

Making difficult decisions in adult social care: public consultation on eligibility and charging for adult social care

Consultation report

Final

14th January 2014

Executive summary

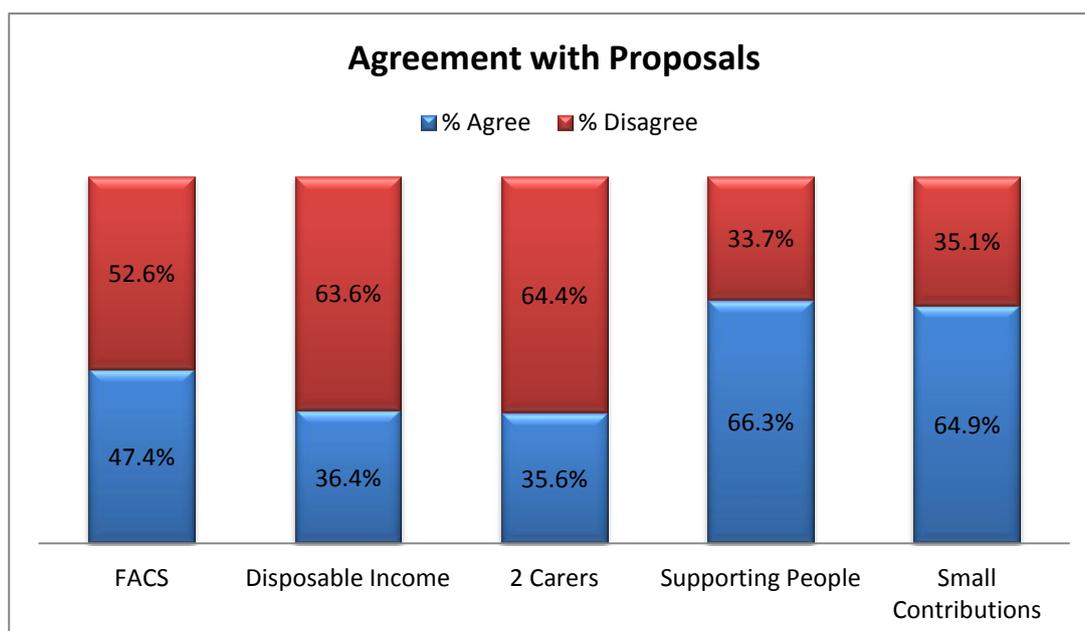
This report provides an analysis of the responses to the consultation 'Making difficult decisions in adult social care: public consultation on eligibility and charging for adult social care'. The consultation was carried out between 2nd September and 25th November 2013.

The proposals going out for consultation were to:

- Raise the Fair Access to Care Services eligibility threshold from Moderate and above to Substantial and above;
- Increase the amount of a person's 'disposable income' that goes towards the cost of services from 90% to 100%;
- Charge for two care workers where needed, rather than just charging for one (as we do now);
- When we work out how much people should contribute towards their housing related support, we propose to use the same way that we use to work out charges for community based support;
- Start collecting small weekly contributions of £5 or less (which are not currently collected);
- Continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

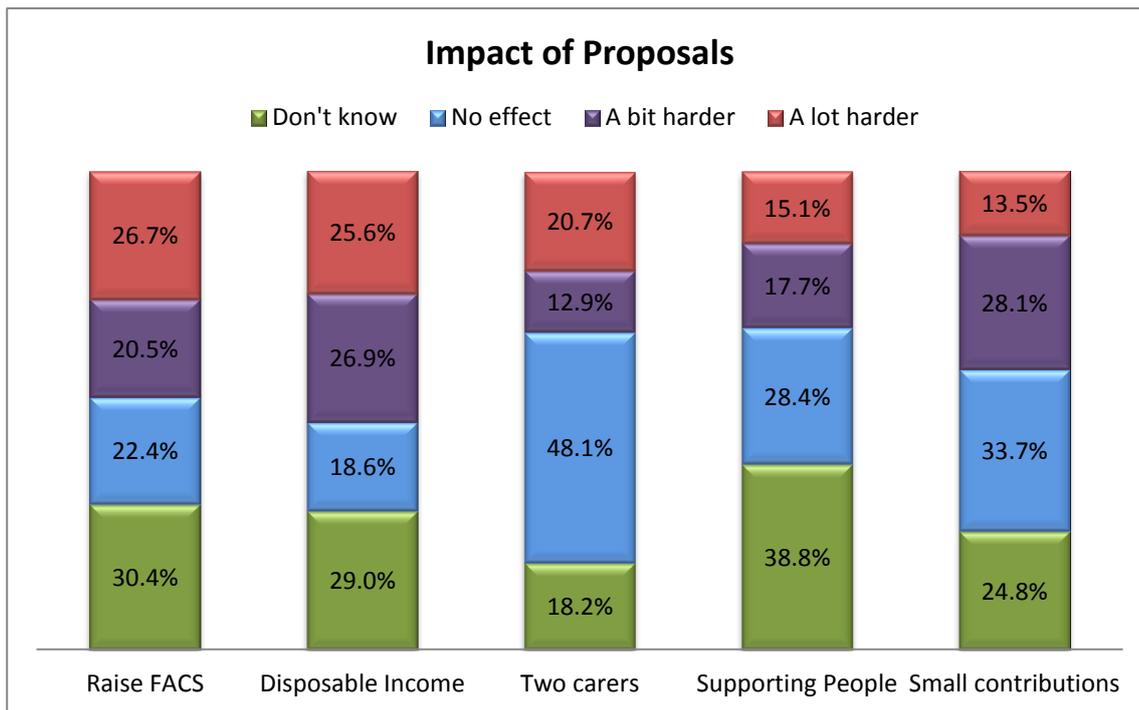
Methods of consultation included a postal survey to current clients of adult social care; online and accessible hard-copy questionnaires available to all; public events plus events and meetings targeted at specific stakeholder groups. There was a response rate of 21.6% to the postal survey, which is considered satisfactory (25% would be considered 'good'). The consultation was publicised via a wide range of communication channels.

Responses to the consultation: headlines



Respondents' perception of the effect of the proposals:

(Options: don't know; no effect; make life a bit harder; make life a lot harder)



Prevention:

When asked if prevention services will help people to stay independent for longer, 78.8% of people agreed. The other questions on prevention gathered information on types of and access to prevention services and have contributed to the development of the Prevention Strategy.

Key messages:

- Concern about financial hardship particularly as costs of living increase;
- Concern that if support at Moderate is removed, people's condition may deteriorate and therefore their needs, and associated costs, increase;
- Impact on carers and potential for carer breakdown;
- Importance of good quality community care assessment (and skilled assessment staff) that takes account of fluctuating and specific conditions;
- Particular concern about proposal to charge for two care workers;
- Importance of and value placed on voluntary organisations, but concern about their ability to cope with increased demand;
- Support for prevention but some unease about how it will be delivered (capacity of voluntary organisations);
- Some acceptance of difficult financial position and need for change, however concern about impact on vulnerable and disabled people;
- High value placed on 'fairness'.

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1. Purpose of report and background

Purpose of report

The purpose of this report is to give an overview of the public consultation 'Making difficult decisions in adult social care: eligibility and charging for adult social care', and to provide the results of the consultation.

Background

The consultation was commissioned as a result of the need to find savings in the County Council's budget following the Comprehensive Spending Review in December 2012. The proposals that formed the consultation were amongst a number of proposals across the Council.

2. Process and timelines for the consultation

The meeting of the County Council on 24th July 2013 gave approval for the proposals to go forward to public consultation. The consultation took place between 2nd September and 25th November 2013, a period of just over 12 weeks. Public events took place in October and the first half of November.

Analysis of the consultation responses was carried out from late November 2013 to early January 2014. The findings of the consultation were used to inform the final versions of the equality impact assessments that accompanied the consultation, and the recommendations for each of the proposals.

3. Methodology

The main methods of consultation were:

- a) A postal questionnaire plus consultation document to a sample of people (5,514) receiving social care or housing support services (appendices 1 & 2);
- b) The same questionnaire, for anyone who wished to complete one, available both in paper format and on the council's website;
- c) A number of public events (14) scheduled across the county in order to allow people to contribute to the consultation face to face;
- d) An event for voluntary organisations and independent providers of adult social care plus attendance at the North Yorkshire Supporting People Provider Forum;
- e) A small number of events for specific groups (5), and presentations at Partnership Boards (4) with advocacy support for learning disability groups;

- f) Two draft equality impact assessments were also made available for comment as part of the consultation.

For more detail about the consultation process, please refer to appendix 3.

4. Participation in the consultation

The response / participation rates by each method are outlined below:

- Questionnaire response rates:
 - Postal 1194 respondents (return rate of 21.6%)*
 - Online 120
 - Hard copy 81

(See appendix 4 for a breakdown of the respondent profile.)

- Events - total attendance 373:
 - Public consultation events: 213 participants
 - Provider and voluntary organisations consultation event: 97 participants
 - Tenants' meetings (housing-related support): 56 participants
 - Autism focus group: 7 participants

(See appendix 5 for organisations represented at the voluntary sector & provider event.)

- Partnership Boards:
 - Physical and Sensory Impairment Partnership Board (10)
 - Carers Forum (13)
 - Older People's Partnership Board (10)
 - Learning Disability Partnership Board (17)
- Contact by other means:
 - Customer Service Centre logged 181 calls/message forms related to the consultation
 - 6 people gave feedback via emails to HAS consultation email address
 - 49 written responses, including a number of notes or letters received with questionnaires

**This is considered a satisfactory rate of return. 15% and below would be considered poor and 25% plus would be considered good.*

5. Communication

Process: publicity and communication of the consultation was planned with support from the County Council's Communications Unit, and regular reviews of response rates and communication activities were carried out during the consultation period.

Customer service centre helpline: in order to support people with the consultation, a helpline was established in the council's customer service centre. The aim of the helpline was to make sure that people received the information requested with the input of trained call handlers, so that the response was efficient and responsive to the caller's needs. This included managing people's anxiety should they be concerned by the nature of the proposals.

A wide range of communication channels was used to get the message about the consultation out to those who might be affected by or interested in the proposals. A number of the activities were repeated throughout the consultation period.

See appendix 6 for a summary of communication activities.

6. Overview and summary of findings

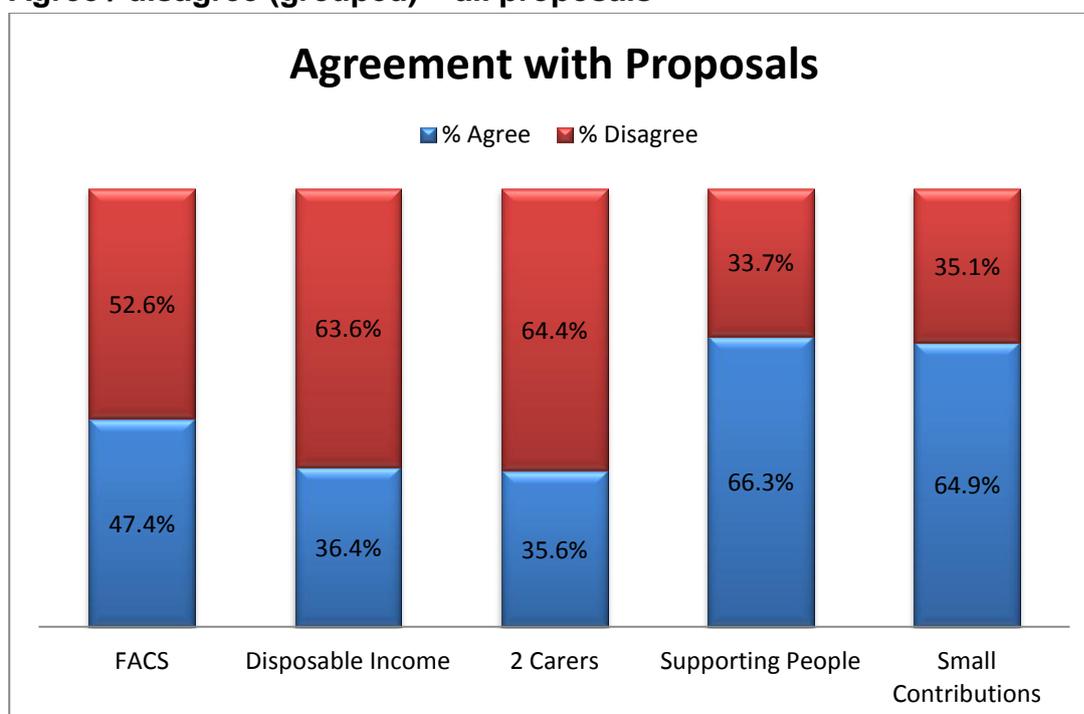
The purpose of this section is to give an overview of responses to the questionnaire and qualitative feedback (see appendix 1 for a copy of the questionnaire). The responses to each question are given in more detail in section 7.

Proposals:

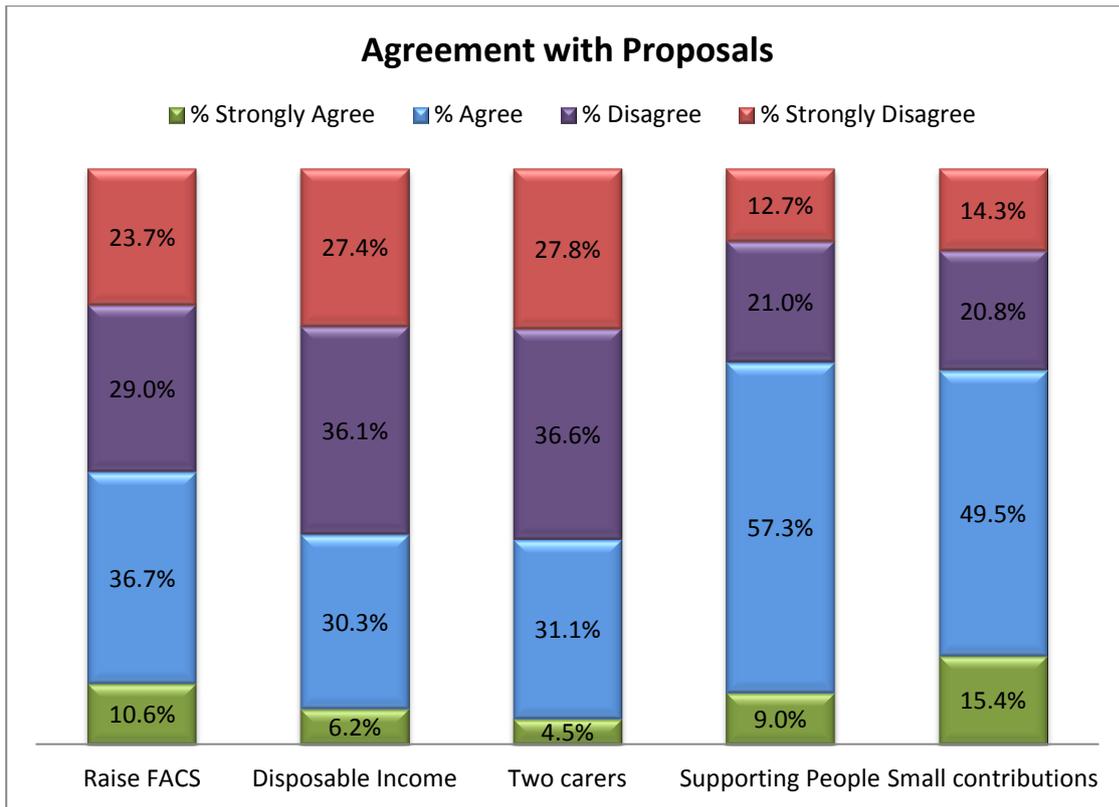
- To raise the Fair Access to Care Services eligibility threshold from Moderate and above to Substantial and above;
- Increase the amount of a person's 'disposable income' that goes towards the cost of services from 90% to 100%;
- Charge for two care workers where needed, rather than just charging for one (as we do now);
- When we work out how much people should contribute towards their housing related support, we propose to use the same way that we use to work out charges for community based support;
- Start collecting small weekly contributions of £5 or less (which are not currently collected);
- To continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

Eligibility and charging

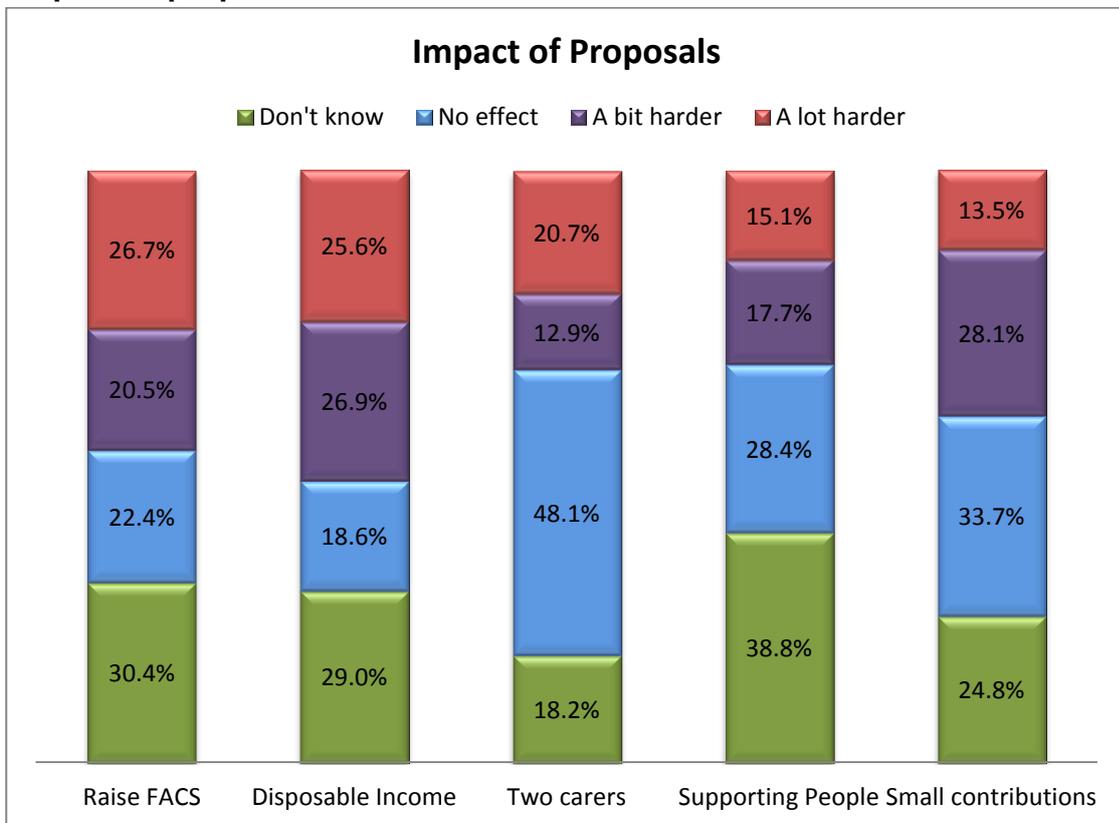
a) Agree / disagree (grouped) – all proposals



b) Strongly agree / agree / disagree / strongly disagree (ungrouped) – all proposals



c) Impact of proposals: don't know / no effect / a bit harder / a lot harder



Proposal to raise the FACS eligibility threshold from Moderate to Substantial

The quantitative responses to the questionnaire show a near 50/50 split between those who agree and those who disagree. The number of people who disagree is slightly higher, at 52.6%.

When asked what effect the proposal would have on them, there was a near 50/50 split between 'don't know/no effect', and 'a bit/lot harder'. 'Don't know/no effect' was slightly higher at 52.8% and the highest single response was 'don't know' (30.4%). This is likely to be because, based on the comments made, people do not generally know their FACS level and so were not sure of the impact on them as individuals. It may also be in part because the consultation document explained that people would be reassessed before any changes were made.

There was a correlation between those who disagreed with the proposals and those who thought that they would be negatively impacted.

Views on raising the eligibility threshold

Comments about impact of proposal: of those who provided examples of how they felt that they might be affected, the strongest areas of concern related to financial hardship if having to purchase support no longer provided by the local authority; the impact on carers including potential carer breakdown; concern about deterioration of condition leading to crisis and potentially costly interventions; impact on quality of life and on mental health; reduced ability to stay independent and increase in social isolation. It was clear from responses given that people value the support they receive.

Looking at the responses to question 3 in the questionnaire ('do you have any other comments about the threshold for eligibility'), views expressed via the consultation events and written feedback, the key issues are as follows:

- Support at 'Moderate' could be argued to be preventative. If removed, people (and carers) may struggle to cope, may deteriorate and go into crisis thus requiring a more costly intervention. This may be particularly true of those who have become accustomed to a level of support over many years. It was argued that it may therefore be that raising the eligibility threshold is a false economy.
- Change such as this could impact on people's mental health, as it is likely to cause increased worry and stress. This is particularly true for people who struggle to cope with change, such as people with certain conditions and very elderly people.
- If the threshold is raised, the community care assessment becomes even more important and quality of assessment is crucial. The assessment should take account of people with specific conditions such as autism or learning disability, and those whose condition fluctuates.

