Fairer Contributions for Non-Residential Social Services A Single Contributions Policy for Bath & North East Somerset May 2010

1 Background & Context

- 1.1 The roll out of Personal Budgets to all non-residential social care service users has raised significant challenges in relation to charging for social care services and the collection of financial contributions in Bath & North East Somerset. Previous charging arrangements were set out in several different charging policies¹; processes were confusing and lacking in transparency for service users, carers and internal administrative staff.
- 1.2 Department of Health Fairer Contributions Guidance issued in 2009² set out a number of requirements which all local authorities must comply with in relation to the calculation and collection of contributions for non-residential social care services, specifically:
 - Ability to contribute should be the determining factor rather than size of care and support package
 - A single contributions policy should be applied consistently across all service user groups
 - Full financial assessment carried out in accordance with fairer Charging Guidance 2003 must follow needs assessment and resource allocation
 - Contributions must not leave anyone below nationally prescribed minimum income levels plus a 25% buffer
 - Full financial assessment should determine a service user's 'available means'
 - The 'maximum possible contribution' should be determined by local authorities (this may be up to the full cost of the care and support package)
 - 'Actual contributions' must not exceed the lower of 'available means' or 'maximum possible contribution'
 - Disability related expenditure must be comprehensively and consistently assessed
 - Transitional measures may be put in place to protect service users who might see an increase in their contribution under any revised policy

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¹ Overview of charging in B&NES

² DH Fairer Contributions Guidance, July 2009

1.3 Bath & North East Somerset generates the lowest level of income from contributions (6.98% of costs) when compared with all other south west local authorities (average 11.77% of costs, range 6.98% - 18.83%)³. There is a recognised need to address this in order to help close the growing gap between the cost of social care provision and the budget available for delivery.

- 1.4 Current income generation from non-residential social care services is approximately £1.05m per year however modelling based on current clients shows that this figure could potentially increase to around £2.1m per year (gross) with the introduction of a new contributions policy⁴.
- 1.5 A report to Overview & Scrutiny in November 2009 set out areas of local policy which were at odds with national guidance and sought permission to consult on the introduction of a new single contributions policy. This report also estimated the potential impacts on service users and suggested mitigation measures to be further explored.

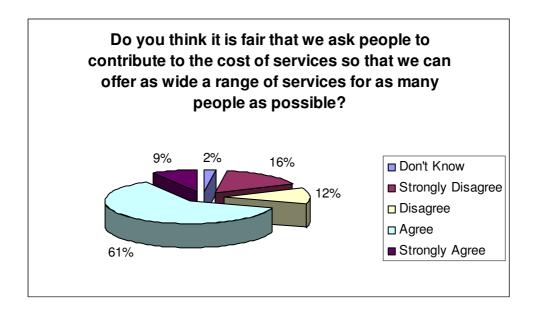
2 Consultation & Engagement

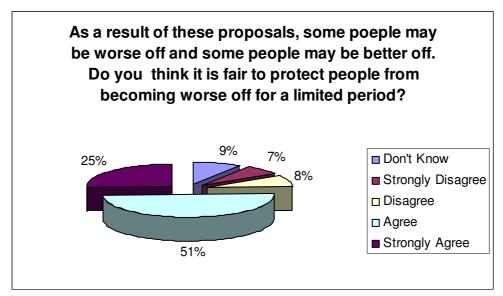
- 2.1 A range of consultation and engagement activities have been carried out between January and April 2010:
 - Elected Members briefing sessions
 - Provider network meetings facilitated by The Care Forum
 - Draft policy document and questionnaire distributed to provider network users and carers
 - ° B&NES Budget Fair
 - Staff meetings
 - Bespoke events for service users
 - Mail out guestionnaire to one in fifty B&NES households
- 2.2 The following charts summarise the results from the six main consultation questions. Appendix I documents in full all the comments and questions received during the consultation period.

