use of their services 19% (443) recognised that they needed the service and so would pay to keep the service. 27% (628) said that the proposals would have no impact on their use of services.
- 4.3.9. 20% (621) of respondents stated that not having the service would impact on their peace of mind, security and independence.
- 4.3.10. There was no significant difference between those respondents who said that the proposals would impact on their carers (46% - 880 people) and those who said that they would not (47% - 905 people). The biggest issue was carers feeling more stress and losing peace of mind.

The main findings from the other consultation and engagement methods:

- 4.3.11. The majority of people attending the open drop-in events (but not the Mental Health Day Services events) used Care Ring and telecare services, with the majority of people living in Sheltered Housing accommodation. People living in this type of accommodation raised some specific issues:
- They believed that they had already paid for the service as part of their rent
 - Care Ring is a part of the fixtures of their accommodation and so on this basis they asked if they would still be charged for the service;
 - Some people said that they did not need the service so would want it removing or would not wish to pay even if it was part of the fixtures.
 - The system had been updated recently and so they thought that the charge was linked to the upgrade.
 - Some people were concerned that if they could not afford to pay for the service, as it was a necessary part of the accommodation, then they would have to leave.

The feedback from the consultation on the charging proposals was complicated by the issue many people had in relation to Care Ring including the on-going upgrades to the system.

- 4.3.12. The issue of whether service users would perceive that they could afford the proposals was raised by stakeholders at consultation events.
- 4.3.13. A range of Officers from the NHS and Adult Social Care were concerned that a large number of people would cancel the services and that this could have a number of impacts on their services. Scenarios included:
- more people using the 999 or 111 numbers and the impact that this would have on ambulance services and accident and emergency and the associated cost of this;
 - more people being admitted to hospital as a consequence of admission to A&E;
 - more people requiring admission to residential or nursing care homes;
 - the impact on Sheltered Housing re: potentially greater fire risk if people disconnected their equipment

The charging review should take into account the cost to the whole health and wellbeing care system.

- 4.3.14. Officers were also concerned about the negative impact that the cancelling of services would have on people, referring to the impact on their health and wellbeing, and their ability to remain independent in their own homes. These concerns echoed the statements of the people who completed the feedback forms.
- 4.3.15. A view was expressed by members of staff at their consultation event, that the `just checking` equipment and monitoring services should be free, as it is the council and health services that use these for assessment purposes.
- 4.3.16. Some people (too small a percentage to note) suggested alternatives to the proposals that would still generate income for the Council, specifically:
- Lower the charge per week
 - No charge for existing service users but introduce a charge for new people
 - Charge people each time they activate their alarm instead of a weekly charge.

4.4. New Charges for Mental Health Day Services

- 4.4.1. There was a view from the people who used the services that there was little choice for people in terms of day services in the community. Members of the day services were also going through other changes related to the modernisation of their services and the welfare benefits reform. Overall they felt overwhelmed by the amount of change and found it difficult to distinguish the potential impact of the charging review as being separate from the service changes that were happening.
- 4.4.2. A number of the current members of day services use the centres for support, for a safe place to go and to meet their social care needs with people who understand them. There was general concern therefore that many people would not be eligible for services, following a care assessment, and that they would be asked to leave services. Officers from the Council assured members of day services that that people currently using the service will not lose their access to the service.
- 4.4.3. The Third Sector providers of mental health services thought that the direct payments system fit in very well with the recovery model of mental ill-health as old style day services encouraged dependency. However, they also believed that day services are the only form of social interaction that some people have and/or can cope with; people can become very isolated if they cannot use the services.

The main findings from the Feedback Forms

- 4.4.4. People who were members of mental health day services accounted for 3% of the total number of feedback forms issued. There was a 15% return on the number of forms issued (105). The numbers involved in analysing the returns are therefore relatively small.
- 4.4.5. 81% (78) of the people who responded on whether the proposals would affect their daily life said that they would, with 19% (18) saying that it would not affect their daily life.
- 4.4.6. 45% (47) of people responding said they could not afford the proposals.
- 4.4.7. 40% of respondents (38 people) said that the proposals would lead to them cancelling their service, 17% (16) said they would consider cancelling and 13% (12) said they would reduce services. 15% (14) said that the proposals would not affect their use of services and 8% (8) said that they would pay the charge and keep the service.
- 4.4.8. If people cancelled or reduced their services due to the charging proposals, 33% of respondents (35 people) stated that it would affect their mental and physical wellbeing, which was a higher proportion than for those people using all other services except mental health housing support services.
- 4.4.9. Some people referred to having to rely more on health or emergency services; this meant working with people that did not know them well and did not understand them.
- 4.4.10. The services were viewed as a vital lifeline for people and that if they could no longer use services then they would become isolated and their mental ill-health would get worse.
- 4.4.11. There was no significant difference between those respondents who said that the proposals would impact on their carers (54% - 37 people) and those who said that they would not (42% - 29 people).