- There needs to be a clear and simple appeals process should an individual wish to challenge their assessment.
- There is a feeling that the most vulnerable people are being disproportionately affected by budget cuts.
- If the threshold is raised and preventative support is the first offer, then access to clear, accessible information and signposting is essential, and some people will need support to navigate this. There should be fast and responsive pathways for people whose needs change.

Eligibility threshold - transition period of 8 weeks

Respondents were also asked their views on whether the proposed (up to) eight week transition period was sufficient to allow people to prepare for reduction or change to their social care support. There is a near 50/50 split in the responses, with the number of people agreeing very slightly higher at 51.8%. For those who suggested an alternative (54.2% of respondents), the most popular suggestion was 13-24 weeks, with 9-12 weeks next most popular. There was a view that the transition period should be responsive to individual need and that some people, including those with certain conditions and very elderly people, would need more time to prepare for change than others.

Proposal to increase the amount of a person's disposable income that goes towards the cost of services from 90% to 100%

The quantitative responses show that a majority of respondents disagree with the proposal, with 63.5% saying that they disagree/strongly disagree.

When asked what effect the proposal would have on them, there was a near 50/50 split between 'don't know/no effect', and 'a bit/lot harder'. 'A bit/lot harder' was slightly higher at 52.4%, with the highest single response being 'don't know' (29%). This is likely to be because the effect of the proposal on each individual would not be known until a means-tested financial assessment is carried out.

Again, people who thought that they would be negatively impacted were more likely to disagree with the proposal.

Proposal to charge for two care workers

This question had the highest level of disagreement of all the proposals, at 64.4% (albeit only slightly higher than the level of disagreement for the disposable income proposal).

When asked about impact, 66.4% responded 'don't know/no effect' and 33.6% 'a bit/lot harder'. The highest single response was 'no effect' at 48.1%. This is in line with the low number of people who would be directly affected.

However, from the cross-tabulation analysis it appears that a higher proportion of people disagreed with the proposal even though they thought that they would not be affected than for other proposals. In other words, there appears to be a higher degree of disagreement on principle.

Proposal to use the same way of charging for housing related support as for other community based support services

This proposal had the highest level of agreement of all the proposals, at 66.3%. When asked about impact, 67.2% responded 'don't know/no effect' and 35.1% 'a bit/lot harder'. The highest single response was 'don't know' at 38.8%. Given that only a third of the questionnaires sent out were to people who may be affected by this proposal, this is to be expected.

Proposal to start collecting small contributions

64.9% of respondents agreed with the proposal. When asked about impact, 58.5% responded 'don't know/no effect' and 41.5% 'a bit/lot harder'. The highest single response was 'no effect' at 33.7%.

Views on the charging proposals

Comments about impact of charging proposals: of those providing examples of how they felt that they might be affected, the majority of concerns related to financial hardship. There is a strong theme of concern that even small increases in charges have a significant impact on people on low incomes, who are already struggling due to cost of living increases and changes to welfare benefits. Reduction in spending power could lead to reduced quality of life, reduced ability to stay independent, impact on mental health and also have an impact on carers as family income is reduced or eroded. People who are disabled, particularly those with life-long or long-term disability, are more likely to be on low income as their earning potential is reduced.

Issues relating to specific charging proposals:

- Two care workers: people were concerned that this proposal impacted on the most disabled people and was unfair on that basis, also that people would not be able, or feel able, to pay and would therefore not get the care they need. There were also comments that the requirement for two care workers may be due to health and safety, possibly unnecessarily, not 'need' per se.

- Small contributions: general agreement was qualified by comments querying the cost of implementation and that it might outweigh the income generated.
- Housing-related support: when discussed with tenants' groups, there were concerns about financial impact, cost effectiveness of carrying out financial assessments and concern that people may decline the service if they have to pay, or may move out. This could lead to their condition or living situation deteriorating, with potential to result in higher need and therefore cost. From the questionnaire, there was a comment that the proposals would impact more on people living alone, and another that the intervention level for housing related support was currently lower than for social care.

Looking at the responses to question 12 in the questionnaire ('do you have any other comments about charging'), views expressed via the consultation events and written feedback, the key issues are as follows:

- The strongest concern is about the financial impact on people who are already on a low income, and the impact on their quality of life and financial resilience, particularly with increases in cost of living.
- Responses to question 12 indicated some qualified support for the proposals, if it means that more people get support, if means tested, and if cost of implementation does not outweigh income generated.
- Of the charging proposals, the proposal to charge for two care workers generated much discussion at events and was commented on in several of the written submissions. The concerns were along the same lines as above: that the proposal impacts on the most disabled and was therefore unfair and potentially discriminatory; that two care workers were not always required and may be due to organisational requirements; impact if an individual refuses the second care worker on grounds of cost.
- There was confusion between the financial assessment for social care and welfare benefits assessments, plus concern about the cumulative impact of changes to social care and welfare benefits.

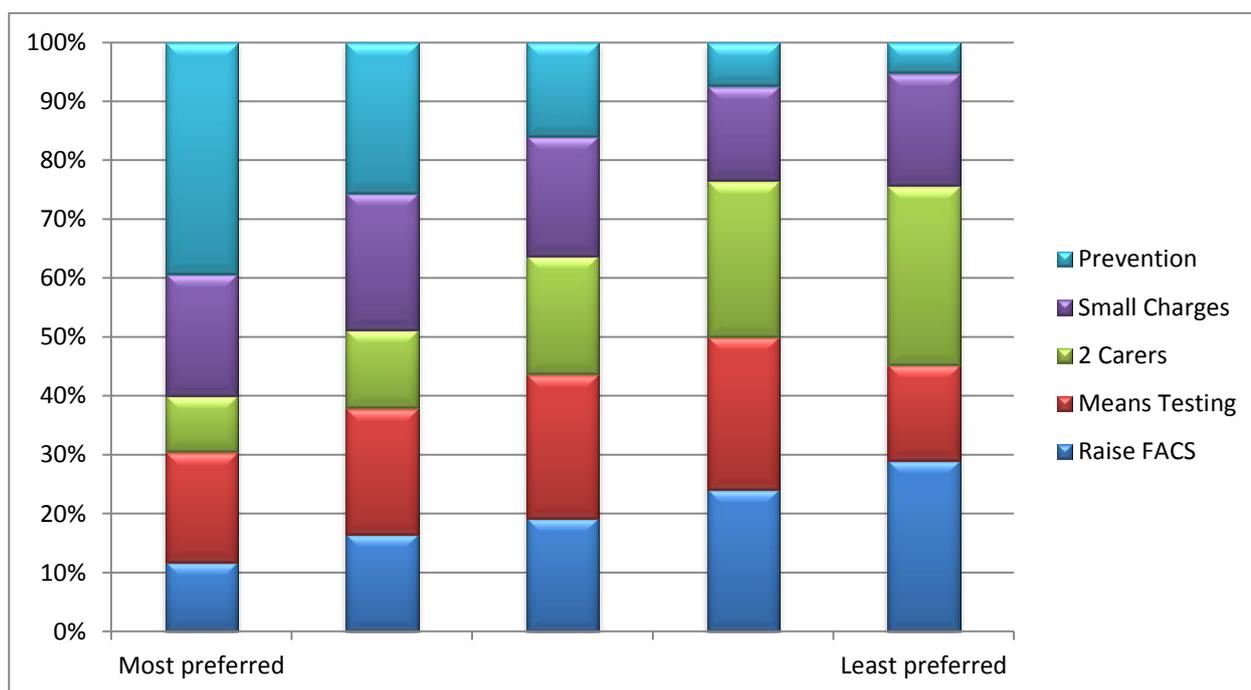
Fairness

There was a strong underlying theme throughout the consultation that demonstrated that respondents placed a high value on 'fairness'. This included the importance of fair assessments, both social care and financial; that the proposals were not fair on elderly, vulnerable and disabled people particularly those who had become accustomed to receiving social care support; that the proposals might be acceptable if fairly applied; unfair to charge people for two care workers where it is not their 'fault' that they require this level

of support; concern that there was a lack of fairness in the budget savings across the council; and that it was unfair to penalise people who had managed to save money.

Responses to question asking respondents to prioritise savings proposals

Respondents’ most preferred option was to make more use of preventative services, and their least preferred was to charge people for two care workers. Second least preferred was to raise the eligibility threshold and the charging proposals were in the middle of the range. This may indicate that people are least comfortable with proposals that are seen to directly impact on availability/provision of support.



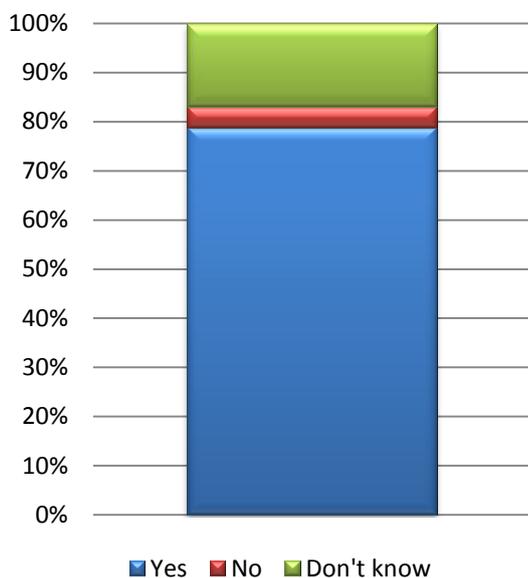
Responses to request for suggestions for other ways to save money

Responses to question 19 of the survey included suggestions for savings to be made from council costs including administration and bureaucracy, staff costs and councillor expenses. There were also a number of comments about reusing aids and equipment. Suggestions at events included an emphasis on tight procurement practices and quality of care; increase council tax; prioritise help for vulnerable people over other services; continue to generate income via support to take up welfare benefits; be more flexible with other funding streams. There was a level of acceptance that the council was in a difficult financial position.

Responses to questions about prevention services

The information gathered through this section of the questionnaire has contributed to the development of the Prevention Strategy, and is therefore only briefly touched upon in this section of the report.

Will prevention services help people stay independent for longer?



Generally people are positive about prevention, with 78.8% of people agreeing that prevention services will help people stay independent for longer. Only a very small percentage (4.3%) disagreed.

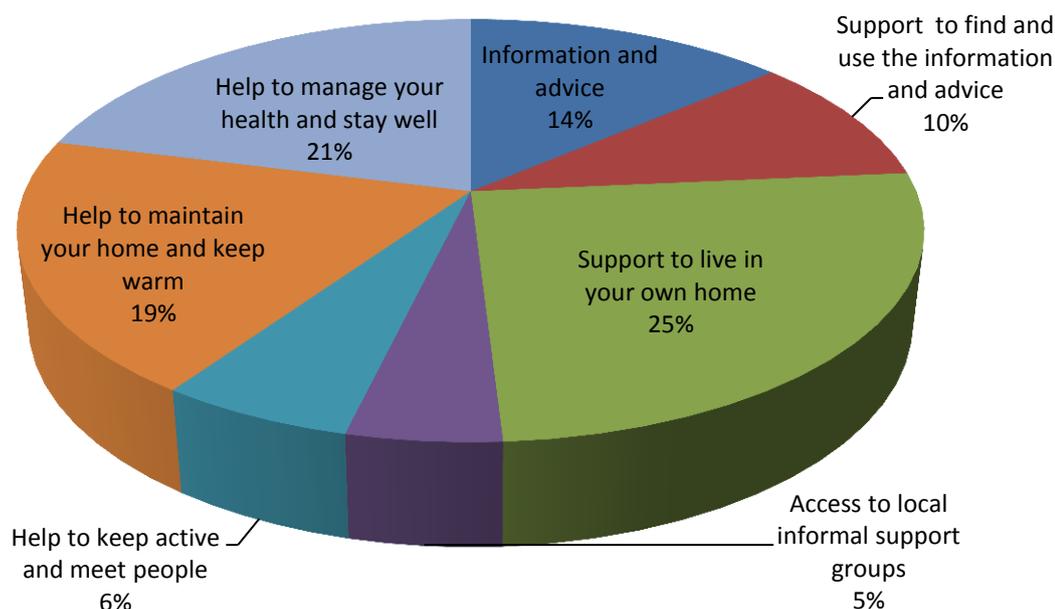
Views expressed via consultation events and in writing showed a general level of positivity and support for prevention, but unease about how it would be delivered. There were concerns about the capacity of the voluntary sector to meet demand, with a common theme from events that the sector is already struggling to meet increased demand and higher levels of need with reducing resources.

There were some caveats about access to preventative services for those living in rural areas, and the difficulties of identifying people

who might benefit from preventative services.

Respondents emphasised the importance of good advice and information, but thought that there may be a reluctance to investigate or accept preventative services. As people age, help to maintain their independence and to stay in their own home becomes increasingly important.

Most Important Prevention Services



7. Responses to the consultation

This section of the report provides a breakdown of the responses to the consultation.

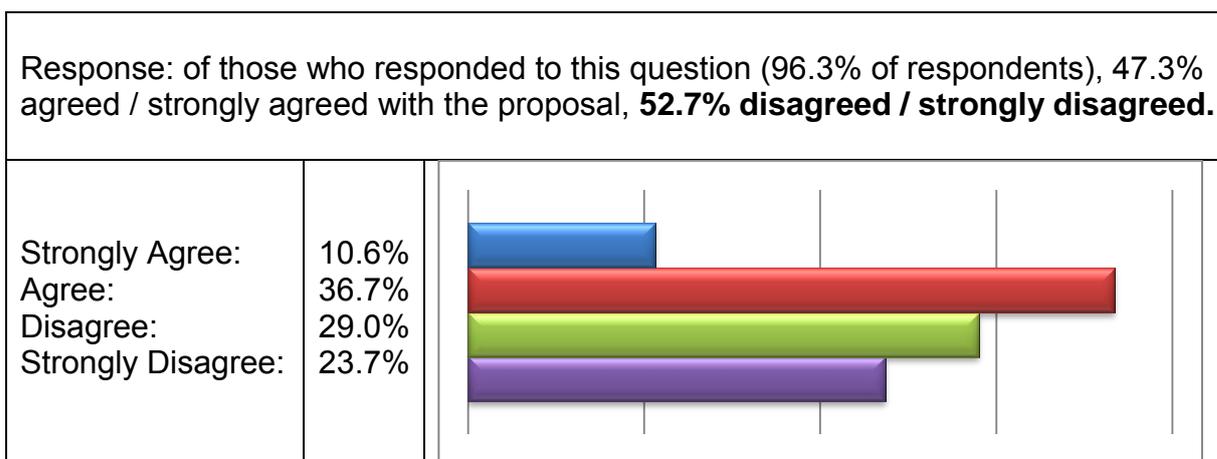
7.1 Responses to proposal to raise the Fair Access to Care Services eligibility threshold

Proposal: North Yorkshire County Council currently provides adult social care support for people assessed at Moderate and above. We are proposing to change this to Substantial and above. This would be the same as most other councils in England, who have already raised their eligibility threshold to Substantial.

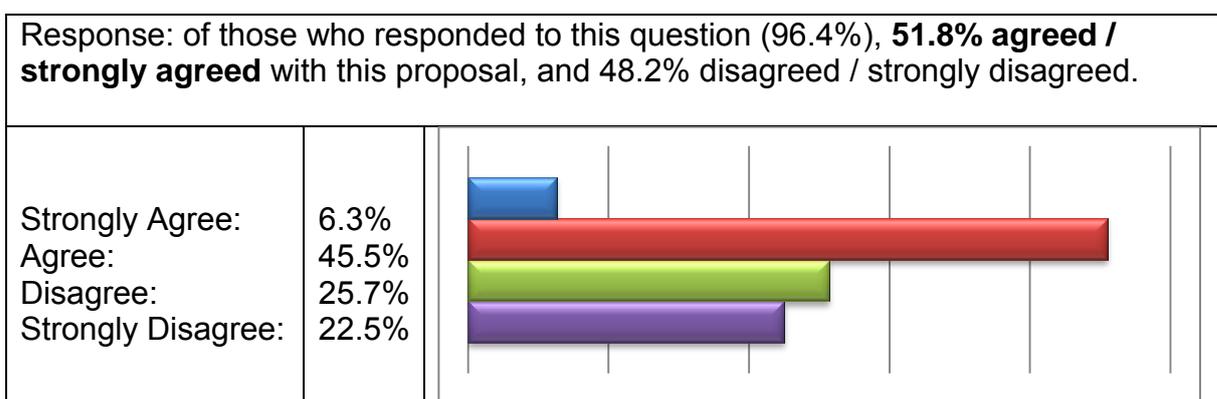
Questions

Q1: Please tell us what you think about the following proposals (please tick one box per row)

- a) The threshold at which people are eligible for support from adult social care should be raised from Moderate and above to Substantial and above.

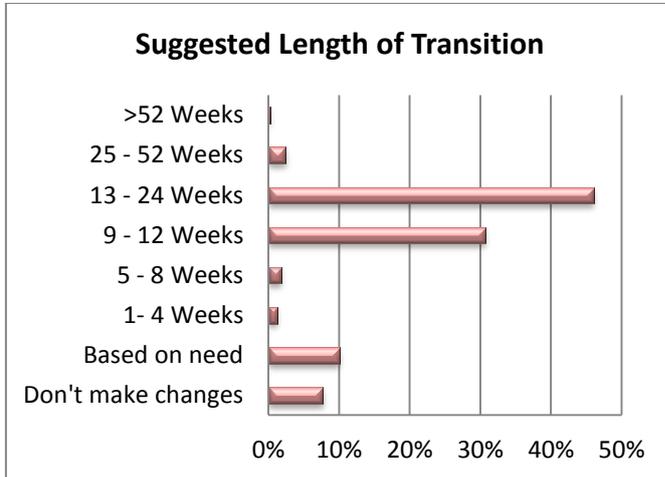


- b) Following reassessment, a transition period of up to eight weeks is enough time for people to prepare for reduction or other changes to their support.



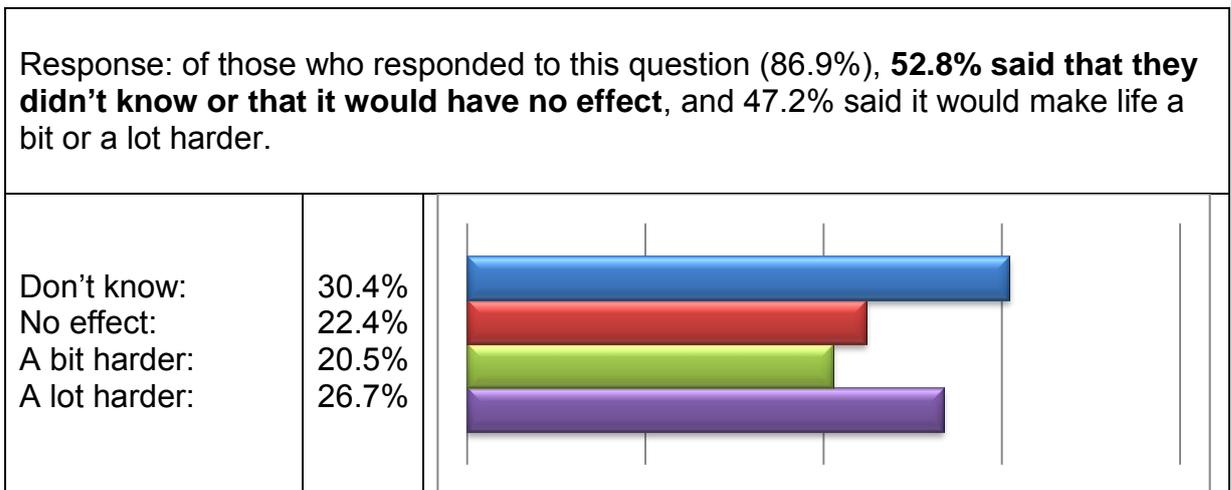
c) If you don't think that up to eight weeks is long enough or is too long, what do you think would be better? [Free text answer]

Response: of the people that made suggestions for alternatives (54.2% of respondents), the breakdown is as follows:



Other comments	Occurrence
Agree	3
Too long	2
Not long enough	2
Don't know	7

Q2: What effect would raising the eligibility threshold have on you?



Qualitative responses:

Comments were generated from:

- The question asking what effect the proposal would have on the respondent (note that this is asking for people's **perception** of the effect).
- A 'catch all' question asking 'do you have any other comments about the threshold for eligibility?'

The comments have been themed, then grouped according to theme. Some comments covered more than one issue so were allocated to more than one theme (up to three themes). Frequency of recurrence of each theme can be seen in the tables that follow.