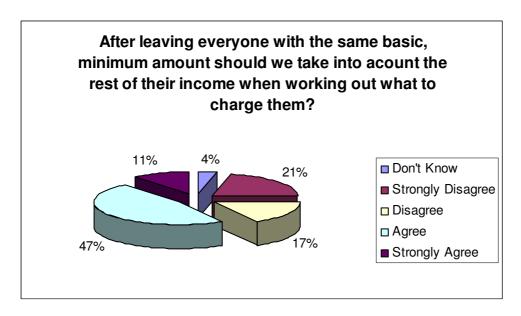
⁴ B&NES Fairer Contributions Modelling 2010

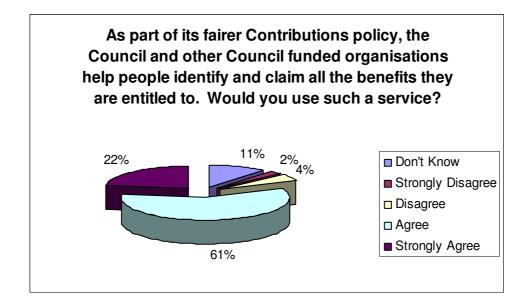
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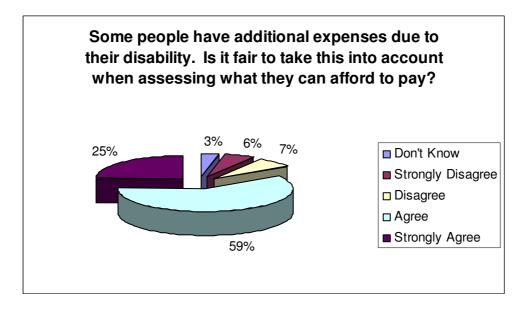
³ ADASS South West Comparison Data 2008-09

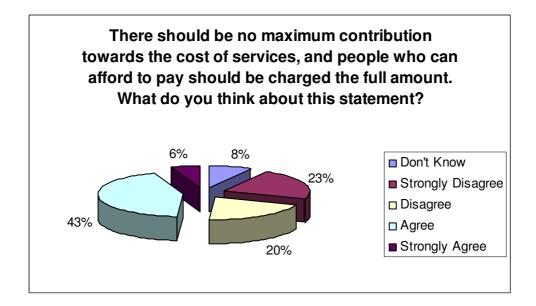












- 2.3 There was strong support for the principal of charging, evidenced by 70% of respondents either strongly agreeing or agreeing with this question. Three quarters of all respondents believed there should be protection for people who might have to contribute more under a new policy, however a majority of 58% of respondents stated that a person's total income should be used for the purposes of financial assessment.
- 2.4 There was also considerable support for an increase in the availability of benefits advice/maximisation with 83% of respondents saying they would use such a service. The question which evoked the strongest response was in relation to the assessment of disability related expenditure with 84% of respondents stating that this should be taken into account when assessing a person's contribution.
- 2.5 Question six generated the most divided opinions however a majority of respondents either agreed or strongly agreed (49%) that there should be no maximum contribution, a slightly lower number of respondents disagreed or strongly disagreed with this view (43%) and a further 8% of respondents were unsure.

3 Options Appraisal

- 3.1 Based on the consultation feedback outlined in the previous section it appears that there is evidence to support the introduction of a policy which does not cap potential contributions however this was the most contested issue. A maximum ceiling on contributions protects those with a higher income but does not provide a level playing field for all. A raised floor threshold would provide a higher level of protection for all, particularly those on a low income.
- 3.2 The need for protection for those who may be required to contribute more under the new policy is also recognised therefore the following options have been evaluated largely on the basis of these two factors.

3.3 All options assume an increase in the level of benefits advice/maximisation available to service users and the introduction of comprehensive financial and disability related expenditure assessment for all. This will be financed initially using Social Care Reform grant until sufficient contributions income is generated to cover the increased cost pressure. Since SCR grant is only available until April 2011 the requirement to generate income in year should be noted.