The main findings from the other consultation and engagement methods

- 4.4.12. The Third Sector representatives noted that the mental health needs of people who use the services can fluctuate quite dramatically. They added that it was therefore important that people can access services again quickly without going through another care assessment or financial assessment.
- 4.4.13. The community and BME groups that we consulted with reflected this concern and felt that because of this inconsistency services should not be charged for. However, they did state that they saw the rationale for applying a policy to all service user groups to ensure equality.
- 4.4.14. It was proposed that charges should not be introduced for mental health service users who are in crisis (that is those service users who are a danger to themselves or to others). The Council should have a policy/procedure for delaying/phasing in the introduction of charges until the service user's condition has stabilised.
- 4.4.15. Given that there is a proposed charge of £18.00 per hour (including over-heads) for staff assisting service users to recover from their mental ill-health, then the Council should publicise less expensive options for people using their direct payments to employ Personal Assistants to help them recover.

4.5. Increased charges for Mental Health Housing Support Services

- 4.5.1. Issues relating to this service were not raised at the range of consultation events that were held. The only comments therefore that we have in relation to charging for these services is from the feedback forms.

The main findings from the Feedback Forms

- 4.5.2. People using these services accounted for 1% of the total number of forms issued (168). There was a 16% return of completed forms, which at 27 is a small number to analyse.
- 4.5.3. People were asked if the proposals would affect their daily life. 85% (23) of respondents stated that the proposals would affect their daily life and 11% (3) said that the proposals would not affect their daily life.
- 4.5.4. Of the people who commented on how the proposals would affect them, 52% (14 people) said that they would affect their physical and mental health, which was a higher proportion than for those people using all other services except mental health day services. 33% (9 people) raised concerns about the affordability of the proposals.
- 4.5.5. 73% of respondents (16 people) stated that the proposals would affect their use of the services and they would cancel, consider cancelling or reduce the services. 23% (5) stated that it would pay the charge and continue with the service.
- 4.5.6. There was no significant difference between those respondents who said that the proposals would impact on their carers (43% - 9 people) and those who said that they would not (52% - 11 people).

4.6. New Charges for Shared Lives Services

- 4.6.1. There was a general view that Carers save the government and the Council money by providing informal care services and that this should be taken into consideration when making proposals about charging for carers services. It seems counterproductive to some people to introduce charge for those minimal preventative services that enable carers to fulfil this function.

- 4.6.2. A number of carers use Shared Lives to enable them to go shopping, meet a friend, or undertake some daily activities. The view of some people was that it was highly likely that Carers would not pay the proposed charge of £13.00 an hour to go to the shops.
- 4.6.3. The issue of affordability was also the major concern for carers using these services.
- 4.6.4. If carers were to stop caring as they no longer continued to be supported to do so, then this would result in most costly services being provided to the cared for person.
- 4.6.5. Carers also commented that the free services that are available to them makes them feel valued by society generally when many have left work early, resulting in a reduced income, to care for their (generally) family member.

The main findings from the Feedback Forms

- 4.6.6. Carers using Shared Lives services accounted for 2% of the total number of forms issued. There was a 23% return on the number of forms issued to people using this service.
- 4.6.7. People were asked if the proposals would affect their daily life. 68% (49) of people who responded to this question said that the proposals would impact on their daily life and 25% (18) of people said that the proposals would not impact on their daily life.
- 4.6.8. 32% (27) of respondents raised concerns about the affordability of the proposals.
- 4.6.9. 12% of respondents (10 people) said that the proposals would affect their mental and physical wellbeing and 17% (14 people) said that it would decrease their quality of life.
- 4.6.10. 37% of respondents (27 people) stated that they would cancel their services, 23% (17) said they would consider cancelling and 10% (7) said that they would reduce their services. 14% (10) said that the proposals would not affect their use of the service.
- 4.6.11. A higher proportion of people using Shared Lives services (84%) indicated that the proposals would impact on their carers than people using other services (range 43% to 54%). Of those responding 28% (24 people) said they would have to take on extra caring responsibilities, 17% (14) said their carer would have no respite and 15% (13) said it would affect their carer's mental and physical health.

5. Conclusions

- 5.1. The Council has consulted with a range of stakeholders on the proposals to make changes to the charging policy in respect of non-residential adult social care services.
- 5.2. In September 2012, feedback forms and supporting information was sent out to 21,469 people in receipt of non-residential care services. We achieved an overall response rate of 18%. However, this was not the only method by which people could make their views known, but it was the one most utilised by service users, with the exception of mental health day service users.
- 5.3. People's main concern, irrespective of which part of the proposals would affect them, was that they would not be able to afford the services. This could result in the reduction or cancellation of services or people making savings in other important areas of their lives. It should be noted, however, that whilst these were the main concerns they were not directly expressed by the majority of respondents.

- 5.4. The largest number of concerns were raised in relation to the Care Ring and Telecare services, which a number of different groups of stakeholders believed were vital to enable people to live safely in their own homes with perhaps minimum support. Many stakeholders, including people who use the Care Ring and Telecare services, were concerned that people would cancel their services and this would result in an impact on the wider health and wellbeing sector.
- 5.5. The main issues arising from the consultation and engagement for the Council are as follows:
- To look at how the proposals can be made affordable to people who uses the services.
 - The timing of the introduction of the changes.
 - The potential for people to cancel services
 - How to effectively communicate the changes should the proposals be approved by the Executive Board.