Overview of themes per question

Question 2a (what do you think the effect [of raising the eligibility threshold] would be?) [529 comments] – the strongest themes were as follows:

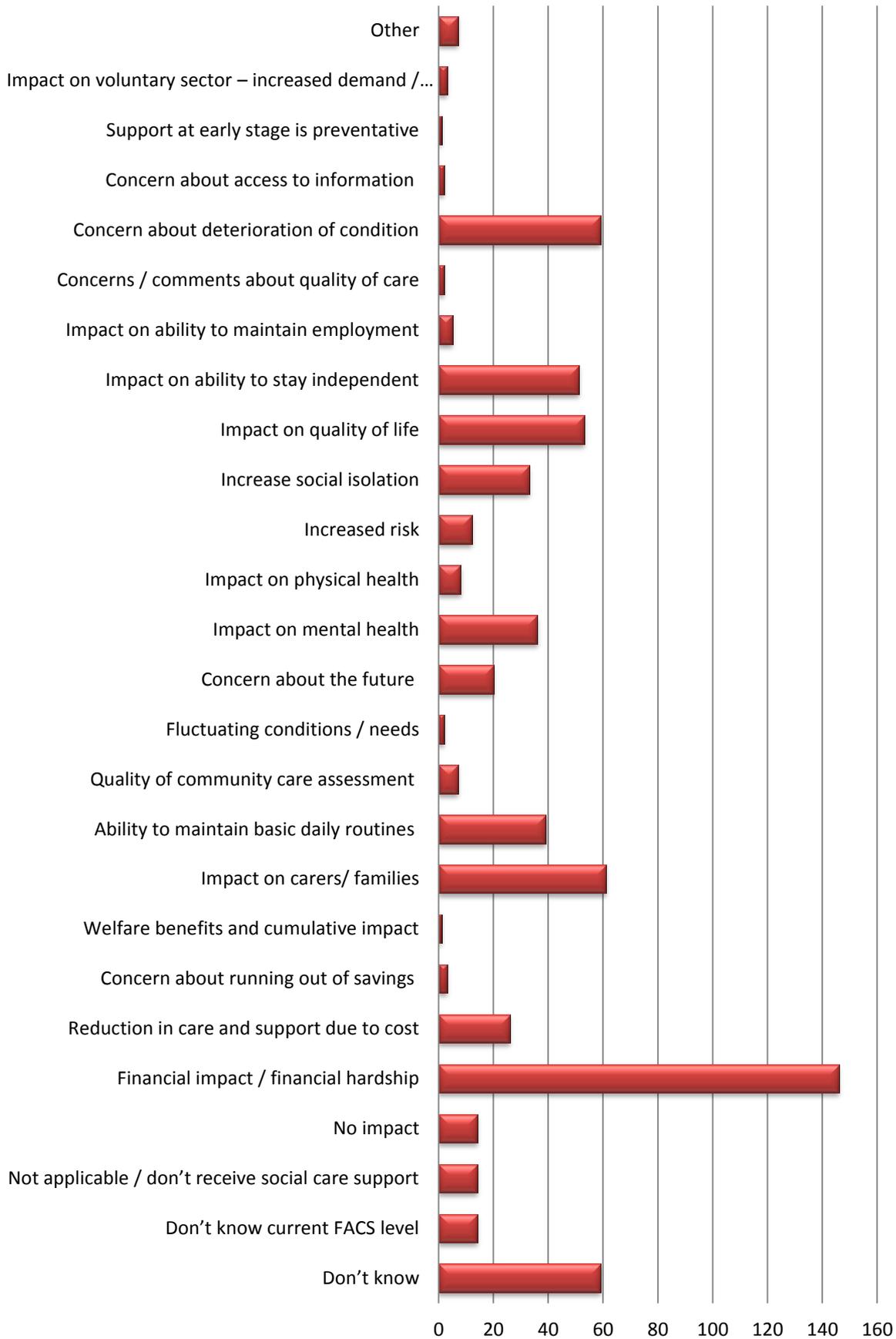
- Financial impact / hardship: if required to pay for support out of own income, this could result in reduction in budgets that are already tight, loss of spending power, difficulty in affording daily needs including food and heating. Other financial concerns were erosion of savings and loss of financial resilience, and inability to afford to replace lost support.
- Impact on carers and families: loss of support affecting health of carer, potential carer breakdown, increased demand for family and informal caring including older carers. Carer breakdown leading to increased need of cared-for person and therefore higher (and more expensive) care needs.
- Concern about deterioration of condition: loss of even a small amount of support could result in deterioration and / or crisis, resulting in the person having higher (and more expensive) care needs.
- Impacts on people: reduced ability to stay independent, increase in social isolation, reduction in quality of life, less able to maintain daily routines, impact on physical and mental health.

Question 3 (do you have any other comments about the threshold for eligibility?) [359 comments] - the strongest themes were as follows:

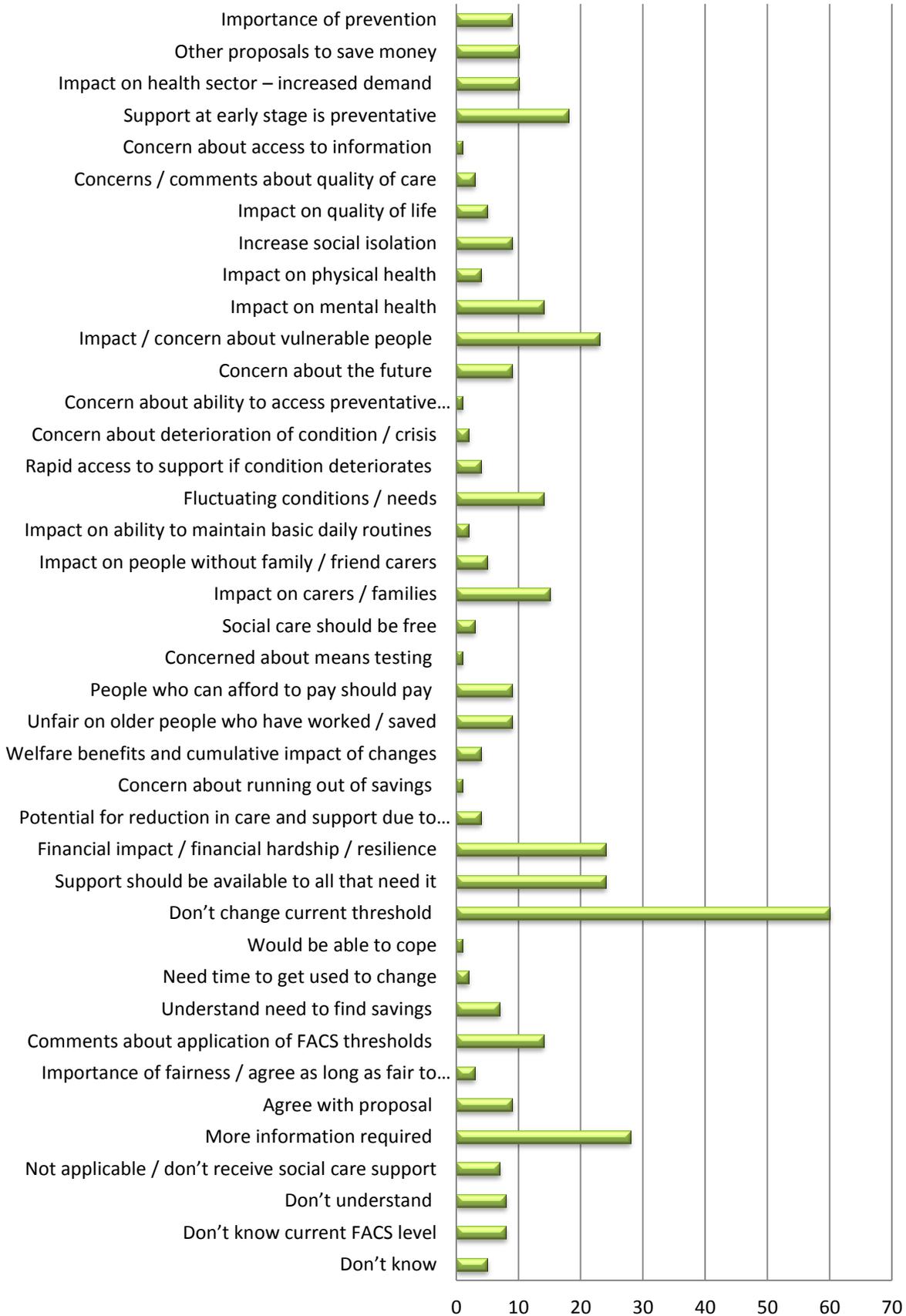
- Don't change current threshold – people need the support that they are receiving.
- Concern about the impact on people (themes grouped): effect on vulnerable & elderly & disabled people, effect on health, increased risk for individuals, quality of life, social isolation.
- More information required – these people felt that they needed to have more information in order to comment, particularly about their current FACS level and the impact on their individual circumstances following assessment, if the eligibility level changes.
- Concern about financial hardship (see 2a above).
- The view that support should be made available to all who need it, according to need not budgets and that this supports people to maintain their dignity.

- The view that services for vulnerable people should not be cut or only as a last resort, vulnerable people are already struggling to cope and would not be able to cope with this reduction of service.
- The view that support at an early stage, including at Moderate, is in fact preventative (and importance of prevention generally).
- Impact on carers and families (see 2a above).
- Comments about the application of FACS thresholds: feelings that FACS criteria are subjective and open to interpretation; may not be sensitive enough to recognise people's needs.
- Concern about fluctuating needs and conditions (see 2a above).
- Concern about the impact of the proposal on people's mental health – increase in anxiety, worry and stress.
- Other proposals to save money, including reduction in council costs, efficiency of council savings, saving money from other services.
- Knock-on effect on health services – increased demand and therefore cost, should look at whole system, should be integrated.
- Agreement (grouped): agree with proposal; agree as long as proposal is applied fairly; those who can pay should pay; understand need to find savings.

Question 2a Responses



Question 3 Responses

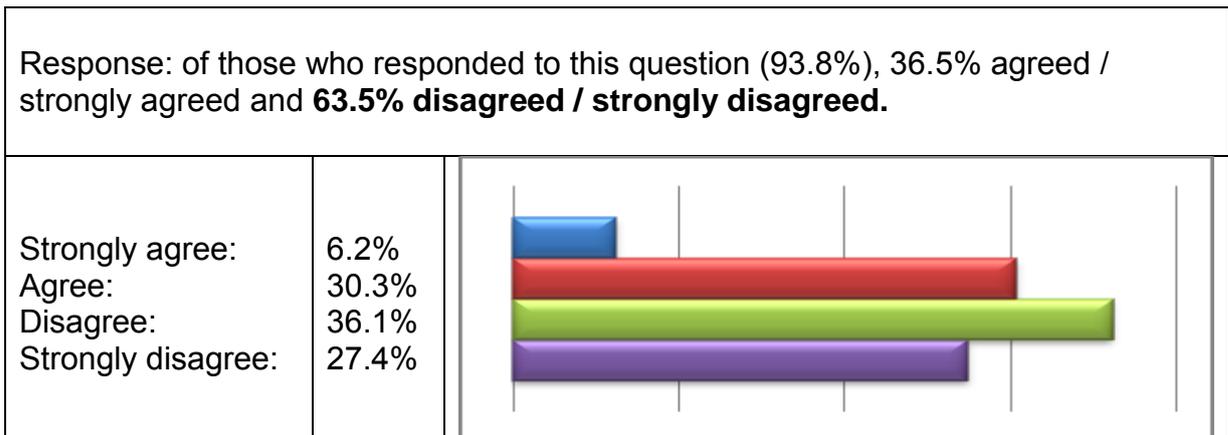


7.2 Responses to proposals to make some changes to the charges that people pay for their social care support, including increasing the amount that some people pay towards their services.

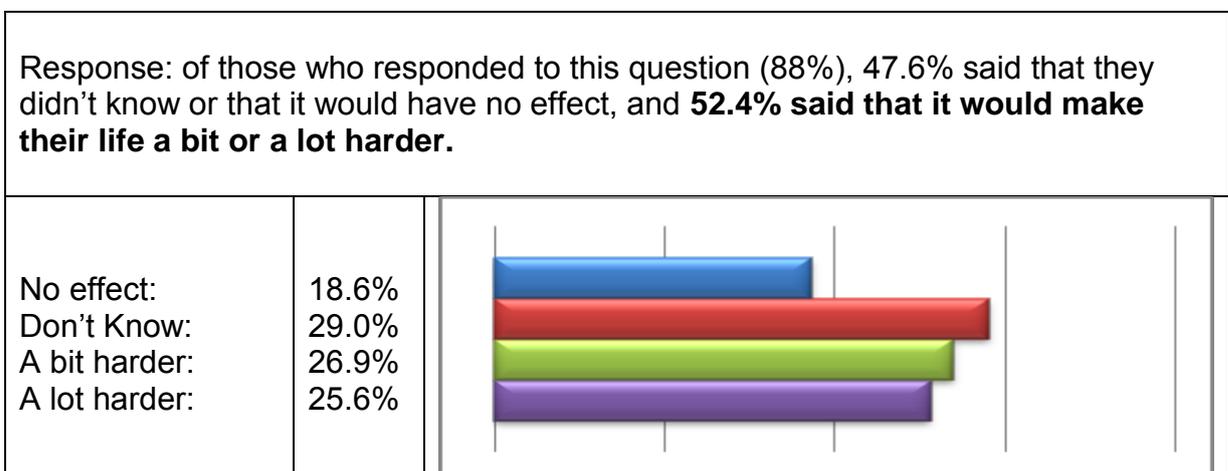
Proposals:

- Increase the amount of a person’s ‘disposable income’ that goes towards the cost of services from 90% to 100%;
- Charge for two care workers where needed, rather than just charging for one as we do now;
- When we work out how much people should contribute towards their housing related support, we propose to use the same way that we use to work out charges for community based support;
- Start collecting small weekly contributions of £5 or less (which are not currently collected).

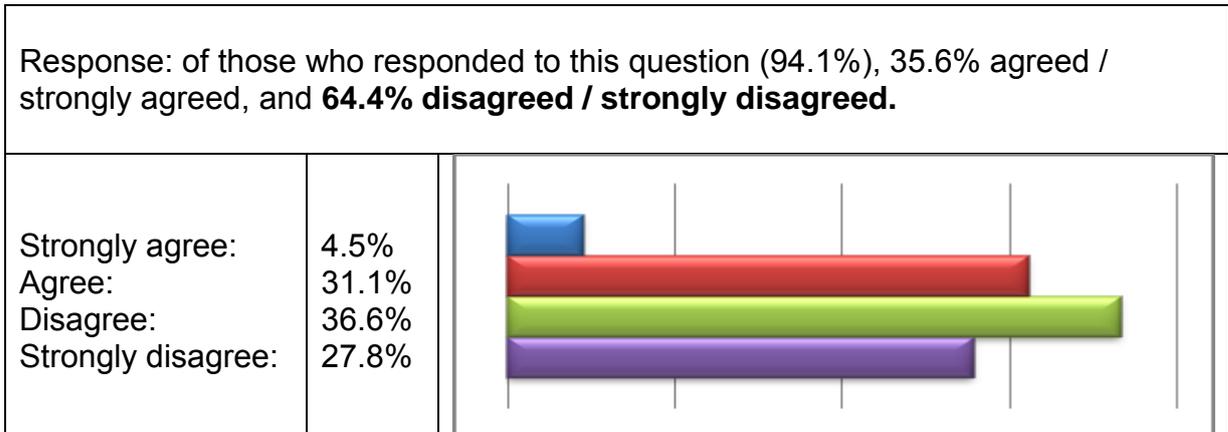
Q4. The amount of ‘disposable income’ that goes towards services should be increased from 90% to 100%.



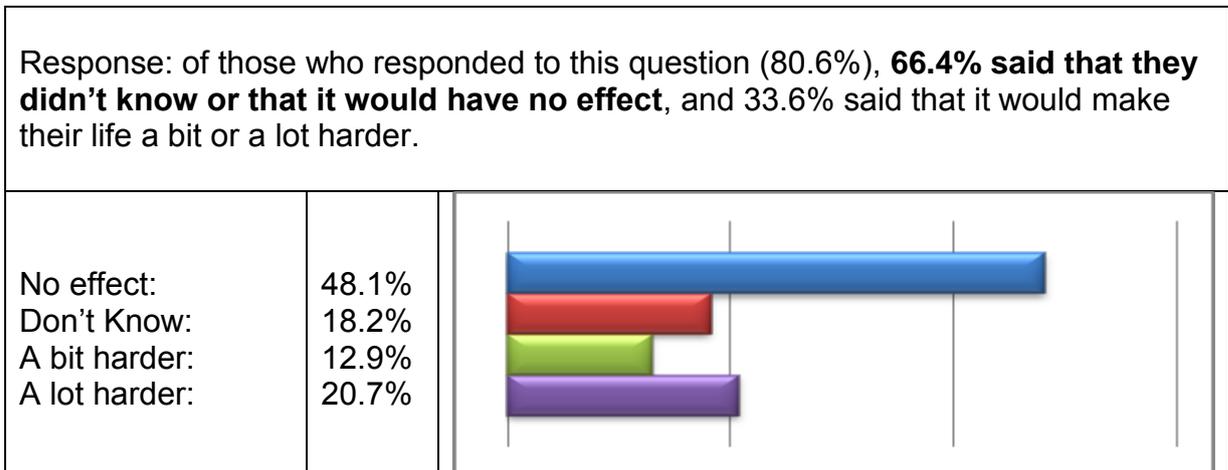
Q5: What effect would raising the ‘disposable income’ that goes towards the cost of services have on you?



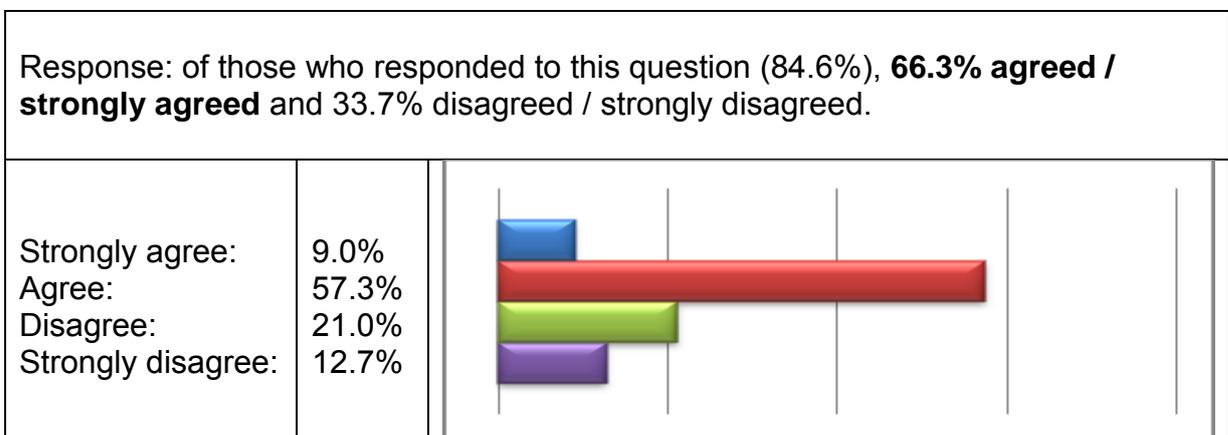
Q6. It is fair that people who need two care workers to assist them should be charged for both.



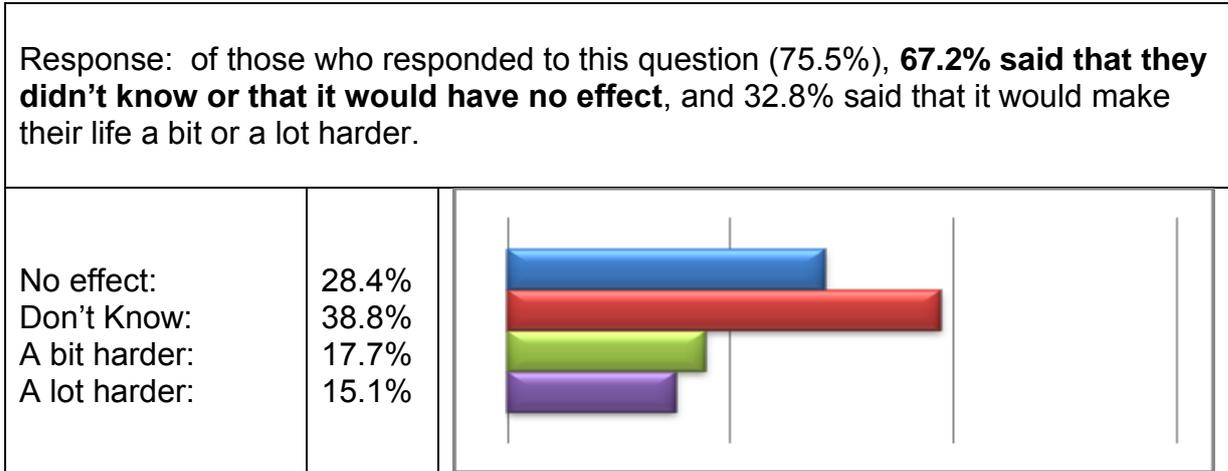
Q7: What effect would charging people for two care workers have on you?