- 3.4 Fairer Contributions Guidance 2009 must be implemented by all local authorities from April 2010 therefore all options assume immediate introduction of a single contributions policy for new users of non-residential social care services and full implementation for all users by April 2011 at the latest.
- 3.5 All options assume consistent and comprehensive application of a single contributions policy across all service user groups to ensure equality and equity for all non-residential social care users.
- 3.6 Option One Cap on potential contributions, apply nationally prescribed 25% minimum income protection buffer, protection for existing users until April 2011 This option offers a good level of protection for both new and existing service users however the potential for income generation is more limited both in the short term and in the longer term. The Council's Medium Term Financial Plan assumes an additional £235k income in 2010/11 and a further £240k in 2011/12 from a revision of charging policy; option one is unlikely to achieve this. Consultation suggests that people feel it is a more equitable approach to ask those who can afford to contribute more to do so therefore a cap on contributions is not a preferred option.
- 3.7 **Option Two** Apply nationally prescribed 25% minimum income protection buffer, no cap on potential contributions plus protection for existing users until April 2011
 - This option provides protection to existing users, 72% of whom would be likely to see an increase in their contribution after the protection period. The removal of the cap would ensure that those who can afford to contribute more do so, therefore income generation would increase both in the short term from new users and in the longer term when protection arrangements come to an end. This option is more likely to ensure that the requirements of the Medium Term Financial Plan are achieved. Income generation using a 25% buffer would be in the region of £760k assuming a 70% tolerance level used for modelling purposes.
- 3.8 **Option Three** Increase minimum income protection buffer from nationally prescribed minimum of 25% to 30%, no cap on potential contributions plus protection until April 2011
 - By raising the basic level of protected income from 25% to 30% for all new and existing users this option offers an enhanced standard offer to everyone, particularly those on a low income and may help to allay some of the fears expressed during consultation in relation to affordability.
 - Enhanced threshold protection for all combined with a protection period for those who may have to contribute more is balanced against a healthy level of income generation both in the short and longer term. A 30% minimum income protection

buffer is likely to generate in the region of £650k assuming the same 70% tolerance level as in option two.

4 Recommendation

- 4.1 The report recommends that *either* **Option Two** or **Option Three** outlined above is adopted as the basis on which to introduce a new single contributions policy in Bath & North East Somerset. Either option offers a good level of protection for users balanced against a healthy level of income generation with option three providing an enhanced offer for all, particularly those on a low income.
- 4.2 The need to generate income in order to help close the resource gap for non-residential social care provision was discussed in Section 1. Consultation shows that there is strong support for a fairer, more transparent system of contributions that, whilst offering equity to all, treats service users as individuals, particularly in respect of their financial circumstances and disability related outgoings.
- 4.3 A contributions system which offers all of the above will require additional resources both to support more comprehensive assessment and to provide enhanced levels of advice and information about eligible benefits. It is therefore clear that the implementation of any new policy must have the capacity over time to become financially self sustaining.
- 4.4 Throughout the consultation process stakeholders have expressed concern about the potential of a new policy to create financial hardship or indeed to prevent people who need care and support from accessing services. In responding to this feedback, Option Three provides an enhanced basic level of protected income to both new and existing service users over and above that set out as the national minimum in Fairer Contributions guidance.

Appendix One

Question 1 - Do you think that it is fair that we ask people to contribute to the cost of services so that we can then offer as wide a range of services for as many people as possible?