Feedback Form

**Adult Social Care
Charging for Non-Residential
Services
Feedback Form**



Leeds City Council is considering making changes to the way we charge people for non-residential services and the services that we charge for.

We want to hear how these proposals may affect you, your carers or your family. Having read the enclosed letter and information sheet, could you please complete this feedback form and return it to our consultation team in the self addressed envelope provided (you do not need to put a stamp on it).

If you would prefer to complete a feedback form electronically, then you can complete one on-line at <https://consult.leeds.gov.uk> . Or you can download a copy of this feedback form from this website and send it electronically to charging.review@leeds.gov.uk

We aim to be accessible to everyone. If you would like this document in Braille, Large Print, on tape or in electronic format, or in a language other than English please contact Leeds City Council on **0800 1381910** (freephone number).

Please return this form by 31st October 2012.

1. How the proposals may affect me.

1.1 If the proposals are approved do you think that they may affect your daily life at home, and if you think that they could, how will it be affected?

1.2 If the proposals are approved do you think that they may affect your use of services, and if you think that they could, how will they be affected?

2. How the proposals may affect my carers or family

2.1 If the proposals are approved do you think that they may affect your carers or your family, and if you think that they could, how will they be affected?

3. Which of the proposals may affect me?

3.1 To help us understand the responses that you have provided above, can you please let us know which of the following statements applies to you: (please tick all boxes that apply)

| | This applies to me |
|---------------------------------------------------|---------------------------|
| I pay something towards my services | |
| I have capital over £14,250 | |
| I have capital over £23,250 | |
| I use Care Ring services | |
| I use Telecare services | |
| I attend mental health day services | |
| I use the mental health housing support service | |
| I use the Shared Lives home based sitting service | |

4. Any other comments

4.1 Please let us know if there is anything you may want us to take into consideration in the review of our charging policy, including how the changes may impact on you or someone that you know or care for.

| |
|--------------------|
| 5. About me |
|--------------------|

The Council is committed to ensuring that all of its services are delivered fairly. We are asking the following questions to help us understand the views of the various communities and interested groups within Leeds.

5.1 Can you please let us know who has completed this form? (please tick one box)

| | This applies to me |
|-----------------------------------------------------------------------------------------|---------------------------|
| I currently receive services | |
| I am a Carer of someone receiving services (informal or unpaid) | |
| I am a family member of an adult who receives services | |
| I work for/with a voluntary community or faith organisation (third sector organisation) | |

5.2 Are you completing this form on behalf of a person who uses adult social care services, or for yourself?

| | This applies to me |
|-----------------------------|---------------------------|
| On behalf of a service user | |
| For myself | |

If you are completing this form on behalf of a service user, please answer the following questions about them, not about yourself.

5.3 Which gender are you?

| | Please tick one box |
|-------------------|----------------------------|
| Male | |
| Female | |
| Prefer not to say | |

5.4 Please tick the box which best describes your ethnic origin

| | | |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A White</p> <p>British</p> <p>Any other White background - please write below</p> <p>.....</p> | <p>B Mixed/ multiple ethnic group</p> <p>White and Asian</p> <p>White and Black African</p> <p>White and Black Caribbean</p> <p>Any other mixed/multiple ethnic group – please write below</p> <p>.....</p> | <p>C Asian or Asian British</p> <p>Bangladeshi</p> <p>Chinese</p> <p>Indian</p> <p>Kashmiri</p> <p>Pakistani</p> <p>Any other Asian background – please write below</p> <p>.....</p> |
| <p>D Black or Black British African Caribbean</p> <p>Any other Black background – please write below</p> <p>.....</p> | <p>E Other ethnic groups</p> <p>Arab</p> <p>Gypsy or Traveller</p> <p>Any other background – please write below</p> <p>.....</p> | |
| <p>I prefer not to say ⊗</p> | | |

5.5 Please indicate which age-range you are in:

| | Please tick one box |
|-------------------|---------------------|
| Under 25 | |
| 25 – 40 | |
| 41 – 64 | |
| 65 – 79 | |
| 80 or over | |
| Prefer not to say | |

5.6 Do you consider that you have a disability, long term condition or age related care or support needs?

| | Please tick one box |
|-------------------|---------------------|
| Yes | |
| No | |
| Prefer not to say | |

| If you have said yes, you consider yourself to be disabled, so what is the nature of your impairment? | |
|-------------------------------------------------------------------------------------------------------|---|
| Physical impairment | |
| Visual impairment | |
| Hearing impairment | |
| Mental health condition | |
| Learning disability | |
| Long-standing illness or health condition | |
| I prefer not to say | ☒ |

Thank-you very much for taking the time to complete this feedback form. Please return it in the envelope provided by 31st October 2012. You do not need to put a stamp on the envelope. Any information that is provided by you in this feedback form is confidential and will only be used to help us to understand the impact of our proposals.