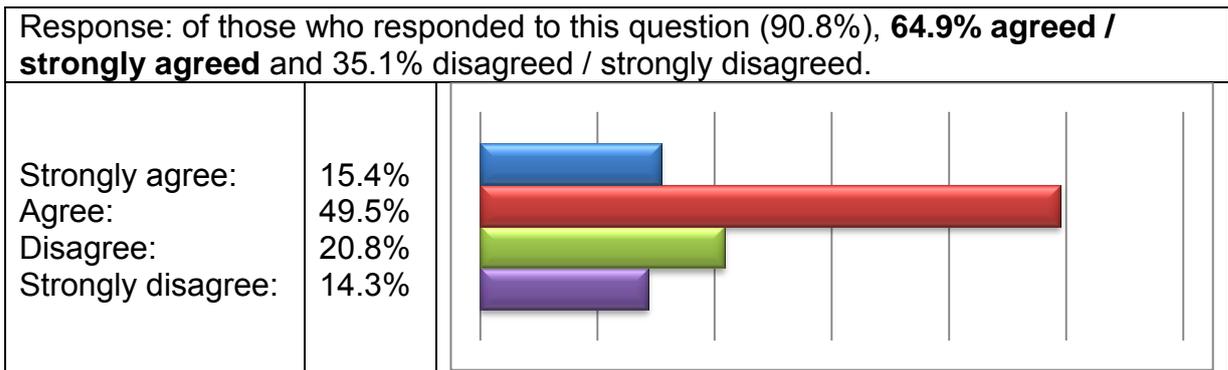
Q8: People using housing related support should have their charges calculated using the same way of charging as people using other sorts of community based support.



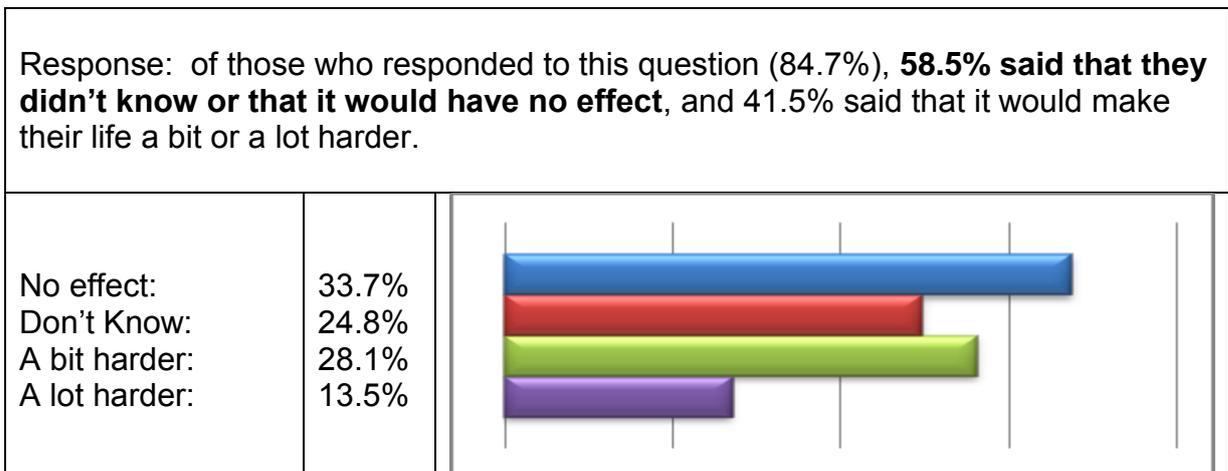
Q9: What effect would the proposal to start using the same way of charging as people using other sorts of community based support have on you?



Q10: All contributions towards the cost of social care support should be collected to help pay towards services, even if the contribution is a small one.



Q11: What effect would collecting small contributions have on you?



Qualitative responses:

Comments were generated from the questions asking what effect each of the proposals would have on the respondent (note that this is asking for people's **perception** of the effect), plus a 'catch all' question asking 'do you have any other comments about charging?'

The comments have been themed, then grouped according to theme. Some comments covered more than one issue so were allocated to more than one theme (up to three themes). Frequency of recurrence of each theme can be seen in the tables that follow.

Overview of themes per question

Question 5a (What do you think the effect [of raising the 'disposable income' that goes towards the cost of services] would be?) [471 comments]:

The strongest theme is that of the financial impact of the proposal, and that it would cause financial hardship particularly to those on low incomes. Budgets are already very tight, many people are on fixed incomes and are already facing rising costs of living.

Other themes relating to a specific financial impact include: concern about having to reduce needed support due to affordability and the knock-on effect of this reduction; impact on financial resilience and reduction in ability to save, therefore not able or less able to afford one off or emergency costs such as household repairs; having to cut back on essentials including food and heat; having to cut back on personal needs such as haircuts, socialising, gifts.

No impact / little impact: this was generally because people were already full cost payers, or because they did not receive services.

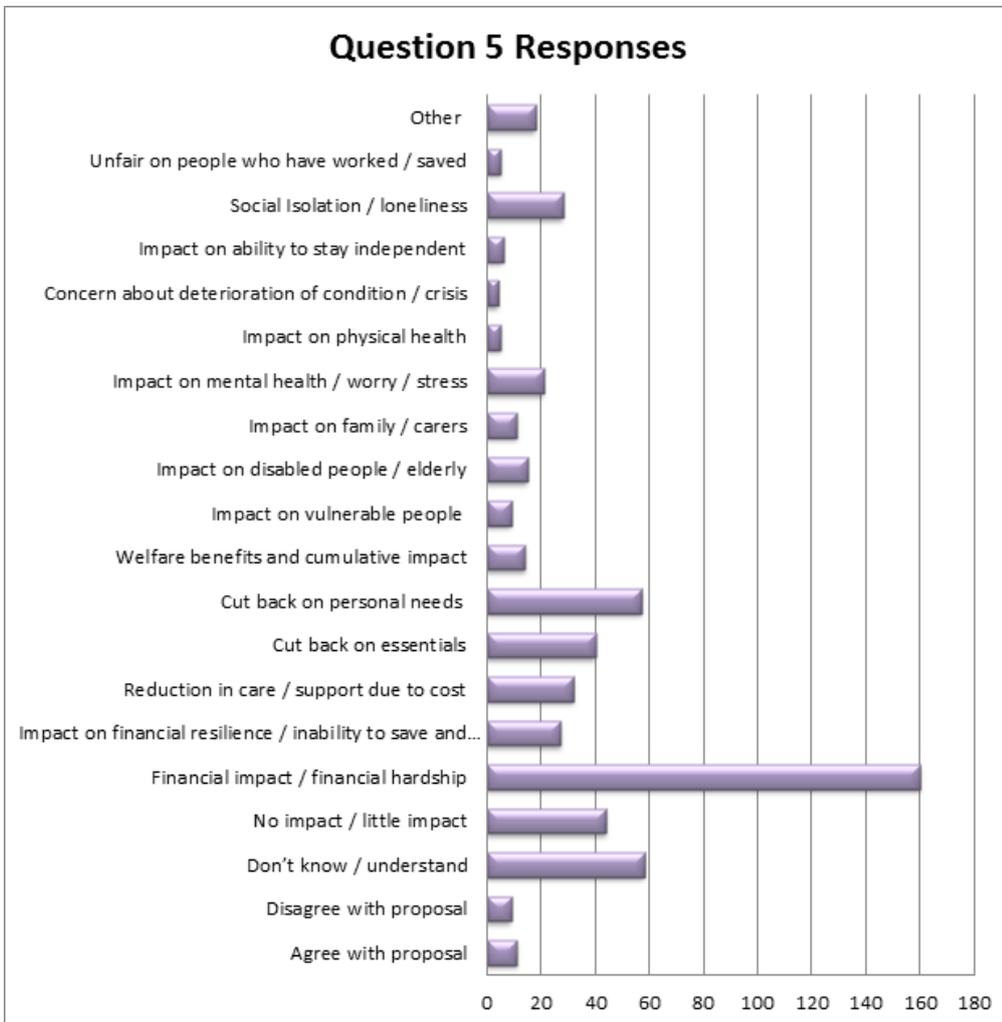
Impact on people: grouping these themes together, respondents thought that people in receipt of social care are already vulnerable, disabled and often poor (particularly those with life-long or long-term disability whose earning potential would have been reduced). They were concerned that anything that reduced an often limited and low income would add to their vulnerability and reduce their quality of life and potentially their independence. There was also concern about the impact on mental health, and on carers as family income and assets could be eroded to pay for support, leaving the carer with little.

Lesser but nevertheless notable themes are:

- a) Don't know/don't understand: people felt that they could not comment either because they would not know the impact on them as individuals until the financial assessment had been carried out, or because they found the proposal difficult to understand.
- b) concern about the cumulative impact of increasing charges / contribution at the same time that people are being affected by benefits changes particularly the 'bedroom tax';

a level of confusion between adult social care assessments and Department of Welfare and Pensions assessments.

- c) Increasing charges/contributions is unfair towards those who have worked and saved for their retirement.



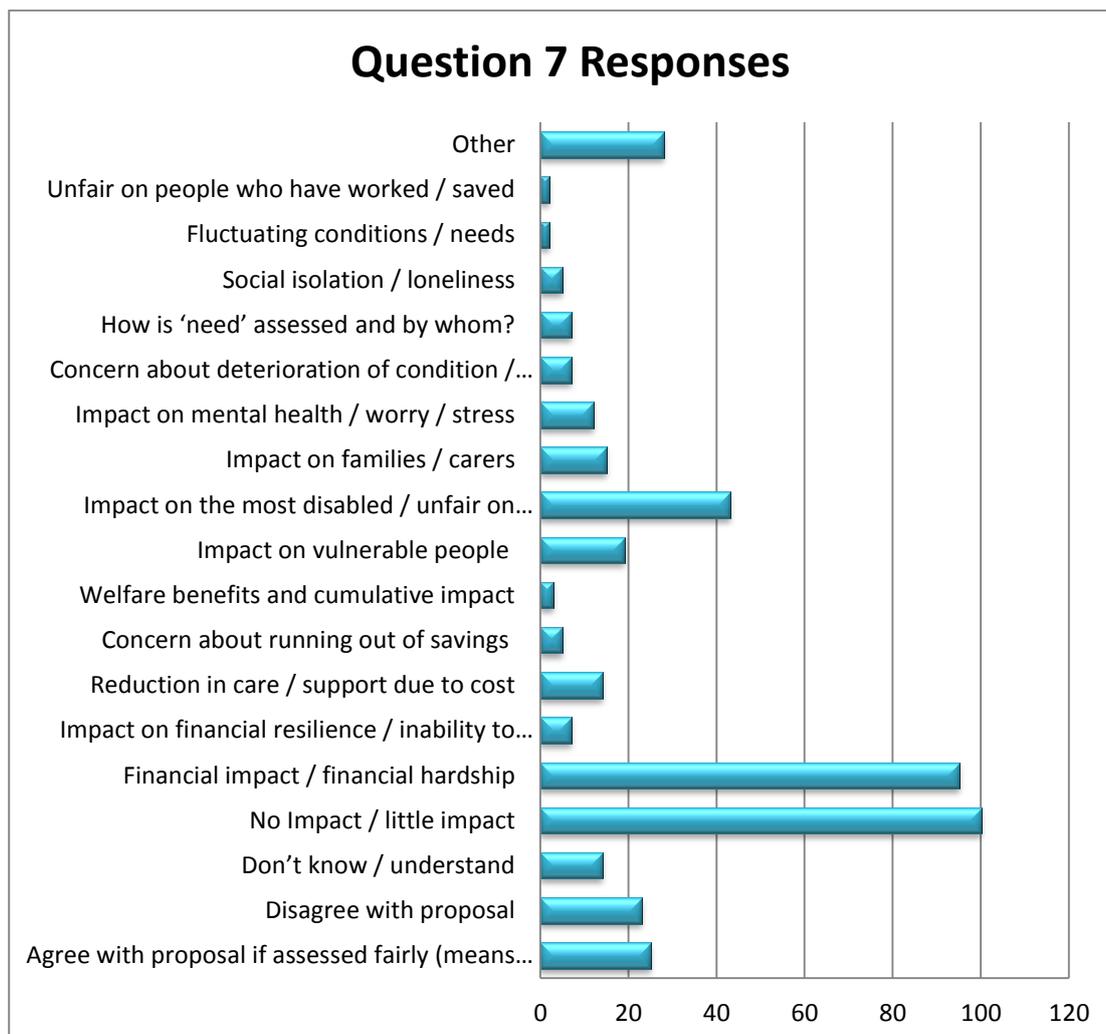
Question 7a (what do you think the effect [of charging for two carers] would be?) [375 comments]:

A much larger proportion of respondents said that this proposal would not impact on them. Nevertheless, respondents were concerned about the financial and personal impact on those who it would affect, and felt that it was disadvantaging the most disabled people; targeting people who were so disabled as to require two carers was seen as unfair and as penalising disability.

Some respondents expressed the view that the requirement for two care workers may be due to health and safety not 'need' per se.

As per 5a above, there was concern about the impact on vulnerable and disabled people, and on carers / family, and concern that people would not be able, or feel able, to pay and therefore would not receive the care they need.

Some respondents said that they agreed with the proposal as long as the means-tested financial assessment is applied fairly, and a few respondents suggested charging a little more rather than double.



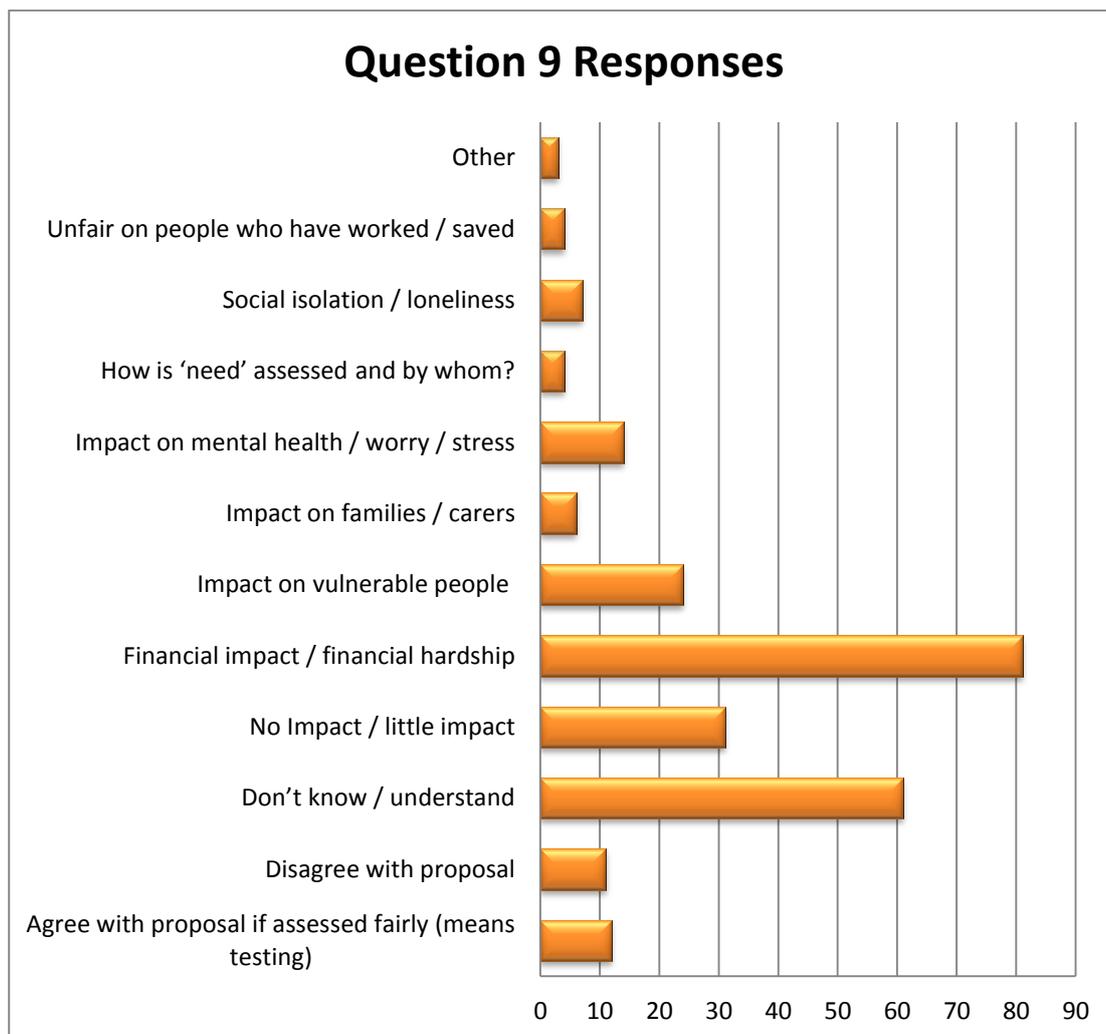
Question 9a (What do you think the effect [of starting to use the same way of charging as people using other sort of community based support] would be?) [241 comments]:

Again, the major theme was that of concern about financial impact and financial hardship, impact on limited budgets and reduction in ability to afford daily needs, particularly as costs of living are increasing.

The second strongest theme was ‘don’t know/understand’ – people did not understand the proposal or how it would affect them. Given that it is a quite complex idea and would not be likely to affect the majority of respondents, this is not surprising.

As per the other questions, there are concerns about the impact on vulnerable and disabled people, and carers, of any reduction in income, including impact on mental health and increase in social isolation. One respondent commented that the level of intervention for housing related support is lower than for social care.

There was also concern about the potential for people to decline services, resulting in deterioration of condition and therefore possible higher, more costly, needs developing.



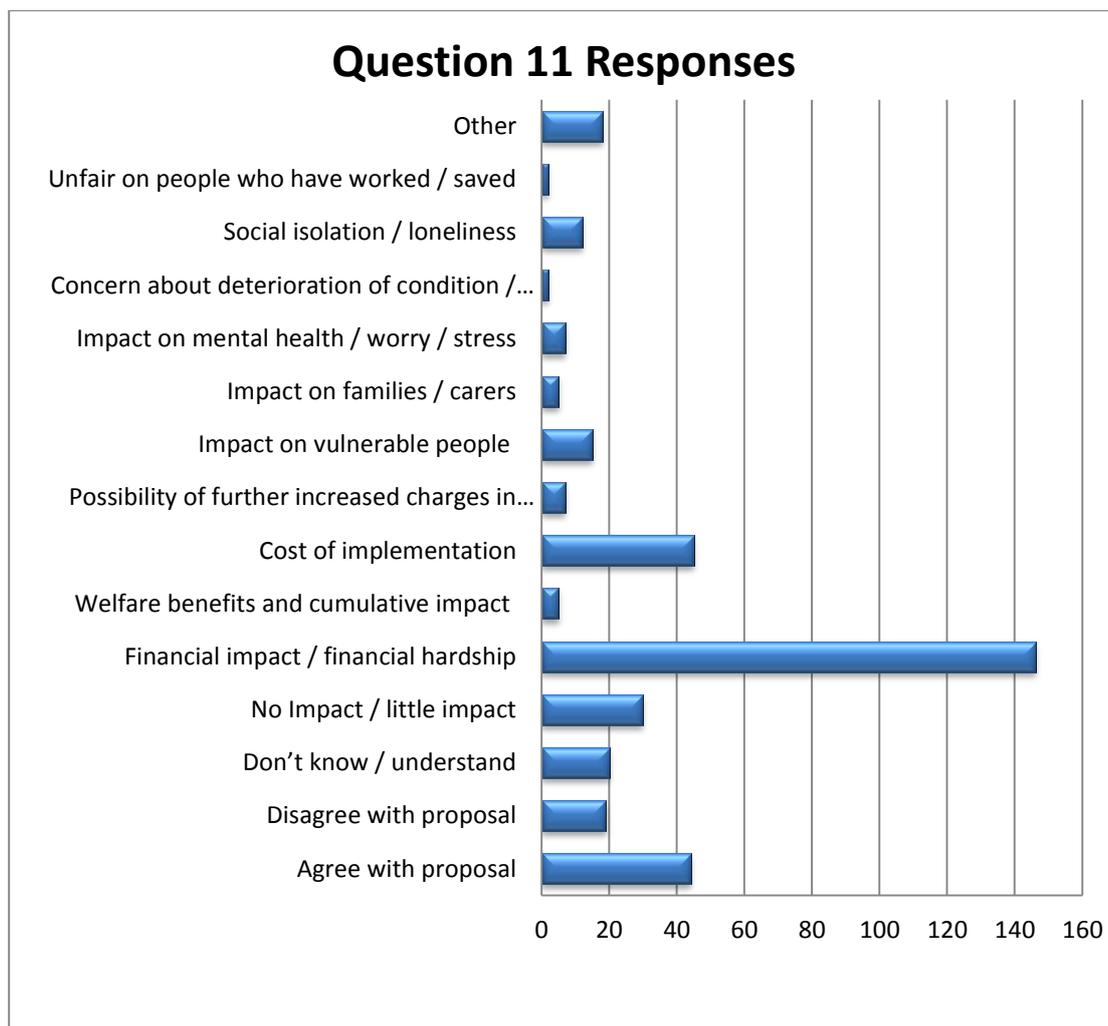
Question 11a (what do you think the effect [of collecting small contributions] would be?) [339 coments]:

As per the other questions, the major theme was that of financial impact and financial hardship, impact on limited budgets and reduction in ability to afford daily needs, particularly as costs of living are increasing.