- Yes, although I would prefer all social and nursing care to be free, funded in future by a "ring fenced" income tax
- Yes, but it has to relate to income which has to be at a high enough rate for a decent standard of living
- o If it's across the board only the <u>real</u> needy should not pay not the scroungers!
- ° It still seems unfair that those who <u>spend</u> throughout their lives get more help than those who <u>save</u> a little in their lives
- ° Yes, although it depends on the contributions
- ° I agree that clients should be charged but it should be means-tested to prevent unfairness
- Already anyone who has saved money during their life is being penalised for doing so. Perhaps we shouldn't save at all!! All this does it create more work for the person with dementia/carer causing more stress and a <u>poorer</u> quality of life
- Everything depends on the individual financial circumstances. Savings of £23000 don't last long if you have to pay for your care and support.
- Only if daily living costs would cover the care costs. Care agencies are very expensive
- Open of the service is excellent a life saver it helps the whole family. I would have been happy to pay double your current charge if it were to help others. NB: it would have been my money not my mother's you were helping me also
- ° If they can afford it
- Probably need to
- All elderly people will already have contributed at least twice over through tax and national insurance towards care in their later years. They should receive all care free of charge just as the young receive free education. Extra cost should be borne by the fit and working as repayment for a lifetime for service for the community
- Only fair that you pay some of the services you access
- ° But concerned about expense if receiving benefits such as Income Support.
- Unfair question
- Some people who have saved for old age and so are above capping suffer unfairly
- May act as barrier / prevent people from engaging with support
- People should be allowed to not be assessed and elect to pay full cost. Older people need help to understand what the changes will mean or they may refuse services

- o It can lead to lack of incentive to save and plan for older years as it will cost more. It is good to have a wide range of services but will it stop people taking it up. Concern that this will be a way of bringing in charges for health care.
- ° Fair assessment and reporting to the Individual on feedback. Good agencies should be identified
- Agree with wider service provision but disagree with funding mechanism what about the exploration of other options i.e. social care insurance?
- The cost of fairly running assessments for anything is quite disproportionate to assets obtained. A universal benefit eliminates all costs of obtaining a small return (with concomitant distress), i.e. family allowances and pensions can have excess funding returned through simple income tax. The revenue should fund all NHS & Social Care not tax paid (or non tax paid) councils
- ° Why do we have to pay?
- Mentally ill patients require <u>every</u> encouragement to take up care/support.
 Charging will provide the excuse/reason not to join to their great detriment.
 Means testing will <u>divide</u> and add intrusion and bureaucracy
- People with mental illness are discriminated against by making them pay for their illness. If you broke an arm or leg you don't pay for that treatment
- ° If I had to pay to do pottery, I would not be able to do it
- As long as it is means tested
- ° I feel that more people would benefit from certain services, if the people that can afford it, contribute something
- ° Hopefully it isn't too expensive
- I have to claim water rates. Why isn't it automatic
- If you do not charge a limit of £2000 a year
- ° It it's out of income, not from savings or assets

Question 2 - As a result of these proposals, some people may be worse off and some people may be better off. Do you think it is fair to protect people from becoming worse off for a limited period?

- The worse off need a notice period to re-organise how they cope. 3 months sounds right
- o It is unfair that people who have worked hard all their life and saved when they can end up having to pay more for their care needs – rather than someone who has not! So people who have not bothered to save or work end up being subsidised by those who have
- o It seems that people who save all their lives for a comfortable old age are asked to share all their efforts with people who don't bother to save
- ° It depends how long the protection is limited to. I think it should be not too short as people may have long term commitments
- Not if they are fairly assessed
- ° Why say "if no" when there is no point on your five point scale for "yes" or "no"
- Charges should have been introduced years ago but as I have said it should be means tested
- ° See above. Only the wealthy should be worse off
- Define "limited period" my mother is 90 and her house is cold no central heating, draughty – expenditure is also needed on her house and should be taken into account
- ° Attendance Allowance or /// which is <u>no</u>t means tested and can be used as wish is <u>good</u>
- Any change should recognise the stress that those who use the services are under.
 It is easier to pay more at the outset than increase greatly once in the system.
 Staged increases would help overcome this
- NA under the above
- But question regarded as ambiguous
- But depends what it involves
- It really depends on reasons/circumstance
- They could be warned in advance i.e. now!
- Sut this might defer people from continuing with support / recovery in the future
- As long as it leaves enough to get taxis, socialise, buy a cooked meal, have a holiday
- Very clear criteria needed
- If these policies will be making people worse off in the long run it should be renewed before it is implemented as you can't encourage people into poverty even if it is delayed
- Transparency clear criteria
- For those who have had assessment and been refused a service they may not come again and will be isolated from maybe coming better off
- of the limited period was to be unequally applied (i.e. charge after) then this may be discrimination, alternative no protection council to commit to the policy? And own the politics of it!
- Every British subject should have all basic needs provided this was what was intended by payment of NI stamps and punitive taxation to fund and found the