If you would like to receive some feedback following the completion of this consultation exercise, then please provide your contact details. If you are replying on behalf of a group or an organisation please give the details of the person co-ordinating the response.

| | |
|----------|-------------------|
| Name: | E-mail address: |
| Address: | Telephone number: |

Charging Review – Consultation Events Summary

Drop-In Events

| Date | Venue |
|--------------------------|-----------------------------------------|
| 5 th October | Civic Centre, Pudsey |
| 5 th October | St Chad's Parish Centre, Headingley |
| 5 th October | Town Hall, Leeds |
| 18 th October | Margaret & Arnold Ziff Centre, Moortown |
| 18 th October | St James Church, Seacroft |
| 18 th October | Miners Welfare Hall, Garforth |
| 24 th October | Shine, Harehills |
| 24 th October | Hamara Healthy Living Centre, Beeston |
| 24 th October | TownHall, Morley |

Ad-Hoc Events (Specific Requests)

| Date | Venue/Attendees |
|--------------------------|------------------------------------------------------------------------|
| 8 th October | Churchville House, Micklefield (Aire Valley Homes tenants) |
| 25 th October | The Willows, Horsforth (West North West Homes tenants) |
| 2 nd November | Northfield Community Centre, Robin Hood (Aire Valley Homes tenants) |

Mental Health Day Services Events

N.B. Those below were specifically on the charging review. Information on the charging review was also presented at the day services consultation events on 11th September and 16th/17th October.

| Date | Venue |
|--------------------------|------------------------|
| 9 th October | The Vale Day Centre |
| 9 th October | Stocks Hill Day Centre |
| 11 th October | Lovell Park Day Centre |

VCFS Events

| Date | Venue/Attendees |
|---------------------------|-------------------------------------------------------|
| 19 th October | St Georges Centre Mental Health VCFS Organisations |
| 13 th December | Mental Health VCFS Organisations |

Other Events

| Date | Event |
|---------------------------|---------------------------------------------------------|
| 8 th October | Members Seminar |
| 1 st November | Staff Workshop |
| 1 st November | Care Ring & Telecare Event (health partners invited) |
| 7 th November | Social Care Equality Forum |
| 22 nd November | Meeting with Dosti |
| 27 th November | Supporting People Alarm Call Providers |
| 28 th November | Voluntary Sector Mental Health Service Users |
| 12 th December | ALMO Chief Executives |
| 13 th December | Carers Workshop |
| 12 th January | Carers Leeds Information Café |

Agenda Items on Meetings

| Date | Meeting |
|---------------------------|------------------------------------------|
| 19 th July | Telecare Development Group |
| 2 nd October | Adult Social Care Commissioning Managers |
| 20 th November | Carers Expert Advisory Group |
| 4 th December | Equipment Partnership Board |
| 29 th January | Adult Social Care Commissioning Managers |

Appendix 3

Charging Review 2012 - Feedback Forms Summary

| | Number Issued | Percentage Issued | Number Returned | Percentage Returned |
|-------------------------------------------|----------------------|--------------------------|------------------------|----------------------------|
| Care Ring/ Telecare | 14,599 | 68% | 3,052 | 21% |
| People who have been financially assessed | 5,654 | 26% | 694 | 12% |
| Shared Lives | 370 | 2% | 85 | 23% |
| Mental Health Day Services | 678 | 3% | 105 | 15% |
| Mental Health Housing Support | 168 | 1% | 27 | 16% |
| TOTAL | 21,469 | 100% | 3,963 | 18% |

N.B. Some feedback forms were returned without any comments being provided and these are not included in the table above.