Also as per the other questions, there are concerns about the impact on vulnerable and disabled people, and carers, of any reduction in income.

The other two major themes were:

- Agreement with the proposal;
- Querying the cost of implementation and that it might outweigh the income generated.



Question 12 (do you have any other comments about charging?) [321 comments]:

As per the other questions, the major theme was that of financial impact and financial hardship, impact on limited budgets and reduction in ability to afford daily needs, particularly as costs of living are increasing.

Another major theme is that of disagreement with the proposals. In contrast, if grouped, the three themes at the bottom of the graph (agree with proposals if it means that more people get support; agree with proposals if means tested; agree with proposals) are also a strong theme.

Next would be the view that the proposals are only sensible if the cost of implementation does not outweigh the income generated.

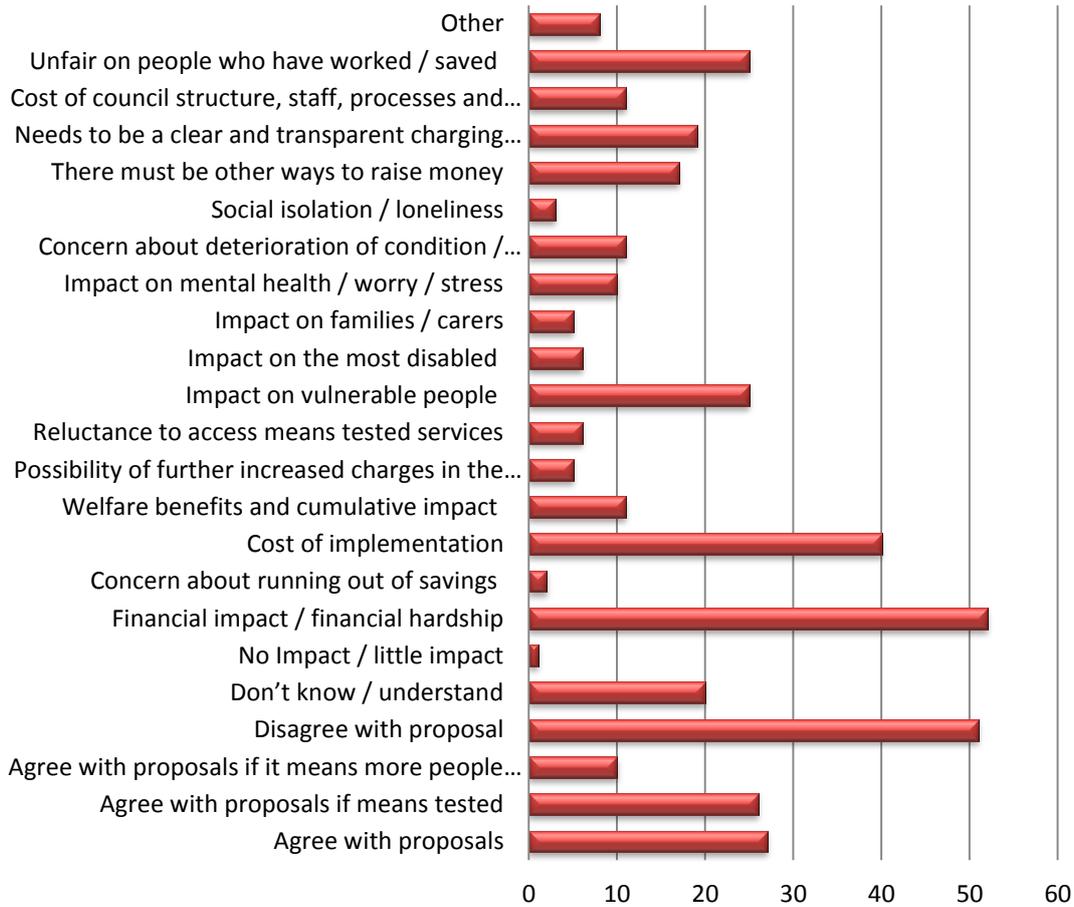
Also as per the other questions, there are concerns about the impact on vulnerable and disabled people, and carers, of any reduction in income, including impact on mental health and possibility of condition deteriorating if people do not take up support due to cost.

That the proposals are unfair on people who have worked and saved emerged as a stronger theme for this question.

Other themes:

- Importance of a clear and transparent charging system;
- Look for other ways to save money rather than from vulnerable and disabled people;
- The impact of welfare changes particularly 'bedroom tax' on people's already limited incomes and some confusion between adult social care and DWP assessments/support);
- Save money from council staff, councillors, services and assets instead;
- Fear of further increases in the future;
- Perception that charging for services and means-testing may be a barrier for access for some people.

Question 12 Responses



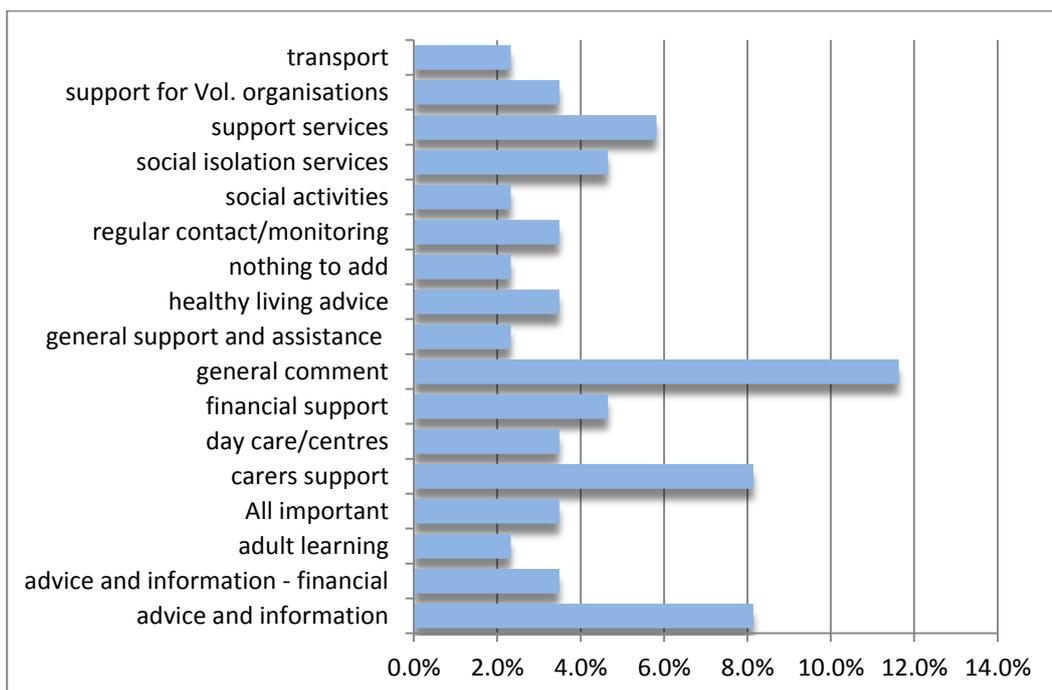
7.3 Responses to questions about prevention services

Proposal: to continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

Q13: What sort of prevention services do you think are most important? *(please tick your top three)*. [The top three responses are shown in bold.]

Information and advice	43.0%
Support to find and use the information and advice	31.0%
Support to live in your own home	80.2%
Access to local informal support groups	14.6%
Help to keep active and meet people	18.4%
Help to maintain your home and keep warm	61.1%
Help to manage your health and stay well	66.0%
Other (please state)	3.8%
No answer	3.4%

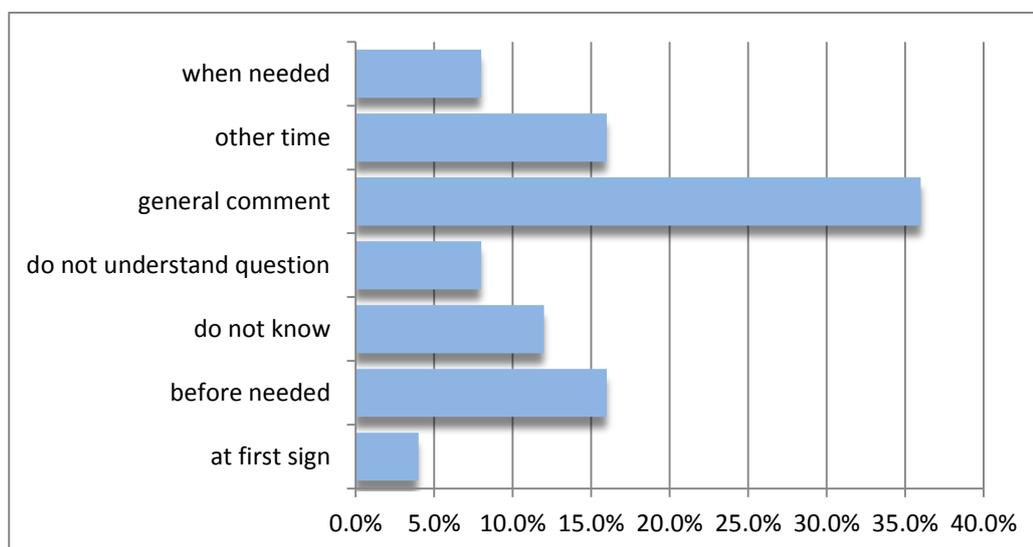
‘Other’ option free text responses: a large number of the comments received were general comments about prevention or added information about why particular services had been selected in the first part of the question. Comments were also made about the importance of support services for carers and availability of advice and information about preventative services.



Q14: When will the offer of prevention services make the most difference? *(please tick one box)* [The top response is shown in bold.]

Whenever needed	43.3%
When unable to access other services	5.2%
Before a problem occurs	35.2%
When accessing health and social care services	15.3%
Other (please state)	0.9%

Comments received were very varied. Of the comments that clearly indicated when prevention services should be offered, a number of comments suggested that people should be advised of preventative services before they actually needed them.



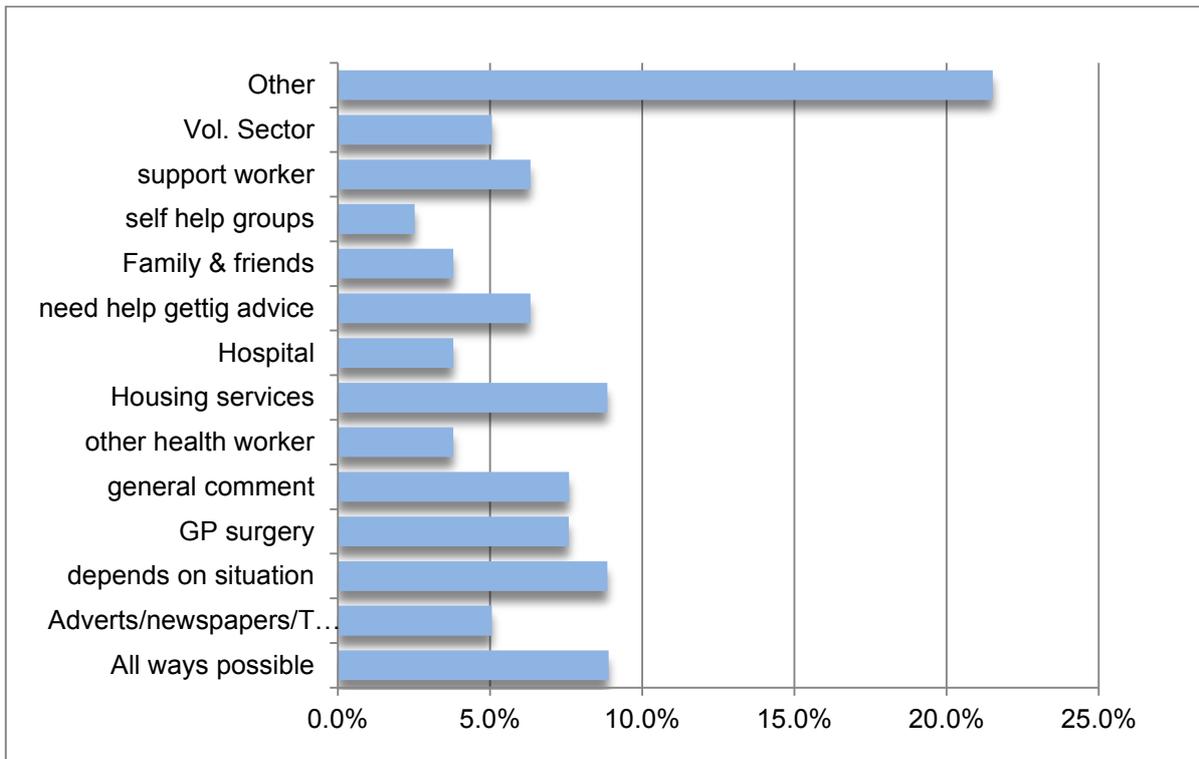
Q15: Which do you think is the best way for people to get early advice about prevention services? By 'early', we mean before there is a big problem or a crisis. *(please tick your preferred option)* [The top three responses are shown in bold.]

GP (Doctor's surgery)	55.9%
Community nurse	14.6%
Self-referral	8.0%
Social care staff	26.7%
Voluntary sector organisation	4.8%
People with the same problems or concerns (eg a self help group)	5.1%

Church or other faith organisation	2.1%
Police/Probation/Fire Service/Ambulance Service	3.7%
Other (please state)	3.2%
No answer	6.9%

The 'other' option allowed for a free text response. The suggestions are shown in the chart below. Comments received were very varied, but a large proportion of comments suggested one or more of the following:

- all ways possible should be used to give advice about prevention;
- the method of giving advice should depend on the situation;
- housing and housing warden services are good sources of advice.

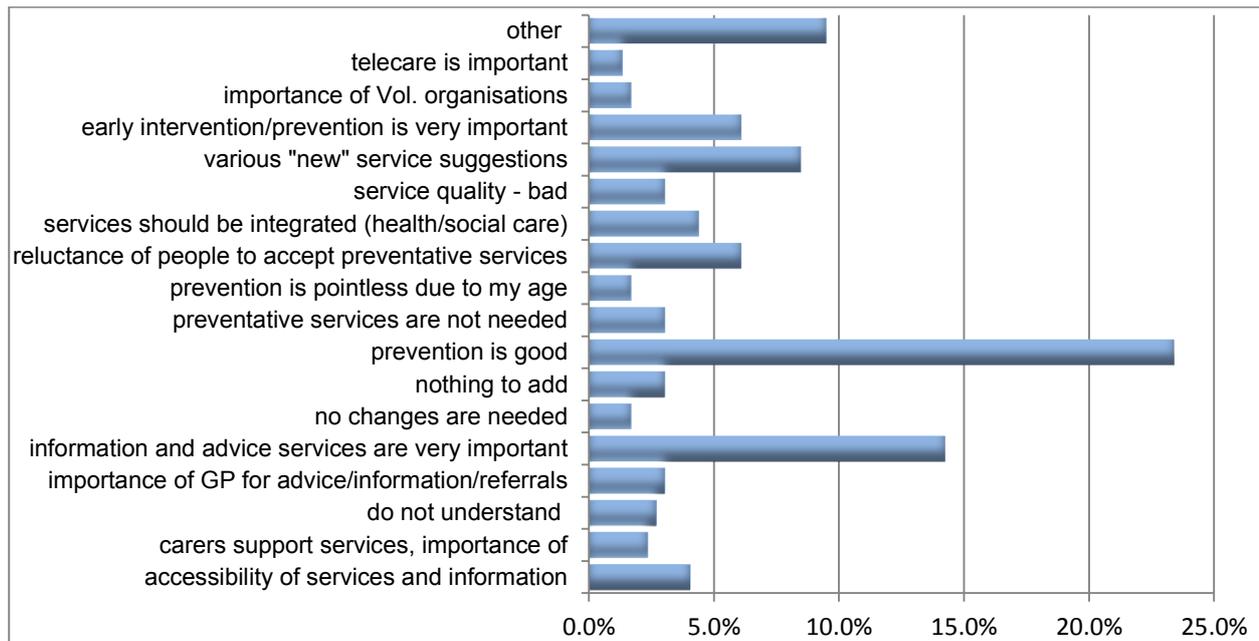


Q16: Do you consider that prevention services will help people to stay independent for longer? (please tick one box)

Response: of those who responded to this question (92.8%), **78.8% said Yes**, 4.3% said No, and 18.8% said Don't know.

Q17: Do you have any other comments about prevention?

Of the comments received the largest number were in support of prevention followed by comments stressing the importance and need for advice and information on preventative services. A number of comments identified people's reluctance to investigate or accept preventative services as being a major problem or stressed the importance of early intervention and prevention.



7.4 Responses to question asking respondents to prioritise savings

Q18: Please tell us how much you would prefer the council to do each of these (please tick one box per row).

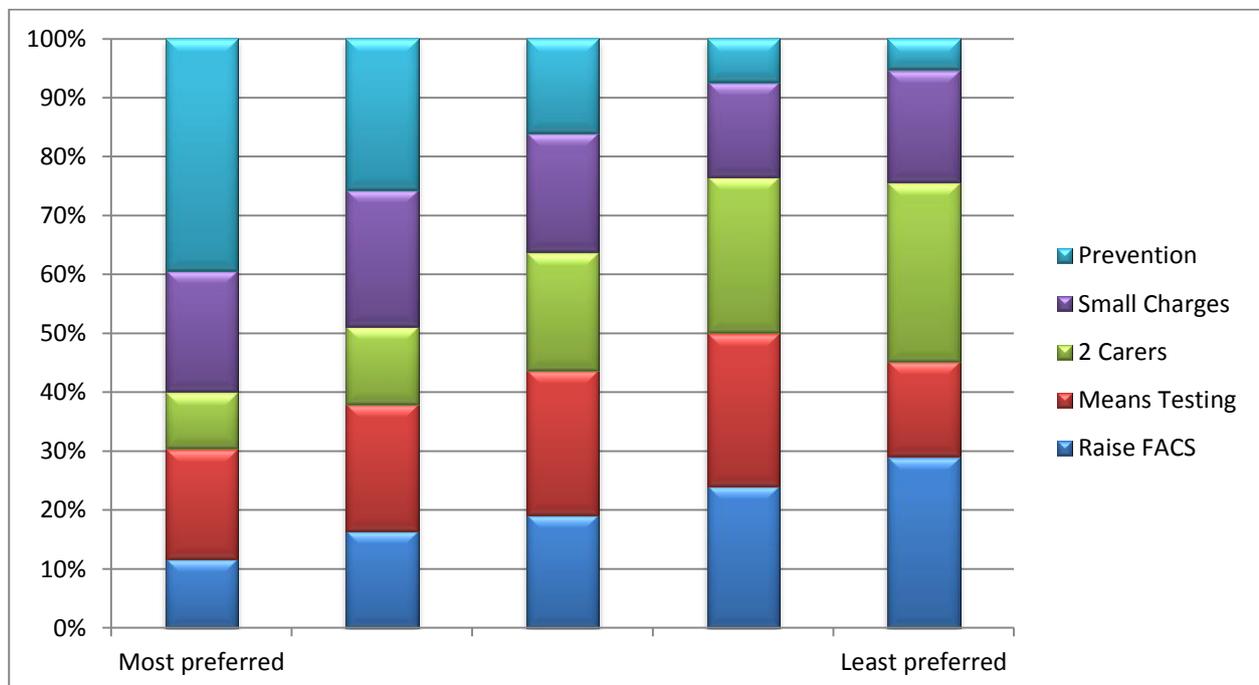
Options: 5-option scale from Most preferred to Least preferred (tick boxes)

Response: in order of MOST to LEAST preferred, the options were ranked as follows:-

1. Make more use of preventative services
2. Start to collect all charges, no matter how small
3. Taking into account more of a person's income when deciding their level of contribution
4. Raising the threshold at which people are eligible to receive support from adult social care to Substantial and above
5. Charging people for two carers

Overall, respondents' most preferred option was to make more use of prevention (66%) whilst their least preferred option was to charge for two carers (17.25%).

The graph below shows preference for each option from 'most preferred' to 'least preferred'.