'Welfare State'. Selling 17 tons of gold then saying the elderly have not saved enough and spend billions on e.g. disastrous NHS IT record system (that we warned the PCT could not work – and will make research impossible) and wicked ways killing and maiming our healthy young

- ° Why should people be worse off?
- ° The proposals are counter-productive. Phasing in of reserved rights to free services means treating some differently from others
- People are worse off that's why a lot of people have no support because of what they are charged
- Protect people from being worse off for an <u>unlimited</u> period
- ° As long as it's only for a limited period
- o But will it be affordable?
- ° I have to pay a lot of money for dietary supplements
- Should keep state level for life if worse off
- Don't quite understand question

Question 3 - After leaving everyone with the same, basic, minimum amount, should we take into account the rest of their income when working out what to charge them?

- Take into account income only
- ° I am prepared to pay for any services I may undertake without having set amounts imposed on me
- Providing that their savings are not included
- ° What is/would be the basic minimum amount?
- Yes, as I said above it should be means-tested to prevent unfairness
- See above. The minimum amount is a ridiculously small sum today
- Only if you allow for the household expenditure which increases with age and disability progression
- o In ideal world all the care should be "on the state" but acceptance of necessary taxation/national insurance (lifelong initially not just in employment) is unlikely at present. However, encouragement to be self sufficient, i.e. "save" should not be decreased by very low "self funding" levels of income/capital
- At the "end of your life" what is spare income? It greatly depends on your life style generated over the years. What is a person's norm? What is need? This is a very emotive issue. I am happy to give (and do so to many organisations) but kick against others taking
- NA under the above
- Everyone should be entitled to the same service! If you paid your whole life why pay again!
- Means test unfair as soon as they know you have something you'll get nothing!
- It really depends on reasons/circumstance
- Expenditure needs to be taken on board
- ° Definition of income? How to take capital into account.
- o Income/savings/assets??? How do you monitor change in income
- Yes but need to set the basic, minimum amount at a reasonable rate
- Charges what does basic amount include wont this mean rest of income has been looked at.
- What is the minimum amount seem OK People should be left with sufficient to live independently and have choices of actions to improve daily life
- Yes bit the minimum amount must be set at a very reasonable level well above the poverty line
- There should be no means testing. The psychological damage is a serious matter and I have witnessed a very intelligent 90 year old shaking with the distress of many questionnaires from well meaning people all because shed been taken ill. She was relieved of life by acquiring C. diff. Life long non-smoker – all her own teeth and bright as a button
- ° Why should our savings be taken into account?
- ° Question is ambiguous and does not make sense. Means testing will be divisive and cost more to administer than it will raise
- Nobody should have to pay any money no matter what their income is before or after

- ° Do not charge them at all
- This sounds fair
- ° Earnings are important
- ° If you have saved all your life why should you be worse off than those who have spent all their money?
- ° As long as it's only out of income not savings

Question 4 - As part of its Fairer Contributions policy, the Council and other Council funded organisations helps people identify and claim all the benefits that they are entitled to. Would you use such a service?

- But what "other Council funded organisations?" Need to know these easy access
- ° Too complicated for us "oldies."
- I know what I can claim, I don't claim if I have no entitlement
- Yes for a long time I didn't know what benefits I was entitled to
- Possibly, if it was not intrusive
- I would need guidance
- ° Age Concern?
- ° Yes I would have done had I known it existed when I needed advice for parents
- ° Fairly certain claiming rightly entitled to or at least aware of entitlement. Under above this scheme would become unnecessary
- ° If necessary, it would be good to know that the service is there
- ° If necessary would also help if caught people who claim benefits to which they are not entitled
- Not applicable
- Single point entry would be easy for people to understand
- Definitely or access to national provider
- ° This needs to be accessible and person centred service which the take to visit and explain their personal entitlements
- SWAN, CAB, Carers Right.com not just one agency to go on Access not proud choice
- ° Case studies This should be available even if not requested
- ° Fairer contribution single disabled adult 18-24 £162.50 couple £248.06
- Single disabled adult 25-59 £114.81 £131.50 couple £199.25
- There is a service called the benefits agency and deliver poor support to older people
- I loathe the whole system the only appeal is to the financial director that made the decisions in the first place. People would not need any monetary benefits if they wee paid reasonable wages or pensions and NHS worked as it was intended. Giving baby bonds (that have actually lost money) and free TV licence to over 75's then cut off the analogue signal is mad
- Yes as reflecting rights
- Council contribution would be fairer