Feedback Form Summary

| | | Total for all Services | | | Care Ring/Telecare | | | Financial Assessments | | |
|---------------|----------------------------------------------------------------|------------------------|---------------|---------------|--------------------|---------------|---------------|-----------------------|---------------|---------------|
| | | No. | % Forms | % Reasons | No. | % Forms | % Reasons | No. | % Forms | % Reasons |
| | Number of feedback forms | 3,963 | | | 3,052 | | | 694 | | |
| | | | | | | | | | | |
| Q .1.1 | Impact on daily life | | | | | | | | | |
| | Don't know | 100 | 2.8% | | 63 | 2.3% | | 32 | 5.1% | |
| | Don't use/need service | 169 | 4.7% | | 161 | 5.8% | | 7 | 1.1% | |
| | No | 1,111 | 30.9% | | 853 | 30.8% | | 219 | 34.8% | |
| | Not significantly | 17 | 0.5% | | 17 | 0.6% | | | 0.0% | |
| | Yes | 2,194 | 61.1% | | 1,672 | 60.4% | | 372 | 59.0% | |
| | | 3,591 | 100.0% | | 2,766 | 100.0% | | 630 | 100.0% | |
| | No answer | 372 | | | 286 | | | 64 | | |
| | | 3,963 | | | 3,052 | | | 694 | | |
| | Impact reasons | | | | | | | | | |
| | Financially/can't afford | 1,044 | 26.3% | 33.8% | 853 | 27.9% | 36.2% | 108 | 15.6% | 22.4% |
| | Less disposable income | 557 | 14.1% | 18.0% | 384 | 12.6% | 16.3% | 141 | 20.3% | 29.2% |
| | Adversely affect physical mental health | 148 | 3.7% | 4.8% | 55 | 1.8% | 2.3% | 34 | 4.9% | 7.0% |
| | Feel won't get help when need it/reduced peace of mind | 331 | 8.4% | 10.7% | 308 | 10.1% | 13.1% | 18 | 2.6% | 3.7% |
| | Not affected now but worry about future bills etc | 82 | 2.1% | 2.7% | 43 | 1.4% | 1.8% | 31 | 4.5% | 6.4% |
| | Provides/removed independence/ won't feel safe without service | 351 | 8.9% | 11.4% | 313 | 10.3% | 13.3% | 28 | 4.0% | 5.8% |
| | Still need service so pay | 149 | 3.8% | 4.8% | 118 | 3.9% | 5.0% | 28 | 4.0% | 5.8% |
| | Cancel service | 213 | 5.4% | 6.9% | 174 | 5.7% | 7.4% | 26 | 3.7% | 5.4% |
| | Won't be able to stay in own home | 56 | 1.4% | 1.8% | 48 | 1.6% | 2.0% | 8 | 1.2% | 1.7% |
| | Service not essential | 15 | 0.4% | 0.5% | 11 | 0.4% | 0.5% | 1 | 0.1% | 0.2% |
| | Decreased quality of life/ affect social & leisure activities | 126 | 3.2% | 4.1% | 41 | 1.3% | 1.7% | 56 | 8.1% | 11.6% |
| | Affect ability to complete household tasks | 16 | 0.4% | 0.5% | 11 | 0.4% | 0.5% | 4 | 0.6% | 0.8% |
| | | 3,088 | 77.9% | 100.0% | 2,359 | 77.3% | 100.0% | 483 | 69.6% | 100.0% |

| | | Total for all Services | | | Care Ring/Telecare | | | Financial Assessments | | |
|---------------|---------------------------|------------------------|---------------|-----------|--------------------|---------------|-----------|-----------------------|---------------|-----------|
| | | No. | % Forms | % Reasons | No. | % Forms | % Reasons | No. | % Forms | % Reasons |
| Q. 1.2 | Impact on services | | | | | | | | | |
| | Cancel service | 742 | 23.7% | | 614 | 26.0% | | 58 | 10.0% | |
| | Consider cancelling | 608 | 19.4% | | 472 | 20.0% | | 99 | 17.0% | |
| | Reduce service | 94 | 3.0% | | 16 | 0.7% | | 52 | 8.9% | |
| | May have to move | 13 | 0.4% | | 9 | 0.4% | | 4 | 0.7% | |
| | Keep service | 542 | 17.3% | | 443 | 18.7% | | 89 | 15.3% | |
| | No effect | 886 | 28.3% | | 628 | 26.6% | | 229 | 39.3% | |
| | Yes | 94 | 3.0% | | 69 | 2.9% | | 14 | 2.4% | |
| | Don't know | 157 | 5.0% | | 113 | 4.8% | | 37 | 6.4% | |
| | | 3,136 | 100.0% | | 2,364 | 100.0% | | 582 | 100.0% | |
| | No answer | 827 | | | 688 | | | 112 | | |
| | | 3,963 | | | 3,052 | | | 694 | | |

| | | | | | | | | | | |
|---------------|-------------------------|--------------|---------------|--|--------------|---------------|--|------------|---------------|--|
| Q. 2.1 | Impact on carers | | | | | | | | | |
| | Yes | 1,197 | 46.5% | | 880 | 45.5% | | 214 | 44.8% | |
| | No | 1,183 | 46.0% | | 905 | 46.7% | | 229 | 47.9% | |
| | Not significantly | 8 | 0.3% | | 8 | 0.4% | | | 0.0% | |
| | Don't know | 90 | 3.5% | | 60 | 3.1% | | 27 | 5.6% | |
| | No family or carers | 94 | 3.7% | | 83 | 4.3% | | 8 | 1.7% | |
| | | 2,572 | 100.0% | | 1,936 | 100.0% | | 478 | 100.0% | |
| | No answer | 1,391 | | | 1,116 | | | 216 | | |
| | | 3,963 | | | 3,052 | | | 694 | | |