7.5 Responses to request for suggestions for other ways to manage the budget

Q19: Do you have any suggestions for other ways we can save money? [356 comments]:

The strongest theme in this section relates to comments about the efficiency of council services – the majority of comments were about reduction/ensuring efficiency of administration and paperwork, and reducing bureaucracy, but there were also a number of comments about re-using social care equipment once it was no longer needed by a client. In addition, respondents thought that every element of spending and activity should be examined to ensure value and efficiency.

The next strongest theme related to suggestions for reducing council costs: staffing including reducing staff salaries generally; reduce staff expenses; reduce number of managers and salaries of managers, reduce number and type of staff (focus on the frontline); reduce councillor expenses, and so on.

Third, the care and support system. Respondents thought that the assessment process needed to be of good quality, but could be simplified, particularly the paperwork, and to reduce frequency particularly for small changes to support plans. There were comments about integration of health and social care including the sharing of information to make more efficient use of staff time / care visits. Other issues included faster response times, improving communication, and quality of professional advice and domiciliary care.

Fourth, comments about the consultation process. Here, some respondents expressed concern about the length of the questionnaire and the cost to produce it, and that the proposals were complex and hard to understand. There was some doubt about the value of consultation generally and the view that decisions would have already been made.

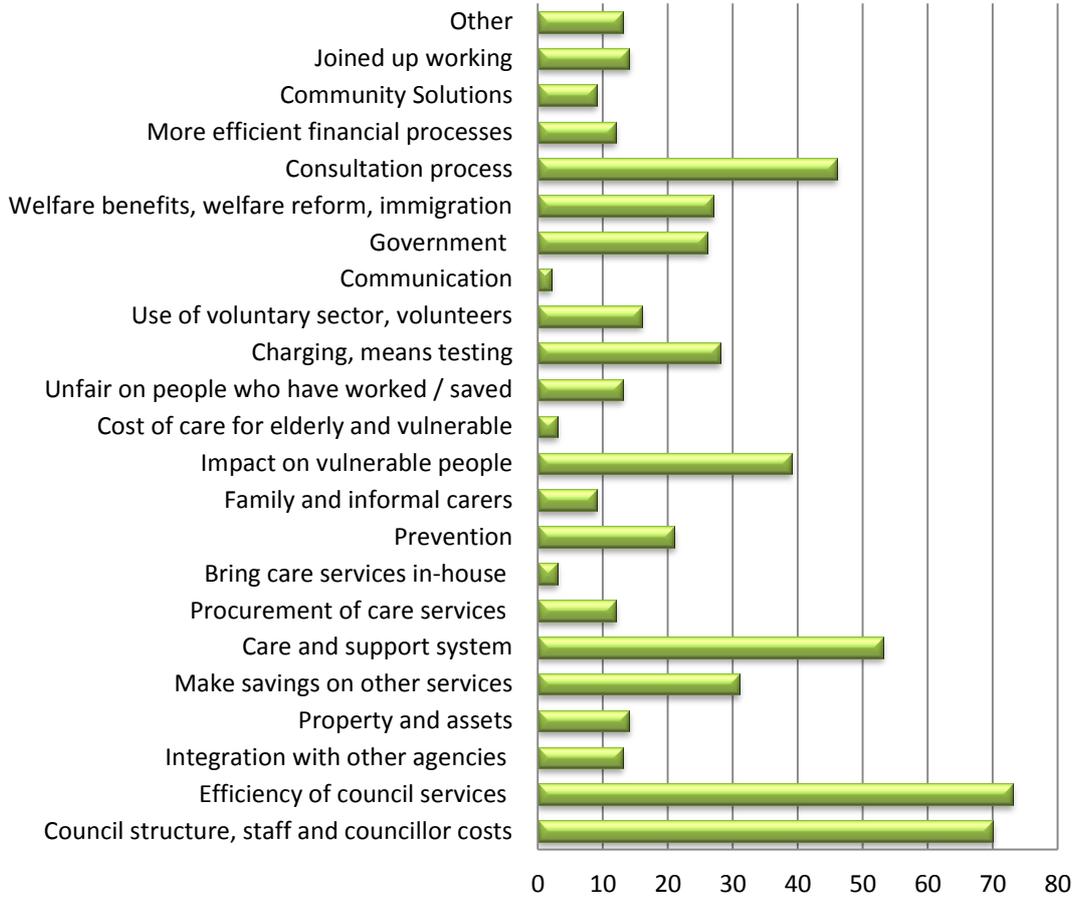
Fifth, the view that services for vulnerable, disabled and elderly people should not be cut, and that it would be a false economy.

There were a number of comments about welfare benefits, and references to immigration, seen by some respondents as creating a fiscal burden.

Comments grouped under the theme of charging and means testing included suggestions for the introduction of small charges or contributions for certain services, for example disabled parking permits and parking, means-testing of some older people's benefits.

There were also a number of comments expressing disapproval of government policies.

Question 19 Responses



7.6 Cross-tabulations: summary

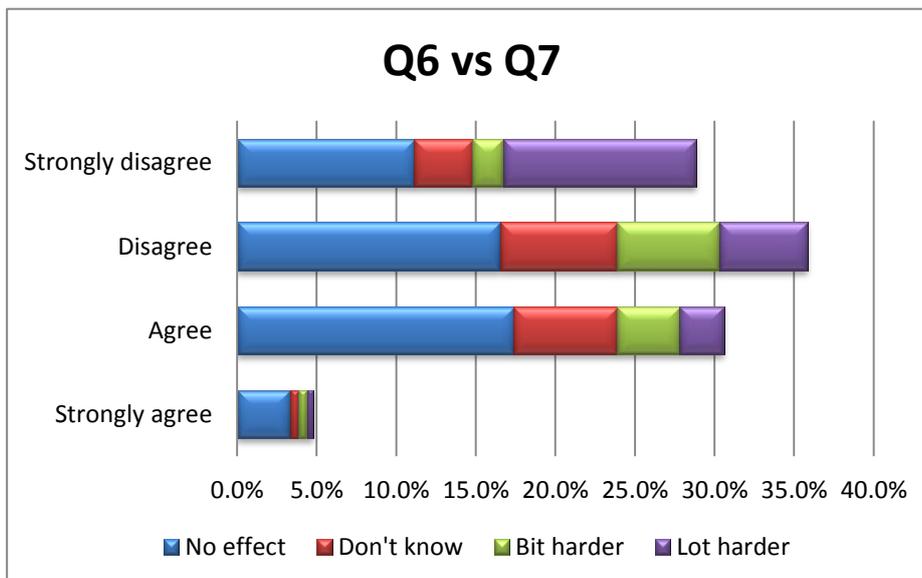
The responses to the questionnaires have been analysed to show the level of agreement / disagreement with the eligibility and charging proposals, compared to people's opinion on degree of impact that the proposal would have on them. See appendix 7 for all cross-tabulation charts.

The majority of the comparisons show that those who strongly disagreed with the proposal are more likely to say that their life would be a lot harder if the proposal is implemented. Conversely, those who agree are more likely to say 'no effect / don't know'.

The exception is 'charging for two care workers' (Q6 v Q7), where the majority of people strongly disagreed / disagreed but a large proportion of those disagreeing thought that it would not affect them.

Q6 (charge for two care workers) compared to Q7 (effect of proposal)

The length of each bar correlates to the proportion of respondents selecting that option (eg fewest people selected 'strongly agree' and therefore that bar is the shortest).



7.7 Responses by equality profile of respondents: summary

This section provides a summary of responses by equality group (also known as ‘protected characteristic’. See appendix 8 for equality data and charts.

Gender

64.2% of respondents were female and 35.8% male. This corresponds to the gender breakdown of people accessing social care support (see FACS equality impact assessment). Overall, there is very little difference in response by gender.

Age

Overall, 34% of respondents were aged 18-64, 15% 65-74, 26% 75-84 and 25% 85+. When compared to the breakdown of people who access social care support, the age group 18-64 is over represented (28.7%) and the age group 85+ under represented (34.6%). The other two age categories are about the same (65-74 very slightly higher).

From the data, younger people tend to disagree more with the proposals than older people, and are more likely to anticipate negative impact, apart from question 8 (effect of charging for two care workers), where it is the age group 75-84 who most anticipate negative impact.

Ethnicity

The majority (98.8%) of respondents were White/White British. This is in line with the ethnic breakdown of people accessing social care support. The number of minority ethnic respondents is too low to allow for meaningful analysis.

Disability

Participation by disability / client group: the method of identifying client group or disability was different for the postal and online/paper questionnaires. The data cannot be accurately aggregated and so the information is presented separately. This is because for the postal questionnaire, the data was pre-coded by client group held in the client database, and for the online/paper questionnaires, the standard disability categories were used.

When compared to the breakdown of people who access social care support, people with learning disability (15%) are slightly under represented in the postal questionnaire (11%) but over represented in the online and paper questionnaires (32%) – this latter is where the easy read versions and other accessible formats such as large print have been included. The paper returns included at least one group response for people with learning disability.

People with mental health issues (11%) are under represented in the postal version (5%) but very slightly over represented in the online and paper questionnaires (14%).

People with physical disability, frailty and sensory impairment (73.5%) are over represented in the postal version (83%) but less well represented in the online and paper (54%).

Vulnerable people and people with the client category of substance misuse were proportionately represented in the postal version but not picked up as specific categories in the online and paper versions. The number of respondents with substance misuse (2), although proportionate, is so small that the category has not been included in the analysis.

For both the postal and online/paper questionnaires, there is a contrast between type of disability and age – people with learning disability and people with mental health conditions tend to be younger than those with physical impairment/sensory impairment/frailty/ vulnerability.

Postal questionnaire

From the responses to the postal questionnaire, people with physical or sensory impairment are more likely to agree with the FACS proposal than other client groups, particularly people with learning disability and vulnerable people who were more likely to disagree. The views on the other four proposals are broadly the same.

Online / paper questionnaire

People completing the online and paper questionnaires have a higher rate of disagreement to the proposals than those responding to the postal questionnaire.

There is a higher proportion of people aged 18-64 responding via online and paper questionnaires than to the postal version; there may be a link to the higher rate of disagreement as the analysis of all responses shows that younger people generally have a higher rate of disagreement than older (see 'age' above and 'participation' section of report).

Prevention: equality profile

From the review of prevention responses by gender and age, there were few significant differences. However, it did show that older people and women are more likely to value accessing prevention support via the GP surgery with this preference increasing as people age; younger people prioritised access via GPs as well but showed a slightly higher preference for access via social care staff than did older people. It also showed that people are increasingly more likely to value support to stay in their own home as they age; younger people, whilst also prioritising support to stay in their own homes, placed a higher value on help to keep active and meet people than did older people.

7.8 Consultation events: summary of main themes

A) PUBLIC EVENTS

Raising the eligibility threshold

Fair Access to Care Services criteria: people expressed lack of understanding of the Fair Access to Care Services criteria, and a view that FACS is complex and not well explained. There was a view that individuals do not generally know what FACS level they are at, and this makes it harder to respond to the consultation. It would also be useful for providers to know the FACS level of their clients.

There were a small number of comments about the proposed new National Eligibility Framework that will be introduced as part of the Care Bill in 2015: contradictory to ask for feedback about raising the threshold now if it was going to have to change anyway; how will the number of reassessments be managed if reassessments will also be required for the new threshold in 2015; resource required for reassessments and whether it was value for money.

Community care assessment: the quality of assessment was seen as crucial. Comments included the need for staff to be skilled and well trained; for the process to be checked/monitored to make sure that it is being applied fairly, consistently and equally; for other agencies involved in the person's care to be included; carers to be included; for specialist assessment or specialist workers for certain groups for example autism; process if outcome of assessment is disputed.

Impact on people of raising the eligibility threshold:

- a) People at Moderate: concerns were expressed about the impact of removing support from people assessed as Moderate, who may have been in receipt of support for some years and who could not be expected to 'suddenly (...) be independent'. This related particularly to people with learning disability, including those living in supported housing. The culture of social care had created dependency for some groups, and that it was unfair to then remove support from people in that situation, who would struggle to cope.

The removal of support could mean that some people would deteriorate, which would be counter-productive. Increased charges could also impact on people's ability to cope, if it meant that they felt that they could not afford a service.

- b) Carers: if support was reduced or removed, this might mean that the carer could no longer continue. This could mean that people would come back into the system with higher needs.

c) Vulnerable people: a number of comments were made about the impact of the budget cuts on the 'most vulnerable in our society' and that the proposals would cause damage to vulnerable disabled people. There was a perception that there was a greater impact on vulnerable people due to council budget reductions than other groups. The impact on people's mental health was highlighted and that this could increase demand for mental health support services.

Eight week transition period for changes to social care: the proposed up to eight week transition period was not seen as long enough by some participants, particularly for people with learning disability.

Access to information, advice and signposting: the importance of good quality, clear, accessible information was stressed by participants, particularly for people with learning disability. The need for support to access, understand and navigate information was mentioned, and the importance of advocacy groups and voluntary organisations to provide some of this support.

There was concern about accessibility of information via the internet and some concerns about the quality of information and signposting currently. GP practices were mentioned as a good place for information and signposting. Libraries were also mentioned as a good place, but not everyone accesses libraries. It was important to have information in the places that people did access.

Making some changes to the charges that people pay for their social care support

Disposable income: comments on the proposal to increase the amount of disposable income taken into account came under two main areas:

- Impact on quality of life, if people are no longer able to afford 'small things in life' like getting hair done, gifts to family or going out. This in turn could increase social isolation.
- Impact on people already on low income: a concern that people will be left with nothing, and that this particularly impacts on disabled people who are more likely to be on low income.

Paying for two care workers: this proposal generated some strong feedback and was one of the main areas of discussion at several events. People expressed the view that the proposal was discriminatory: it discriminated against the most disabled people compared to less disabled people because the higher costs were directly attributable to the higher level of disability. Reference was made to legal challenge being made to other authorities on this basis.

There was concern about the potential for a substantial increase in costs for some individuals, and the impact that this could have, including possible increase in care home admissions.

Health and safety requirements for two care workers to use a sling or hoist to move a person were discussed and the view put forward that two workers were not always required. Conversely, a concern was expressed about the health and safety implications if a person could not, or would not, pay for two workers.

Housing related support charges: this proposal generated very little discussion.

Collecting small charges: this proposal generated little discussion. Comments were made on whether or not the proposal was truly cost effective and on the impact for people on low income for whom even £5 could make a difference.

Welfare benefits: comments and questions from participants indicated a general level of confusion between the various assessments carried out by adult social care and the Department of Work and Pensions. The comments highlighted the difficulty experienced by people as they attempt to navigate their way through separate systems. The negative impact on disabled people of repeated assessments and reassessments, and the accompanying lack of stability, was also mentioned.

The impact of welfare benefit reforms (eg 'bedroom tax') was pointed out, and the cumulative impacts of changes to social care and increasing charges at the same time that people's benefits were being reduced.

Notice of changes to charges: this did not generate much discussion; however there was a view that four weeks' notice would not be enough if charges were increasing substantially, as may be the case for people with two care workers. (Note: this is not the same as the 'up to eight weeks' transition period proposed for changes to eligibility for social care - see above.) The importance of prompt notice and invoicing was also mentioned.

Prevention

Generally, the focus on prevention was welcomed and preventative services were seen as vitally important, but they could not be provided without financial investment. There was also a view that providing support at Moderate was in fact preventative.

Importance of preventative services: preventative services were seen as essential to helping people to maintain their independence. Low level support, like opportunities for social interaction or supported shopping, could help people to stay at home or out of a higher need category. This support, for example a break, was also very important to help carers to care for longer.

Impact of social isolation / importance of reducing social isolation: social isolation was seen as a particularly significant problem; being socially isolated impacted on people's health and wellbeing, and reduced their ability to stay independent.

Access to preventative services: comments were made about the difficulty of a) identifying people who might benefit from preventative services, particularly if they are not already known to social care and b) the challenge of delivering and accessing preventative services in rural areas.

Impact of cuts on preventative services: concerns were expressed about reductions in funding to the voluntary sector and that this reduced the sector's ability to provide preventative services. There were several mentions of the struggle for funding for small community providers in particular.

Design of preventative services: participants highlighted the challenge of finding volunteers ('much easier to find volunteers to run a library than support people'); that people with mental health conditions may have different needs; the importance of pathways that recognise rapid decline or fluctuating need; and that a small amount of support to a community group can go a long way – eg help for expenses such as food hygiene certificates, availability of small pots of funding.

General

Interdependency of different parts of the system and the impact of cuts: two main areas were highlighted where reductions in one service impact on another: transport and health services.

- Transport: the need for transport, including community and accessible transport was highlighted and the proposed reduction in funding to public transport cited as an issue. Lack of transport could impact on ability to access other services, including prevention services and health services, particularly for older and disabled people.
- The importance of working in partnership with Health was discussed at several events. Lack of joint working and cuts in the health sector could impact on community services and might mean that people 'fell through the gap', or were more likely to need hospital treatment/acute care. Joint working was also seen as more efficient.

Impact on voluntary organisations: as mentioned above, there were a number of representations made by voluntary organisations about the impact of reduced funding and increasing demand / higher levels of need. Many organisations are already at full capacity and are seeing their funding cut; they will not be able to keep meeting the demand without increased funding. There was also a comment that as a result of a reduction in the number of people (ie those with Moderate needs) using voluntary and other services, those services may have insufficient income to continue, and will therefore not be available to support people with higher needs.

Procurement, contracting and quality of services: a number of comments were made on the quality of services. The key themes were as follows:

- Agency staff perceived as being of poor quality with high turnover (with a minor theme re low pay);
- Importance of staff training to improve quality of care;
- Importance of monitoring to improve quality of care, including checking the actual care being provided to clients and a reliable way for people to raise a concern about their service;
- Importance of effective contract management to ensure value for money including quality;
- Role of providers to support people to develop and maintain their independence.

Alternative ways to save or raise money:

- Raise council tax and explain why (eg to protect vulnerable people);
- Prioritise help for vulnerable people over other services;
- Generate more income for people in the county via support to claim welfare benefits;
- Be more flexible with funding streams – eg allow people to choose not to take up bus passes for older people, and funding to be reallocated to pay for activities to reduce isolation;
- Effective purchasing;
- Increasing the uptake of direct payments.

Budget savings calculations / allocation: there were questions about the savings calculations and the amount of savings allocated to Adult Social Care at most events. Main themes:

- Potential for harm to vulnerable people for what appeared to participants to be a relatively low amount of savings;
- Potential for savings to be a ‘false economy’ as people would not be able to cope and their needs would increase, thus putting people back in to social care at a higher level / cost;
- Questions about the proportion of the savings allocated to adult social care in comparison to other services;
- Questions about the accuracy of the calculations;
- Cost of implementing the proposals versus amount saved.

There were also some comments about the reason for the requirement to make savings - seen as driven by the Government – and acceptance that the County Council was in a difficult position.

Comments about the consultation process:

- Feedback about the venues chosen – some were viewed as not suitable due to location by some participants;
- Feedback about the questionnaire – seen by some participants as being complex;
- Some concerns and queries about accessibility of the consultation process;

- Concern about low attendance at some events and questions about how the events had been publicised;
- A view that low attendance was linked to lack of awareness about social care;
- Some views that the consultation process was in order to be legally compliant rather than a genuine consultation;
- A wish to see councillors at the events;
- Feedback from some of the events that participants appreciated the open approach being taken at the events.

B) OTHER EVENTS

Autism-specific discussion group

7th November 2013 – 7 participants

Highlighted concerns:

- Concerns around changes to eligibility for transitions into adulthood.
- Concerns around some disruption to services. 1/3 of support cut even though needs have not changed.
- Concerns around son going from fully funded CHC to social services support.
- Concerns around comments made by professionals. Eg “you’re their mum it’s your job.”
- Struggling to get assessment for child.
- Concerns around continuity.
- Assessment is not sensitive to people with Autism.
- Social services passing the buck to charity / health.

Supported housing – tenants’ meetings

15th November 2013 – 20 participants

20th November 2013 – 17 participants

14th November 2013 – 19 participants

Three meetings were held with tenants in sheltered housing, in order to explore views on the consultation proposals, and the housing-related support proposal in particular.

The majority of questions asked by participants so that they could better understand the details of the proposals and the potential impact on them as individuals. Some concerns were expressed about the impact on people assessed as being at Moderate level, and whether home care would be cut.

Housing related support proposal:

- People asked for clarification of the proposal and of financial assessment.
- It was noted that declining a financial assessment would mean that the individual would have to pay for the service.

- The cost effectiveness of carrying out financial assessments when people had already been assessed by the DWP was questioned.
- A warden observed that people may decline the service if they have to pay, or may move out. This could have a knock-on effect.

Provider and voluntary sector consultation event

The strongest theme arising from comments related to the impact on people of raising the eligibility threshold:

- That support for people at Moderate is preventative and to remove this support will cause problems in the future;
- Concern about effect on people, carers, families and query about the outcome of impact assessments carried out by other authorities;
- Concern about the impact on vulnerable adults and whether the council would be legally responsible if something detrimental happened to an individual due to the withdrawal of services;
- Query about the impact on people in supported living arrangements who may potentially have to move from where they live;
- Impact on unpaid carers and potential for carer breakdown.