Question 5 - Some people have additional expenses due to their disability. Examples might include extra laundry costs, special diets or a community alarm. Is it fair to take this into account when assessing what they can afford to pay?

- You ask "is it fair"
- When some disabled folk receive a new car every 2 years with tax and insurance paid so long as their disability arose before 60 years of age, when if a limb i.e. a leg, is amputated after that age – a mobility allowance of just £18.95 is all the help received. Buses are impractical. How little can you travel by taxi for that figure?
- You ask "is it fair?" The answer must be "yes it is fair" or "no it isn't fair" it is only possible to agree with a statement of fact
- Some people have extra expenses such as bus fare. This should be taken into account
- Get family to give services and smaller gifts
- ° Those without family or close friends get no free help
- People receive AA or DLA if they have high needs and under PBs everybody is currently allowed £4 DRE
- Very difficult to make equitable but should try
- Does not apply to me but those with additional disabilities have enough to contend with. Don't take it! They need even more support
- NA though under above concerns pension and benefits
- ° Prospect of paying more because of your disability is wholly unfair. Everyone should pay the same
- ° Additional services should not mean additional costs!
- People must be left enough money to pay for these or have it in their Personal Budget
- o Are these included in Individual Budgets?
- ° If you're going to assess you need to take this into account but ensure training is provided so its fair and equitable
- In a full needs assessment these should be included ongoing not necessarily separate - dignity, respect, independence
- Review should be carried out with the individual knowing they can call and discuss before any date set
- Additional requirement of blind people acquired in old age. Will need modern technology equipment will this be accounted for?
- Training for assessors is key so that it is evenly applied
- o You can guess by now!
- These are essential things, need for survival
- Any means testing is iniquitous service should be provided on need only
- ° Not if it takes away needed service due to disability
- Yes when assessing the bill

Question 6 - What do you think about the statement below? There should be no maximum contribution towards the cost of services, and people who can afford to pay should be charged the full amount

- But afford to pay must not be assessed on the current savings/capital level: and all limits need to alter: for example, base 20000. Top to pay all 40000 and phased in between
- Every case differs. Savers are penalised for saving. Spenders receive generous support. Why save?
- On the second of the second
- Those who can afford to pay especially those with full-time jobs should pay the full amount
- People should contribute, say, 10%-20%
- Future standards need to be shown now
- See answer 1. Those who have financial resources should pay. Those who do not should be exempt
- Some elderly people have savings only because they have led a frugal life and tried to eke out their money. Why should they be penalised now that they need care?
- BUT: all should get level of attendance allowance whatever income/capital (taxable?). The system <u>must not</u> be post code lottery i.e. it must be UK & N Ireland wide
- This is about "Fairer Contributions". Who chose that title? If anyone does not agree they will be challenged by not agreeing to this being fairer. This is a bad and destructive route/argument. Take people along with you. You will be surprised how much more support you will get <u>because</u> you are worthy of support and <u>because</u> we all recognise it. Have faith in yourself and your 'clients'.
- ° The dead hand of the Council will damage the service. The people are great but the organisation by its nature is very, very limiting
- N/A again. Means testing is undignified
- ° Proposal is wholly unfair
- Our of the control of the control
- ° It depends on how much individual has careful savers are now at disadvantage
- Penalises those with provisions in they may not engage in services which then effects their mental health and recovery
- ° But there will need to be exceptions e.g. those who need a service and won't pay
- Neighbour has diabetic meal on wheels and would be ill without these
- ° Yes
- But this may not last long and review processes need to be in place to protect people being flung into poverty
- ° This can be a debate issue study has shown person refused services because they have saved and now have to pay fully for services