| | Impact reasons | Total for all Services | | | Care Ring/Telecare | | | Financial Assessments | | |
|--|----------------------------------------------------------------------|------------------------|--------------|---------------|--------------------|--------------|---------------|-----------------------|--------------|---------------|
| | | No. | % Forms | % Reasons | No. | % Forms | % Reasons | No. | % Forms | % Reasons |
| | Stress/worry for carer/family | 463 | 11.7% | 33.8% | 365 | 12.0% | 37.8% | 70 | 10.1% | 26.0% |
| | Family/carers have to take on more caring responsibilities | 299 | 7.5% | 21.8% | 160 | 5.2% | 16.6% | 96 | 13.8% | 35.7% |
| | Lose peace of mind that service user safe/not notified of incidents | 313 | 7.9% | 22.8% | 297 | 9.7% | 30.7% | 14 | 2.0% | 5.2% |
| | Unable to leave service user alone | 33 | 0.8% | 2.4% | 29 | 1.0% | 3.0% | 2 | 0.3% | 0.7% |
| | Affect mental/physical health of carer | 43 | 1.1% | 3.1% | 12 | 0.4% | 1.2% | 15 | 2.2% | 5.6% |
| | No longer able to continue being the carer | 17 | 0.4% | 1.2% | 2 | 0.1% | 0.2% | 10 | 1.4% | 3.7% |
| | No respite for carer | 28 | 0.7% | 2.0% | 1 | 0.0% | 0.1% | 9 | 1.3% | 3.3% |
| | Carer may have to give up work/reduce hours | 14 | 0.4% | 1.0% | 6 | 0.2% | 0.6% | 6 | 0.9% | 2.2% |
| | Carer not feel valued | 2 | 0.1% | 0.1% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Sitter expected to do different tasks/reduced employment for sitters | 6 | 0.2% | 0.4% | | 0.0% | 0.0% | 2 | 0.3% | 0.7% |
| | Carer/sitter a valued friend/support | 8 | 0.2% | 0.6% | 1 | 0.0% | 0.1% | 1 | 0.1% | 0.4% |
| | May lose paid carer or reduce the hours they work | 8 | 0.2% | 0.6% | 3 | 0.1% | 0.3% | 4 | 0.6% | 1.5% |
| | Have to pay for care outside the family | 15 | 0.4% | 1.1% | 11 | 0.4% | 1.1% | 4 | 0.6% | 1.5% |
| | Family live long distance away | 66 | 1.7% | 4.8% | 50 | 1.6% | 5.2% | 14 | 2.0% | 5.2% |
| | Affect family/carers financially | 55 | 1.4% | 4.0% | 29 | 1.0% | 3.0% | 22 | 3.2% | 8.2% |
| | | 1,370 | 34.6% | 100.0% | 966 | 31.7% | 100.0% | 269 | 38.8% | 100.0% |

| | | Shared Lives | | | Mental Health Day Services | | | Mental Health Housing Support | | |
|---------------|----------------------------------------------------------------|--------------|---------------|---------------|----------------------------|---------------|---------------|-------------------------------|---------------|---------------|
| | | No. | % Forms | % Reasons | No. | % Forms | % Reasons | No. | % Forms | % Reasons |
| | Number of feedback forms | 85 | | | 105 | | | 27 | | |
| | | | | | | | | | | |
| Q .1.1 | Impact on daily life | | | | | | | | | |
| | Don't know | 4 | 5.6% | | | 0.0% | | 1 | 3.7% | |
| | Don't use/need service | 1 | 1.4% | | | 0.0% | | | 0.0% | |
| | No | 18 | 25.0% | | 18 | 18.8% | | 3 | 11.1% | |
| | Not significantly | | 0.0% | | | 0.0% | | | 0.0% | |
| | Yes | 49 | 68.1% | | 78 | 81.3% | | 23 | 85.2% | |
| | | 72 | 100.0% | | 96 | 100.0% | | 27 | 100.0% | |
| | No answer | 13 | | | 9 | | | | | |
| | | 85 | | | 105 | | | 27 | | |
| | Impact reasons | | | | | | | | | |
| | Financially/can't afford | 27 | 31.8% | 32.9% | 47 | 44.8% | 38.5% | 9 | 33.3% | 21.4% |
| | Less disposable income | 10 | 11.8% | 12.2% | 14 | 13.3% | 11.5% | 8 | 29.6% | 19.0% |
| | Adversely affect physical mental health | 10 | 11.8% | 12.2% | 35 | 33.3% | 28.7% | 14 | 51.9% | 33.3% |
| | Feel won't get help when need it/reduced peace of mind | 1 | 1.2% | 1.2% | 2 | 1.9% | 1.6% | 2 | 7.4% | 4.8% |
| | Not affected now but worry about future bills etc | 5 | 5.9% | 6.1% | 2 | 1.9% | 1.6% | 1 | 3.7% | 2.4% |
| | Provides/removed independence/ won't feel safe without service | 3 | 3.5% | 3.7% | 5 | 4.8% | 4.1% | 2 | 7.4% | 4.8% |
| | Still need service so pay | 1 | 1.2% | 1.2% | 2 | 1.9% | 1.6% | | 0.0% | 0.0% |
| | Cancel service | 7 | 8.2% | 8.5% | 5 | 4.8% | 4.1% | 1 | 3.7% | 2.4% |
| | Won't be able to stay in own home | | 0.0% | 0.0% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Service not essential | 3 | 3.5% | 3.7% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Decreased quality of life/ affect social & leisure activities | 14 | 16.5% | 17.1% | 10 | 9.5% | 8.2% | 5 | 18.5% | 11.9% |
| | Affect ability to complete household tasks | 1 | 1.2% | 1.2% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | | 82 | 96.5% | 100.0% | 122 | 116.2% | 100.0% | 42 | 155.6% | 100.0% |