Other comments relating to the impact on people included:

- The concern that older people find it difficult to access / navigate information;
- That the proposal would be a false economy as people would be referred to adult social care at too late a stage and then come back into the system with higher needs;
- That self funders required more detail on the cost of care;
- Concerns about the proposal to charge for two care workers, and that people would not be able to cope with the significant rise in costs (this includes concern about impact on finances of the family unit);
- Issue relating to care coordination and people with mental health needs; importance of prevention but impact of uncertainty.

The second theme related to the impact on providers:

- Questions / comments relating to market development to offset the loss of clients at Moderate, and how providers might be supported to make up some of the loss via provision of preventative services;
- Linked to questions about market development, the concern that providers, particularly voluntary sector, have been living off their reserves and that reserves would only last so long. Market development was therefore a priority.

Other queries / comments:

- Query re e-market place and plans for wider electronic systems eg on billing;
- Technical queries about financial assessment and how people with mental health conditions are affected, and about the relationship between community care assessment and financial assessment.

C. PARTNERSHIP BOARDS

Carers' Forum: the Forum heard a presentation about the proposals on 5th September 2013. Main areas of discussion related to the impact on carers if the cared-for person's support changed; queries about the cost-benefit of the proposals versus the potential consequences; quality of community care assessment and how to challenge; importance of the transitions stage from Children's Services to Adult Services; importance of person-centred planning.

Older People's Partnership Board: the proposals were presented to the Board on 6th September 2013. The main areas discussed were the consultation process itself, importance of design of prevention services so that people's conditions do not deteriorate (resulting in higher levels of need), importance of voluntary sector and concerns about sustainability. The Older People's Partnership Board also submitted a formal written response to the consultation; this has been summarised in section 7.9.

Physical and Sensory Impairment Partnership Board: the Board discussed the proposals at their meeting on 13th September 2013. Representatives expressed concern about impact on people requiring social care; whether the needs of those with fluctuating conditions would be adequately met; the importance of good quality community care assessment and skilled assessment staff; the need for a clear and easy process should an individual wish to challenge the outcome; and some issues relating to quality and coverage of services.

Learning Disability Partnership Board: the proposals were presented to the Board on 13th September. The main areas of discussion were potential impact on people in supported living; whether or not people would know what FACS level they were at; the importance of the community care assessment and of being involved in one's own assessment and support planning; and what would happen if a person's needs changed.

7.9 Written responses

Feedback was received in the form of 55 written responses (letter and email), including a number of notes or letters received with or in lieu of postal questionnaires.

- The majority of notes received with or in lieu of postal questionnaires were to explain that the individual either could not complete the questionnaire or felt that it was not relevant to them because as far as they were aware, they were not in receipt of social care. Other comments were in line with the themes arising from the consultation.
- 6 of the written responses were from organisations; the rest from individuals. The organisations were:
 - Age UK North Yorkshire
 - Independent Care Group
 - Church of England Diocese of Ripon and Leeds, Bishop of Knaresborough
 - Horticap
 - Mencap North England
 - North Yorkshire Older People's Partnership Board
- One of the submissions from an individual included detailed comments about the support needs of people on the autistic spectrum, and expressed concern that some could fall between Moderate and Substantial. The comments have been passed to the relevant officer for consideration.
- One email included detailed data on cost of care and profile of unpaid care, and this was passed on to the relevant officers for consideration.
- Another email included a number of detailed comments on the charging policy, and this has also been passed to the relevant officers for consideration.

Main issues raised:

- Recognition of difficult financial position of the council;
- Importance of prevention to mitigate raising eligibility threshold;
- Disagreement with proposal to raise eligibility threshold;
- Support at Moderate is in fact preventative and so should be retained;
- Removal of support reduces independence and therefore contrary to Government policy;
- Objections to the proposal to charge people who need two care workers for both workers, on the basis that:
 - a) It is discriminatory against those who are the most disabled
 - b) It may result in people, particularly full cost payers, refusing two workers and therefore not receiving the support they need
 - c) The increase in care costs for people requiring two care workers would be disproportionate

- d) Two care workers are not always required for hoisting and this should be considered in assessments and commissioning;
- Concern about removal of support, or refusal of support due to cost, causing deterioration leading to crisis and therefore increased need/cost;
 - Impact on financial position for carers should household income and assets be depleted by funding the needs of the cared-for person;
 - Impact on people with learning disability who may only be nominally Moderate but whose needs are more complex;
 - Impact on fragile caring relationships should even a small amount of support be removed (and possibility of carer breakdown, therefore increasing needs of individual) – particularly for people with learning disability and their family carers;
 - Importance of quality of community care assessment;
 - Importance of access to information and advice, and that this be supported access for those who require it, including advocacy services;
 - Concern about difficulty identifying carers if cared-for person no longer supported by Adult Social Care, and therefore lack of support for carers;
 - Importance of / concerns about quality of care (including lack of agency staff training and high turnover) / need for improved commissioning and monitoring;
 - Importance of clear and transparent information on care charges readily available via internet;
 - Increased pressure on voluntary organisations and reducing funding;
 - Lack of provision in rural areas;
 - Look again at non-frontline services to find savings and protect services
 - Importance of accessible consultation and reminder of Duty to Pay Due Regard under Equality Act 2010;
 - General comments on the importance of accessible consultation, and importance of involving people, including carers, in design and planning of future care and health services;
 - Recognition of difficult economic climate / loss of funding;
 - Suggestions that council tax should be increased.

8. Appendices

1. Consultation questionnaire
2. Consultation document
3. Overview of consultation process and activities
4. Communication activities
5. Respondent profile
6. Cross tabulations
7. Equality data

Making difficult decisions in adult social care

Eligibility and charging for adult social care

More information is available on each of the proposals in the accompanying consultation document.

This consultation will run for a 12 week period from Monday 2nd September 2013 and will end on Monday 25th November 2013.

Your responses to this questionnaire will remain anonymous.

Thank you.

For office use only to help administer the survey -

The codes relate to your gender, age group, ethnicity, client group and the area that you live in and cannot be used to identify you

G	A	E	CG	AR
<input type="checkbox"/>				

The proposals

A. To raise the Fair Access to Care Services eligibility threshold from Moderate and above to Substantial and above

North Yorkshire County Council currently provides adult social care support for people assessed at Moderate and above. We are proposing to change this to Substantial and above. This would be the same as most other councils in England, who have already raised their eligibility threshold to Substantial.

Q1 Please tell us what you think about the following proposals *(please tick one box per row)*

	Strongly agree	Agree	Disagree	Strongly disagree
a) The threshold at which people are eligible for support from adult social care should be raised from Moderate and above to Substantial and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Following re-assessment, a transition period of up to eight weeks is enough time for people to prepare for reduction or other changes to their support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) If you don't think that up to eight weeks is long enough or is too long, what do you think would be better? _____				



The next question is for people who access social care support or who care for someone who does.

Q2 What effect would raising the eligibility threshold have on you? (please tick one box)

No effect

It would make life a bit harder

Don't know

It would make life a lot harder

Q2a What do you think the effect would be? Please write below

Q3 Do you have any other comments about the threshold for eligibility? Please write below

B. To make some changes to the charges that people pay for their social care support, including increasing the amount that some people pay towards their services

We have less money to provide social care support but increasing the amount that people pay towards their support, and charging for more of our community care services, would help us to keep providing services to the most vulnerable people who have greatest need of support.

If the proposals are implemented, people will still have a means tested financial assessment to work out how much they can afford to contribute towards their social care support.

We are proposing to:

- Implement some of the discretionary areas within the Department of Health charging guidance. These are areas which we have not previously included when calculating how much a person can afford to pay towards their services. The changes are to increase the amount of a person's 'disposable income' that goes towards the costs of services from 90% to 100% and to charge for two care workers where needed, rather than just charging for one (as we do now).
- When we work out how much people should contribute towards their housing related support (Supporting People), we propose to use the same way that we use to work out charges for community based support.

Continues...



We are proposing to stop using housing benefit or council tax benefit as a way of deciding if people should pay, and use the same way of working out charges for everyone. This means that we will use the same means-tested financial assessment to work out how much people should contribute as we use for other sorts of community based support.

- Start collecting small weekly contributions of £5 or less (which are not currently collected). At the moment if someone has a means tested financial assessment and should be contributing towards the cost of their services, we don't collect the contribution if it is £5 or less. We are proposing to start collecting these contributions.

Proposal: increase the amount of 'disposable income' that goes towards paying for social care support from 90% to 100%

Q4 Please tell us what you think about the proposal (please tick one box)

	Strongly agree	Agree	Disagree	Strongly disagree
The amount of 'disposable income' that goes towards the cost of services should be increased from 90% to 100%.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next question is for people who access social care support or who care for someone who does.

Q5 What effect would raising the 'disposable income' that goes towards the cost of services have on you? (please tick one box)

No effect

It would make life a bit harder

Don't know

It would make life a lot harder

Q5a What do you think the effect would be? Please write below

Proposal: charging people who need two care workers for both care workers rather than one

Q6 Please tell us what you think about the proposal (please tick one box)

	Strongly agree	Agree	Disagree	Strongly disagree
It is fair that people who need two care workers to assist them should be charged for both.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The next question is for people who access social care support or who care for someone who does.

Q7 What effect would charging people for two carers have on you? (please tick one box)

No effect

It would make life a bit harder

Don't know

It would make life a lot harder

Q7a What do you think the effect would be? Please write below

Proposal: when we work out how much people should contribute towards their housing related support (Supporting People), we propose to use the same way that we use to work out charges for community based support.

Q8 Please tell us what you think about the proposal (please tick one box)

People using housing related support should have their charges calculated using the same way of charging as people using other sorts of community based support.

Strongly agree

Agree

Disagree

Strongly disagree

The next question is for people who access housing related support or who care for someone who does.

Q9 What effect would the proposal to start using the same way of charging as people using other sorts of community based support have on you? (please tick one box)

No effect

It would make life a bit harder

Don't know

It would make life a lot harder

Q9a What do you think the effect would be? Please write below

Proposal: to start collecting small weekly contributions of £5 or less per week

Q10 Please tell us what you think about the proposal (please tick one box)

All contributions towards the cost of social care support should be collected to help pay towards services, even if the contribution is a small one

Strongly agree

Agree

Disagree

Strongly disagree



The next question is for people who access social care support or who care for someone who does.

Q11 What effect would collecting small contributions have on you? *(please tick one box)*

No effect

It would make life a bit harder

Don't know

It would make life a lot harder

Q11a What do you think the effect would be? *Please write below*

Q12 Do you have any other comments about charging? *Please write below*

C. To continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

Q13 What sort of prevention services do you think are most important? *(please tick your top three)*

Access to information and advice about all the different sorts of help available

Support for people who need some help to find and use the information and advice

Support to live in your own home

Access to local informal support groups

Help to keep active and meet people, including by volunteering your time and skills

Help to maintain your home and keep warm

Help to manage your health and stay well

Other (please state) _____



Q14 When will the offer of prevention services make the most difference? (please tick one box)

- Whenever needed
- When unable to access other services
- Before a problem occurs
- When accessing health and social care services
- Other (please state) _____

Q15 Which do you think is the best way for people to get early advice about prevention services? By 'early', we mean before there is a big problem or a crisis. (please tick your preferred option)

- GP (Doctor's surgery)
- Community nurse
- Self-referral
- Social care staff
- Voluntary sector organisation
- People with the same problems or concerns (eg a self help group)
- Church or other faith organisation
- Police/Probation/Fire Service/Ambulance Service
- Other (please state) _____

Q16 Do you consider that prevention services will help people to stay independent for longer? (please tick one box)

	Yes	No	Don't know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to give us more feedback on prevention services, please go to www.northyorks.gov.uk/preventativehealthservices and complete the simple online survey.

Q17 Do you have any other comments about prevention? If so, please write below





North

Yorkshire County Council

Making difficult decisions in adult social care

**Public consultation on eligibility and charging for
adult social care**

2 September 2013 - 25 November 2013

Health and Adult Services

If you would like someone to help to explain this consultation document to you, please call the Customer Service Centre on 0845 8 72 73 74.

Introduction

As many people will be aware, the budget for public services is being reduced as a result of Government funding cuts. This includes the services delivered by local authorities such as North Yorkshire County Council and now the council needs to deliver millions of pounds in savings. The council has to save £92 million over the four years up to March 2015. Following the June announcements by the Government over future funding, it now has to find another £66 million between 2015 and 2019.

Members of the council have agreed to start a number of public consultations on our proposals for saving money. Although we have worked hard to protect the budget for adult social care, it is the largest part of the council's budget and we will have to find savings from it, as well as other council services.

This consultation document explains how we propose to achieve savings on what we spend on adult social care and includes:

- background information about adult social care services in North Yorkshire;
- information about the changes we are proposing;
- information about the equality impact assessments we have done; and
- taking part in the consultation.

Background

Our current budget for adult social care is £139 million. We need to find savings of over £13 million over the next three financial years to 2015/16. We will also have to find more savings from 2015 onwards.

The number of people who need high levels of support from adult social care is increasing and we think this number will grow in the next few years, as our population ages. As people age, they become frailer and their need for social care support increases. We also know that young people with complex needs live longer, and therefore need social care support for longer.

We have already made lots of changes to the way we do things to save money and protect front-line services wherever possible. We have saved more than £18 million over the last four years. This has included reducing administration and office costs, careful management of the contracts we have with independent social care providers, and reducing the number of residential care placements by helping people to stay at home longer. We have also modernised some services, including our reablement service which offers intensive short-term support to help people regain their independence.

We are still looking for ways to save money without affecting the support we provide to people, for example by continuing to reduce the amount we spend on administration and management. We are now at the point, however, where we will have to make some difficult decisions in order to save the additional amount of money needed, but still be able to provide support to the most vulnerable people.

As well as making sure that we can do this, we want to continue to give some help to everyone who needs it, to assist them to stay independent for longer and avoid or reduce the need for specialist social care support. This is called 'prevention'.

Our proposals for saving money

We have some proposals for ways to save money and we would like to know what you think about them. We are considering doing all of these things in order to find the amount of money that we need to save:

- A. To raise the eligibility threshold for people to receive support from adult social care.
- B. To make some changes to the charges that people pay for their social care support, including increasing the amount that some people pay towards their services.
- C. To continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

We have explained them below.

A. To raise the 'Fair access to care services' eligibility threshold from Moderate and above to Substantial and above

'Fair access to care services' (FACS) is a way of describing different levels of need for social care. These different levels of need are also described as 'risks to independence'. It is used to decide what level of need a person must have before they are eligible for social care support from the council. This is called the 'eligibility threshold'.

FACS has been in place since 2003 and it is used by all councils that provide adult social care support. Each council chooses where to place its eligibility threshold, but the scheme is a national one.

There are four levels of need in FACS:

- Critical
- Substantial
- Moderate
- Low

There is more information about FACS at the end of this document and on the county council's website.

Proposal:

We currently provide support for people assessed at Moderate and above. This is our 'eligibility threshold'. **We are proposing to raise the eligibility threshold to Substantial and above.** This would mean people assessed as having needs that are Moderate or below would not be eligible for support from adult social care.

We currently provide support to approximately 2,600 people assessed at Moderate and below, out of a total of just over 10,000 people who receive support.

We think that this change will save the council approximately £1.4 million every year.

It would mean we have the same eligibility threshold as 87% of councils in England, who have already raised their eligibility threshold to Substantial and in some cases to Critical. The government has also said that it is planning to replace FACS in 2015, and there will be a new national minimum eligibility threshold which will be similar to the current 'Substantial' threshold.

If the proposal goes ahead, it will not happen straight away for most people. If a person already gets some support from adult social care, we will reassess them before we make a change to their support. We propose to begin reassessments in April 2014, with everyone reassessed by March 2015. New people needing a service for the first time would be assessed at the new FACS eligibility threshold from 1 April 2014.

If someone is reassessed and is no longer eligible for support from adult social care, their support will not stop straight away. There will be a transition period where they will be offered help to prepare for the change. This transition period will be for up to eight weeks, based on individual needs.

Even if a person is no longer eligible for support from adult social care, there will still be help available. This help will include:

- information, advice and signposting to other sources of support;
- equipment to help people live independently;
- Telecare (monitors linked to an alarm that alerts carers);
- Signposting to supported accommodation options such as Extra Care; and
- Other prevention services and support (please see section C below)

The new FACS threshold would not apply to reablement. This means that the reablement service will also still be available to people who are assessed as having a need for, and could benefit from, this sort of support.

Reablement is a short period of intensive support to help people maintain or regain their independence, for example after a hospital stay. Reablement works very well. Two thirds of people who have a period of reablement do not need on-going support or need less support than they would have otherwise.

We think that this help will mean that people have less need of specialist social care support.

B. To make some changes to the charges that people pay for their social care support, including increasing the amount that some people pay towards their services.

Support from adult social care has never been free. We currently work out the amount that a person is expected to pay towards their community-based social care support* through a means tested financial assessment. People are then charged in line with the cost of providing the support they need. The way we charge for support in the community follows the Department of Health guidance 'Fairer Charging' and 'Fairer Contributions', which advises local authorities to charge clients against the actual cost of providing services.

**'Community-based social care support' means support provided to you in your own home including an extra care scheme, for example personal care, and support in the community, for example a day service.*

The lower a person's income, the less they will be asked to contribute and the higher the subsidy for the support they receive. From the information we have available, one third of people do not pay anything towards their social care support, one third pay something, and one third pay the full cost of providing the support.

There are also some support services where we do not charge anyone the full amount that they cost us to provide. This means that even people who pay the full charge for their services are receiving a subsidy.

Some community-based support services are free. In future, we may have to consider charging for all community-based support services.

We have less money to provide social care support and by reducing the subsidy it will help us to keep providing support to the people that need it most.

If our proposals are implemented, people will still have a means tested financial assessment to work out how much they can afford to contribute towards their social care support.

Proposals:

We are proposing to follow the Department of Health charging guidance on some 'discretionary areas'. These are areas which we have not previously included when calculating how much a person can afford to pay towards their support. We are considering including these areas now because of the amount of money we have to save. We are also proposing to change the way we charge for housing-related support services. We are proposing:

i. To increase the amount of 'disposable income' that goes towards paying for social care support from 90% to 100%.

When completing the means tested financial assessment we look at the individual's weekly income and expenditure. In other words, the money that they have coming in and going out.

We also calculate the cost of providing the individual's social care support.

Before we tell people how much they need to contribute towards the cost of their support, we have to ensure that each person has a specific minimum amount of money available to live on each week. We use the Department of Health charging guidelines to tell us how much this amount of money should be for each individual.

The next thing we do is look to see how much money the individual has left, over and above the amount the guidelines say that they need to live on each week. This amount of money left over can be taken to contribute towards the cost of support. This is called 'disposable income'.

At the moment, we don't take all of the money left over after weekly living expenses are calculated; we take 90% of it. We are proposing to take 100%.

Most other local authorities already take 100% of the money left over after weekly living expenses have been calculated.

This means that approximately 2000 people are likely to have to pay about 10% more towards their support services than they do now.

There are some examples to show how this proposal might affect people, at the end of this document.

ii. To charge people receiving personal care at home who need two care workers to support them, for example to use a hoist, for the cost of both care workers.

Currently we only charge for one care worker to support a person even if two care

workers help them. The proposal means that we will charge clients against the real cost to provide their care and support. The means tested financial assessment will still apply.

Before people with two care workers are asked to pay for both care workers, they will have a community care assessment to check if two care workers are necessary or if some care needs can be met in another way. The charge for two care workers will only be applied after the assessment and support planning has happened, if two care workers are still needed to meet the person's support needs.

We estimate that around 250 people currently contribute towards the cost of their support and have two care workers for some of their support needs. Some of these people would be likely to have to pay more than they do now. We will know how many people are affected once we have completed the community care assessments and means tested financial assessments.

iii. When we work out how much people should contribute towards their housing-related support (Supporting People), we propose to do it in the same way that we work out charges for community-based support.

Housing-related support is where people living in their homes have a warden type service and a community alarm/Telecare, or need some support to live independently. This service is not free, but people who receive housing benefit or council tax benefit can apply to us and we will pay for the service for them.

We are proposing to stop using housing benefit or council tax benefit as a way of deciding if people should pay, and instead use the same way of working out charges for everyone. This means that we will use the same means tested financial assessment to work out how much people should contribute as we use for other sorts of community based support. We think that this would be simpler and fairer, particularly because there are going to be lots of changes to the benefits system which will make the current system very complicated.

There are over 9,000 people in North Yorkshire who have housing-related support and over 6,400 who are currently helped with the cost. Because we don't know everybody's financial situation, it is hard to estimate how many people will be affected. About 50% of people receiving the service also receive some form of social care support, and we think between 200 - 500 of those may have to pay more than they do now. We won't know how it affects the 50% who don't currently receive social care support until we carry out the means tested financial assessment, if this proposal is implemented.

iv. To start collecting small weekly contributions of £5 or less.