- Depends
- There should be an upper limit to ease to concerns about social security and support to planning for older people
- o If there are no assessments at all, but basic humanity applied to physical need do you not think the rich would fund all their needs as to an extent they already do by enriching private consultants and clinics even when they have modest income and capital people are desperate to escape a system that has become frighteningly totalitarian and aggressive. On nearly all the advertised meetings for info and decisions the public cannot attend
- Depends on what is classed as affordable
- ° I do not understand this as I am not very good in filling the form. Thank you
- This is all wrong really a <u>small charge</u> is what most people can afford
- ° All these questions are based on the assumption that clients should be charged
- ° No one should pay no matter how much money they have. They didn't ask to be ill
- ° You should not charge people at all
- As done in society in general
- ° However, affordable is not fairer
- ° Depends on what "afford to pay" entails

Additional comments and questions

Q: What is the time frame for the consultation period?

A: Jan, Feb, March

Q: Are these changes going to affect attendance allowance?

A: No, however we need to be aware of potential changes in legislation as there have been discussions about changes in the funding system for care

Q: Has any thought been given to the monitoring of Personal Budgets?

A: B&NES was a pilot for Individual Budgets. We spent a year checking procedures, refining policy framework and operational procedures which now include a range of checks and safeguarding arrangements. The Council has auditors coming in on a regular basis as well

Q: How many people in B&NES will be affected?

A: There are approximately 1,300 non residential social care users at the moment. As the population is ageing, this is likely to increase over time. Not all of these people will be asked to contribute as this will be based on means test and ability to pay

Q: You will give people a resource pot. Help and support is needed to identify the best agencies. Will they be charged for this?

A: Very good question. B&NES already funds a local organisation to help people plan their care and support including employment of personal assistants. We also have an internal brokerage team to help with this. B&NES would like people to purchase this support from wherever they want and the resource for this is included in people's Personal Budget allocation. We would not want people to have a shock bill after getting support

Q: Are we moving towards a "sliding scale" of level of support?

A: Yes. Anyone with £23,500+ in savings would be considered to be self funding. This hasn't changed as it is a government set figure. Anyone with income and capital below this amount will be assessed on an individual basis so that they are only asked to contribute what they can afford to

Q: Will it be capped, for example, at £7000 for older people? It is important to look at this because the capping is set differently for different user groups - inconsistent.

A: It is important to do this work and be aware of these inconsistencies. The issue of capping or maximum contributions will be one of the questions we will explore during the consultation

- Assessment process: how to ensure it doesn't feel intrusive
- ° Language used can be alienating: how to ensure it is accessible? NB Jargon bingo. Cards with jargon, call out House!
- ° Keep it simple
- Advisors must work for best of client
- Give people time to understand changes: ensure people don't jump to conclusions

- ° Clarity about overall costs must be easy to understand
- Difficult for people to understand assessment process. Feeling intimidated with language forced to use which is alienating and discriminating. A case study would be useful
- Value for money. Will the local authority get value and will we get value? We have to be careful that people advising the clients are working for the good of the clients and not for their own agenda
- Change takes time and must not be too sudden. Concern that people will jump to conclusions and refuse services
- ° If there are sliding scales it could become harder for people to question it. Need clear information to address concern about charges and whether or not they are for health care
- ° Strength of partnership work
- ° Must be clear about whether charges for health care e.g. pooled budgets
- ° Clarity about when health needs change
- ° Link between change and review process
- Older people don't like to ask for help or talk about their situation how to take this into account?
- Likewise issue for carers N.B. carers Personal Budget
- Meaningful breaks for carers at time they need carers assessment.
- ° Acts of cruelty, separating husbands and wives etc and other people.