| | | Shared Lives | | | Mental Health Day Services | | | Mental Health Housing Support | | |
|---------------|---------------------------|--------------|---------------|-----------|----------------------------|---------------|-----------|-------------------------------|---------------|-----------|
| | | No. | % Forms | % Reasons | No. | % Forms | % Reasons | No. | % Forms | % Reasons |
| Q. 1.2 | Impact on services | | | | | | | | | |
| | Cancel service | 27 | 37.0% | | 38 | 40.0% | | 5 | 22.7% | |
| | Consider cancelling | 17 | 23.3% | | 16 | 16.8% | | 4 | 18.2% | |
| | Reduce service | 7 | 9.6% | | 12 | 12.6% | | 7 | 31.8% | |
| | May have to move | | 0.0% | | | 0.0% | | | 0.0% | |
| | Keep service | 2 | 2.7% | | 8 | 8.4% | | | 0.0% | |
| | No effect | 10 | 13.7% | | 14 | 14.7% | | 5 | 22.7% | |
| | Yes | 7 | 9.6% | | 4 | 4.2% | | | 0.0% | |
| | Don't know | 3 | 4.1% | | 3 | 3.2% | | 1 | 4.5% | |
| | | 73 | 100.0% | | 95 | 100.0% | | 22 | 100.0% | |
| | No answer | 12 | | | 10 | | | 5 | | |
| | | 85 | | | 105 | | | 27 | | |

| | | | | | | | | | | |
|---------------|-------------------------|-----------|---------------|--|------------|---------------|--|-----------|---------------|--|
| Q. 2.1 | Impact on carers | | | | | | | | | |
| | Yes | 57 | 83.8% | | 37 | 53.6% | | 9 | 42.9% | |
| | No | 9 | 13.2% | | 29 | 42.0% | | 11 | 52.4% | |
| | Not significantly | | 0.0% | | | 0.0% | | | 0.0% | |
| | Don't know | 2 | 2.9% | | 1 | 1.4% | | | 0.0% | |
| | No family or carers | | 0.0% | | 2 | 2.9% | | 1 | 4.8% | |
| | | 68 | 100.0% | | 69 | 100.0% | | 21 | 100.0% | |
| | No answer | 17 | | | 36 | | | 6 | | |
| | | 85 | | | 105 | | | 27 | | |

| | Impact reasons | Shared Lives | | | Mental Health Day Services | | | Mental Health Housing Support | | |
|--|----------------------------------------------------------------------|--------------|--------------|---------------|----------------------------|--------------|---------------|-------------------------------|--------------|---------------|
| | | No. | % Forms | % Reasons | No. | % Forms | % Reasons | No. | % Forms | % Reasons |
| | Stress/worry for carer/family | 7 | 8.2% | 8.6% | 18 | 17.1% | 40.9% | 3 | 11.1% | 30.0% |
| | Family/carers have to take on more caring responsibilities | 24 | 28.2% | 29.6% | 15 | 14.3% | 34.1% | 4 | 14.8% | 40.0% |
| | Lose peace of mind that service user safe/not notified of incidents | 2 | 2.4% | 2.5% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Unable to leave service user alone | 1 | 1.2% | 1.2% | 1 | 1.0% | 2.3% | | 0.0% | 0.0% |
| | Affect mental/physical health of carer | 13 | 15.3% | 16.0% | 3 | 2.9% | 6.8% | | 0.0% | 0.0% |
| | No longer able to continue being the carer | 5 | 5.9% | 6.2% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | No respite for carer | 14 | 16.5% | 17.3% | 3 | 2.9% | 6.8% | 1 | 3.7% | 10.0% |
| | Carer may have to give up work/reduce hours | 1 | 1.2% | 1.2% | 1 | 1.0% | 2.3% | | 0.0% | 0.0% |
| | Carer not feel valued | 2 | 2.4% | 2.5% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Sitter expected to do different tasks/reduced employment for sitters | 4 | 4.7% | 4.9% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Carer/sitter a valued friend/support | 5 | 5.9% | 6.2% | | 0.0% | 0.0% | 1 | 3.7% | 10.0% |
| | May lose paid carer or reduce the hours they work | 1 | 1.2% | 1.2% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Have to pay for care outside the family | | 0.0% | 0.0% | | 0.0% | 0.0% | | 0.0% | 0.0% |
| | Family live long distance away | | 0.0% | 0.0% | 1 | 1.0% | 2.3% | 1 | 3.7% | 10.0% |
| | Affect family/carers financially | 2 | 2.4% | 2.5% | 2 | 1.9% | 4.5% | | 0.0% | 0.0% |
| | | 81 | 95.3% | 100.0% | 44 | 41.9% | 100.0% | 10 | 37.0% | 100.0% |

Charging Review Consultation Feedback

STATISTICALLY SIGNIFICANT VARIATIONS

The variations outlined below are those that are “statistically significant”, i.e. real differences that are bigger than the “margins of error”. When comparing the views of small groups of respondents the differences need to be larger to be “statistically significant” than for larger groups of respondents. The numbers of responses to the feedback forms was wide ranging, from 3,052 for Care Ring and telecare to 27 for mental health housing support services, so statistical significance testing was undertaken to ensure that the variations reported are real variations.

Response Rates

- A lower proportion of people using financially assessed services responded (12%) compared with people using other services (range 15% to 23%)
- A higher proportion of people using Shared Lives services responded compared with people using financially assessed services (12%) and mental health day services (15%).

Impact on Daily Lives

- Across all groups of respondents, a higher proportion of people said that the proposals would impact on their daily life (61% overall) than people who said that it would not have an impact (31% overall)
- A higher proportion of those attending mental health day centres (81%) and using mental health housing support services (85%) said the proposals would impact on their daily lives than those using Care/Ring telecare (60%), Shared Lives (68%) or financially assessed services (59%)
- A higher proportion of responses from people using Care Ring/telecare (36%), Shared Lives (33%) and mental health day services (39%) indicated that affordability was a reason for the impact of the proposals on their daily lives than for people using financially assessed services (22%) and mental health housing support services (21%)
- A higher proportion of responses from people using mental health day services (29%) and mental health housing support services (33%) indicated that their physical or mental health would be adversely affected by the proposals compared with people using other services (range 2% for people using Care Ring/telecare to 12% for people using Shared Lives)
- A lower proportion of responses from people using Care Ring/telecare (2%) indicated that their quality of life and/or social or leisure activities would be adversely affected by the proposals compared with people using other services (range 8% to 17%)

Impact on Services

- A higher proportion of people using financially assessed services said that they would keep them (15%) than those who said they would cancel (10%), but for people using all other services more people said that they would cancel services than people who said that they would keep them

- A lower proportion of people using financially assessed services indicated that they would cancel their service (10%) compared with the users of Care Ring/telecare (26%), Shared Lives (37%) and mental health day services (40%)
- A higher proportion of people using Care Ring/telecare (19%) and financially assessed services (15%) indicated that they would keep their services than users of the other services (range 0% to 8%)
- A higher proportion of people using financially assessed services (39%) indicated that the proposals would not affect their use of services
- The proportion of people indicating that the proposals would not impact on their use of services was lower for people using Shared Lives (14%) and mental health day services (15%) than for people using mental health housing support services (23%) and Care Ring/telecare (27%)

Impact on Carers

- A higher proportion of people using Shared Lives services (84%) indicated that the proposals would impact on their carers than people using other services (range 43% to 54%)
- A higher proportion of responses from people using Care Ring/telecare (38%) and mental health day services (41%) indicated that the proposals would increase stress and worry for their carers(s) compared with people using other services (range 9% to 30%)
- A lower proportion of responses from people using Care Ring/telecare (17%) indicated that their family or carer(s) would have to provide more care compared with people using financially assessed services (36%), Shared Lives (30%) and mental health day services (34%)
- A higher proportion of responses from people using Shared Lives services (17%) indicated that their carers would not receive respite if the proposals went ahead compared with people using Care Ring/telecare (0%) or financially assessed services (3%)
- A higher proportion of responses from people using Shared Lives services (16%) indicated that the physical/mental health of their carers would be affected if the proposals went ahead compared with people using Care Ring/telecare (1%), financially assessed services (6%) or mental health housing support services (0%)

Variations Based on Equality Characteristics

Impact on Daily Lives

- There were no differences between men and women in the proportion responding who said that the proposals would impact on their daily lives
- A higher proportion of people responding of working age (69%) said that the proposals would impact on their daily lives than people aged 80 or over (60%)
- A higher proportion of people with disabilities (64%) said that the proposals would impact on their daily lives than people who do not have disabilities (45%)
- A lower proportion of white British people (61%) said that the proposals would impact on their daily lives than people from other ethnic groups (76%)

Impact on Services

- A higher proportion of men (25%) than women (20%) said they would cancel their service
- A higher proportion of people under 65 (29%) than people aged 65 and over (21%) said they would cancel their service
- A higher proportion of people 65 to 79 (29%) than people aged 80 and over (16%) said they would cancel their service
- There were no differences between people with disabilities and people who do not have disabilities in the proportion responding who said that they would cancel their service
- There were no differences between white British people and people from other ethnic groups in the proportion responding who said that they would cancel their service

Impact on Carers

- There were no differences between man and women in the proportion responding who said that the proposals would impact on their carers
- A higher proportion of people aged under 65 (55%) than people aged 65 and over (44%) said that the proposals would impact on their carers
- A higher proportion of people with disabilities (48%) than people who do not have disabilities (27%) said that the proposals would impact on their carers
- A higher proportion of people from other ethnic groups (64%) than white British people (45%) said that the proposals would impact on their carers