If someone has a means tested financial assessment and should be contributing to the cost of their support, we don't collect the contribution if it is £5 or less per week. This is because it can often cost us more than £5 to collect the contribution. Because of our improved administrative systems, however, the cost of collecting the contribution will reduce and will save us money.

There will also be more people due to pay a small contribution towards their support if proposal iii. goes ahead.

This proposal may only generate a small amount of income but it will help to protect services.

We don't yet know how many people this will affect if this proposal goes ahead; we will have to find out as we carry out financial assessments.

From the calculations that we have done, we think:

- Increasing the percentage of disposable income to 100% would raise up to £390,000 per year.
- Charging for both care workers, where a person needs two, would raise up to £150,000 per year.
- Charging for housing-related support would raise between £200,000 and £400,000 per year.
- We are not yet sure how much starting to collect small weekly contributions would raise.

When the changes to charging will take place, if they go ahead:

The new charging arrangements will take place from 5th April 2014 onwards.

We are proposing to give people four weeks' notice of changes to their charges. This will follow a financial assessment for people that need one.

We would continue to complete a means tested financial assessment for the services we provide in the same way that we do now. We would continue to take account of income and expenses including housing and other disability related costs as part of the assessment. We would also continue to ensure that the supported person is left with the right level of Income Support plus a further 25% (as defined by central government) **before** we look at the amount they have left which could reasonably be considered available to pay towards the cost of services.

C. To continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

We are also looking at the way we plan prevention services and support. Prevention means helping people with advice and low-level services before they need health or social care support, or so that they need less support.

Good prevention services can help people stay independent and healthier for longer, and reduce the amount of specialist health and social care support needed, as well as save money.

We invest a lot of money in prevention services and we want to make sure that the right sort of help and advice is available, based on evidence of what works. This includes:

- Access to information and advice about the different sorts of help available
- Support for people who need some help to find and use the information and advice
- Support to help people live in their own home or signposting to supported accommodation options such as Extra Care
- Access to local informal support groups
- Help for people to keep active and meet others, including by volunteering time and skills
- Help for people to maintain their home and keep warm
- Help for people to manage their health and stay well

Some of the support we provide or commission from other organisations may be free to the person needing it. Some of it may be available at a charge to help keep the services going.

Some of the funding for prevention services will continue to come from council budgets including the adult social care and Public Health budgets.

Over the next few months, Public Health colleagues will be looking at the evidence on prevention services to see what works. To help us get it right, we will be asking people what they think about prevention. We have included some questions in the consultation questionnaire.

The consultation process

We will be asking people what they think about our proposals during the next few weeks. As well as asking for your views on them, we will welcome your ideas on other ways we could save money.

Equality impact assessment

The Equality Act 2010 says that we have a 'duty to pay due regard' to the impact of our proposals. We do this by carrying out an equality impact assessment. We have carried out two equality impact assessments to check how these proposals might affect people. The assessments found that the proposals could make life harder for some people, particularly older and disabled people. However, the proposals for prevention services could help to make life less hard. This is called 'mitigation'. The equality impact assessments are still drafts and they will be finished after the consultation, so that we can include people's views in the final versions. If you would like to see the draft equality impact assessments, please go to the website or call the helpline (details below).

Responding to the consultation: how you can tell us what you think about our proposals

You can tell us what you think about our proposals in the following ways:

- Complete the paper questionnaire and post it to us
- Complete the questionnaire on-line, at:
<http://www.northyorks.gov.uk/socialcareconsultation>
- Write to us at:
Adult social care consultation
Health and Adult Services
County Hall
Northallerton
DL7 8DD
- E-mail your comments to: **HASconsultation@northyorks.gov.uk**
- Call the Customer Service Centre on **0845 8 72 73 74**
- Attend a consultation event for people who use care services and unpaid carers.

Consultation events

If you would like to attend an event, it would help us if you would book a place. You don't have to book to attend an event, but it would help us to make sure we have enough places for everyone. To book, please go to www.northyorks.gov.uk/socialcareconsultation or call **0845 8 72 73 74**.

British sign language interpreters will be available at the events in Harrogate, Northallerton and Scarborough. Hearing loops will be available at all the events. All venues will be wheelchair accessible.

The daytime events start at 1pm and the evening events start at 6pm. The venue will be open 30 minutes before the start of each event to allow time for people to arrive and find a seat.

There will be information about social care services at each event.

Date	Town	Address	Times
1 October 2013	Easingwold	Galtres Centre, Market Place, Easingwold YO61 3AD	1pm - 3pm
2 October 2013	Malton	Friends Meeting House, Greengate, Malton YO17 7EN	1pm - 3pm
3 October 2013	Skipton	Herriot Hotel, Broughton Rd, Skipton BD23 1RT	1pm - 3pm
7 October 2013	Northallerton	Allerton Court, Darlington Road, Northallerton DL6 2XF	1pm - 3pm (BSL)
7 October 2013	Northallerton	Allerton Court, Darlington Road, Northallerton DL6 2XF	6pm - 8pm (BSL)
9 October 2013	Harrogate	Cedar Court, Park Parade, Harrogate HG1 5AH	1pm - 3pm (BSL)
9 October 2013	Harrogate	Cedar Court, Park Parade, Harrogate HG1 5AH	6pm - 8pm (BSL)
14 October 2013	Selby	Regen Centre, Landing Lane, Riccall YO19 6PW	1pm - 3pm
15 October 2013	Settle	Falcon Manor, Skipton Rd, Settle BD24 9BD	1pm - 3pm

Date	Town	Address	Times
21 October 2013	Scarborough	Falsgrave Community Resource Centre, Seamer Road, Scarborough YO12 4DJ	1pm - 3pm (BSL)
21 October 2013	Scarborough	Falsgrave Community Resource Centre, Seamer Road, Scarborough YO12 4DJ	6pm - 8pm (BSL)
25 October 2013	Hawes	Simonstone Hall, Hawes DL8 3LY	1pm - 3pm
5 November 2013	Whitby	Sneaton Castle, Castle Road, Whitby YO21 3QN	1pm - 3pm

How to find out more about the consultation

You can call the Customer Service Centre on **0845 8 72 73 74**

You can email **HASconsultation@northyorks.gov.uk**

You can visit our website: **<http://www.northyorks.gov.uk/socialcareconsultation>**

There are some frequently asked questions with this document.

You can also ask for audio, Braille, large print and easy read versions of this document and questionnaire.

Closing date for the consultation

Responses to the consultation to be received no later than **Monday 25th November 2013**.

What happens after the consultation finishes?

All the responses we receive by the consultation closing date, 25 November 2013, will be used to write the final report and recommendations to County Councillors (or delegated decision makers) in early 2014. They will then decide if the proposals are to go ahead.

Eligibility Frequently Asked Questions

What does FACS or Fair Access to Care Services mean?

Fair Access to Care Services has been in place since 2003. It is a way to make sure that people who have a social care need are treated fairly across the country. All councils that provide social care in England use the FACS criteria.

The FACS criteria look at four main areas:

- any risk to health and safety for yourself or others;
- your ability to control and make choices about your life;
- your ability to manage your personal care and domestic routines; and
- your involvement in your family and wider community including leisure, social activities, work, volunteering and education.

There are four levels of need in FACS:

- Critical - serious risks to someone's independence
- Substantial - significant risks to someone's independence
- Moderate - some risks to someone's independence
- Low - one or two risks to someone's independence

Can you explain the different FACS Levels?

Critical: this band includes the most severe or urgent needs, for example something that has or will have a life-threatening impact on health, safety or continuing independence in the immediate future. For example, this means someone who:

- needs immediate help because they have suffered or are suffering from serious abuse or neglect;
- is not able to manage their own personal care or complete vital daily tasks to maintain a safe and secure environment;
- is in a situation which is putting unacceptable strain on the people who are caring for them and because of this, their support network has broken down or is likely to break down very soon.

Using personal care at home as an example, someone with critical needs might need three to five periods of care every day.

Substantial: this band includes serious needs, which in the short term might have a significant impact on health, safety or continuing independence. For example, this means someone who:

- is at risk of suffering from abuse or neglect;
- needs support with personal care and help to complete the daily tasks required to maintain a safe and secure environment;
- is in a situation which means that their support network may shortly break down due to additional strain being placed on those who provide care and support.

Using personal care at home as an example, someone with substantial needs might need one to two periods of care every day.

Moderate: this band includes needs which are not critical or serious and which will have a moderate impact on health, safety or continuing independence. For example, this means someone who:

- needs support with two or three personal care or domestic tasks.

Using personal care at home as an example, someone with moderate needs wouldn't need care every day, but might need up to three periods of care each week.

Low: this band includes needs which are not serious and which have a very limited impact on health, safety or continuing independence. For example, people in this band might need some help to stay active during the day, and would be signposted to other forms of support outside adult social care.

How many people might be affected if the changes to the FACS threshold go ahead?

It is difficult to give an exact number of people who may be affected by the proposed changes at this point. If the proposals are accepted, we will find this out as we carry out assessments and reassessments. We currently provide support to approximately 2,600 people assessed at Moderate and below, out of a total of just over 10,000 people who receive support.

How will I know what FACS level I'm at?

We will identify your level of need at your assessment or reassessment and this will be discussed with you.

Will the FACS proposals affect me if my needs are assessed as Substantial or Critical?

If the proposed changes are made and you are assessed or reassessed at Substantial or Critical, those needs will still be met.

I currently get support; how quickly might things change for me if the proposals go ahead?

If a person already gets some support from adult social care, we will reassess them before we make a change to their support. We propose to begin reassessments in April 2014 but it will take some time to reassess everyone. Changes to an individual's support plan would be implemented over a period of up to 8 weeks (depending on individual need) from their reassessment. New people would be assessed at the new FACS eligibility threshold from 1 April 2014.

If the changes go ahead and I am no longer entitled to support, what can I do?

If, after an assessment, you are no longer entitled to support we will tell you about a range of alternative services that could help to meet your needs. This could include equipment, telecare, and services provided by other organisations such as voluntary groups. We will make a support plan with you to help you prepare for the change.

What will happen if I'm not eligible for services, but then my needs change?

If your needs change, you, your carer or a family member would need to contact the Customer Service Centre to request a reassessment. This is what happens now, and it will be no different if the proposals are implemented. You can request a reassessment by calling the Customer Service Centre on 0845 8 72 73 74.

How will the proposed changes affect me as a carer?

The council will continue to support carers. All unpaid carers who offer substantial help

on a regular basis will continue to have the right to request an assessment of their own needs. The council will continue to provide direct carers services such as the Emergency Carers Card.

Carers will still be able to access community based carer support services such as Carers Centres for advice, information, signposting and emotional support.

The needs of the carer will continue to be taken into account in the assessment of the person being supported. This will include asking the amount of support being provided by the carer and if the carer is willing and/or able to keep providing that support.

Charging and housing-related support Frequently Asked Questions

What does a means tested financial assessment involve?

It will involve a benefits and assessment officer visiting you at a convenient time to look at details of your income, outgoings and savings. These details will be used to work out what you may have to pay. They will take into account any additional expenses that you have as a result of illness or disability. They can also help you to get the benefits you may be entitled to.

How do you work out how much money a person needs to contribute to their social care support?

A means tested financial assessment is carried out. This looks at the person's income and expenses. If people have an income that is below a certain amount, the council will make a contribution towards the support required. The lower an individual's income, the less they are asked to pay. About a third of people pay nothing towards their services, a third pay something, and a third pay all of the costs.

Here are some examples which may help to explain how people could be affected.

Proposal One - changes to the charging calculations by taking 100% rather than 90% of client's disposable weekly income into account

Mrs A currently pays nothing towards her services:

- Weekly income is £191.90 (£72.06 State Retirement Pension, £119.84 Private Pension)

- Less weekly outgoings of £34.24 including housing and other related costs
- Leaving Mrs A no disposable income deemed available to pay towards the cost of her services.
- Mrs A currently receives 19 ¼ hours personal care at a cost of £326.28 per week
- Current charge NIL
- New charge NIL

Mr B pays part of the cost for providing his services:

- Weekly income is £322.31 (£198.40 State Retirement Pension, £79.15 Attendance Allowance High Rate, £38.76 Private Pension, £6.00 Tariff Income)
- Less weekly outgoings of £268.31 including housing and other related costs
- Leaving Mr B £54.00 disposable income deemed to be available to pay towards the cost of his services
- Cost of service £211.93 per week
- Current charge £48.60 per week
- New charge £54.00 per week

Mrs C pays the full cost for providing her services:

- Weekly income is £268.89 (£150.17 State Retirement Pension, £53.00 Disability Living Allowance Middle Rate care component, £65.72 Private Pensions, £25,800 savings)
- Cost of service £78.25 per week
- Current charge £78.25 per week
- New charge £78.25 per week

Proposal 2 - charging for two care workers

Mr D currently pays nothing towards his services:

- Weekly income is £250.94 (State Retirement Pension £77.32, £48.62 Pension Credit, £125.00 DLA and Mobility)
- Less weekly outgoings of £8.04 for disability related costs
- Leaving Mr D no disposable income deemed available to pay towards the cost of his services.

- Current cost of service based on cost of one care worker £227 per week
- Provision of the personal care actually costs £454.12 per week
- Current charge NIL
- New charge NIL

Mrs E pays part of the cost for providing her services:

- Weekly income is £294.85 (£117.62 State Retirement Pension, £86.78 Pension Credit, £77.45 Attendance Allowance High Rate, £13.00 tariff income)
- Less weekly outgoings of £219.52 including housing and other related costs
- Leaving Mrs E £75.33 disposable income to pay towards services
- Provision of the personal care actually costs £531 per week including the cost of hours for the second care worker
- Currently charge £67.80 per week
- New charge of £75.33 per week

Mr F pays the full cost for providing his services:

- Mr F has savings over £23,250
- Provision of the personal care actually costs £528.99 per week
- Currently charge £264.49 per week
- New charge £528.99 per week

Which services are included in ‘housing-related support’?

These services are for people in their own homes who have an emergency alarm, which may have other equipment linked to it and a warden who visits them. They also include some of the services for people in supported living. You will have had a letter from “Supporting People” advising that your support charge is being paid for.

How will I know if I will be expected to pay towards my housing-related support?

If the proposals go ahead we will complete a means tested financial assessment and advise you at that stage how much we will be asking you to pay. Some people will not

have to pay anything and others will pay either part or all of the cost of the service.

Here are some examples:

Proposal 3 - charging for housing-related support services (Supporting People service) in the same way that community-based support services are charged for

Mrs G will pay nothing towards the housing-related support service:

- Weekly income of £144.70 (Income Support £102.70, Disability Living Allowance low rate care £21.00, low rate mobility £21.00).
- Less weekly outgoings including housing and other related costs
- Leaving Mrs G no disposable income deemed available to pay towards the cost of her services.
- Mrs G also receives £63 per week Housing Benefit
- Her telecare service costs £6.18 per week
- Current charge NIL
- New charge NIL

Mr H will pay all of the cost for providing his services:

- Weekly income of £309.90, State Retirement Pension £85.08 Private Pension of £149.82, Disability Living Allowance Middle Rate Care £53.00, Low Rate Mobility £21.00.
- Less weekly outgoings of £222.75 for housing and other related costs
- Mr H also receives Housing Benefit of £40 per week
- His sheltered housing support costs £17.72 per week
- Current charge NIL
- New charge £17.72 per week

Mrs J lives in supported housing and will pay part of the cost for providing her services:

- Weekly income of £277.50 (income support £94.85, Severe Disability Allowance £82.50, Disability Living Allowance high rate care £79.15 and low rate mobility £21)
- Less weekly outgoings including housing and other related costs £193.31

- Mrs J also receives £15 per week Housing Benefit
- Housing-related support service costs £260 per week
- Mrs J also receives social care of 2 hours costing £34.60 per week
- Current charge £34.60 per week
- New charge £84.19 per week

How will I know what my new charge will be and when will I have to pay it?

If the proposals go ahead and there are changes to the amount that you pay, we will write to you to advise you of the new weekly charge. You would start paying the new amount 4 weeks from the date that we advise you of the amount.

What if I cannot afford the new charge?

If you cannot pay the charge we will give you a contact number to discuss other options which may be available to you.

I get housing-related support. Who will I pay?

You will pay the organisation which provides your support. We will let them know how much you should pay and they will contact you directly.

What if I don't want a financial assessment?

You can let us know that you do not want an assessment. This will mean that you will have to pay the full cost of the service directly to the organisation which provides your support.

What if I have housing related support and social care services? Will I have two financial assessments?

No. You should only have one financial assessment and this will take account of your income and expenditure, including the costs of your housing-related support and your social care support.

Contact us

North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

Our Customer Service Centre is open Monday to Friday 8.00am - 5.30pm (closed weekends and bank holidays). Tel: **0845 8727374** email: **customer.services@northyorks.gov.uk**

Or visit our website at: **www.northyorks.gov.uk**

If you would like this information in another language or format such as Braille, large print or audio, please ask us.

Tel: 01609 532917 Email: communications@northyorks.gov.uk



Making difficult decisions: consultation report appendices 3-8

Appendix 3: overview of consultation process and activities

Postal questionnaire

The aim of the questionnaire (appendix 1) was to a) seek people's views on the proposals; b) seek people's views on the impact of the proposals and c) gather information about prevention services in order to help inform the development of the prevention strategy.

Postal questionnaire sample: the questionnaire was sent by post to all people on the Adult Social Care client database ('AIS') who are currently assessed as having moderate or low needs, or who use 2 or more carers, and a further 20% sample of all remaining clients, including those in receipt of housing-related support. The total number of questionnaires sent out was **5,514**.

Data cleansing: the sample was checked at several points to identify and remove any people who were recently deceased, or who were deemed by managers as being at risk of harm if they were to receive a questionnaire.

The postal questionnaire was pre-coded to show equality categories (age, gender, and ethnicity), client category and district. The coding was anonymised so that individual respondents could not be identified.

The questionnaire included questions that provided quantitative data, and comments fields that provided qualitative data. The qualitative data was reviewed to identify themes, then grouped into those themes.

On-line and hard-copy questionnaires

The questionnaire was made available in paper and on-line formats. The questions and structure were the same as for the postal questionnaire, the only difference being a set of questions to help the council understand who was responding to the consultation, and equality profile.

The on-line questionnaire was accessed via the social care consultation website; paper versions were available on request via the customer service centre and also distributed via events.

Consultation document

The consultation document (appendix 2) accompanied the postal questionnaire. It was written to explain the proposals and the context, in order to provide sufficient information to respondents to allow them to consider the proposals and give a response. The document included information on the public events, and details of a helpline in case any support or additional information was required to understand the consultation. The availability of the helpline was also explained in the covering letter to the postal questionnaire.

In both the consultation document and covering letter, people were also invited to respond to the consultation via telephone, email or letter.

Alternative formats

The letter, consultation document, postal questionnaire and paper questionnaire were available in easy-read format, large print, audio and easy-read audio. Other formats could also be made available on request. The consultation document and accompanying letter detailed the alternative formats and explained how to request them. The alternative formats were available to take away at all events; the most popular being easy-read. The easy read and large print formats were also available as downloads on the social care consultation webpage.

Where possible, people in the postal sample who were identified as being in receipt of services from the sensory impairment team (so therefore had severe sight or hearing impairment) were provided with documents in a suitable format or had additional support offered from the sensory impairment team.

Website

The consultation proposals, on-line questionnaire and event dates were made available on the county council's website, advertised on the home page and on the social care eligibility and charging pages.

The website also included downloads of the consultation document, easy read and large print documents, and the draft equality impact assessments. Other documents including the event poster and presentations were added as the consultation progressed.

The website address was included on consultation documents and in communications about the consultation, such as press releases, posters and bulletins.

Events - *public events, provider event, targeted groups, Partnership Boards: total = 24.*

Partnership Boards: the consultation proposals were taken to the Council's Partnership Boards in September 2013, in order to give the Boards the opportunity to hear, discuss and comment on the proposals, and for them to help to disseminate the consultation to their reference groups / local area groups:

- Learning Disability Partnership Board (13th September 2013)
- Carers Forum (5th September 2013)
- Older People's Partnership Board (6th September 2013)
- Physical and Sensory Impairment Partnership Board (13th September 2013)

Public events: 14 public events were scheduled (13 originally with 14th added part way through the consultation). The dates were set for the middle of the consultation period to allow for publicity and to give people sufficient notice.

The locations for the events were selected to give a combination of reasonable coverage across the county and a mix of large population areas and rural areas. The venues selected had to be accessible for disabled people and hold a large audience; this greatly restricted the number of potential venues. Some feedback was given by participants on the suitability of venues selected and this will be taken into account in any future event planning.

There were two events held in each of the major population areas – Harrogate, Northallerton, Scarborough – one in the afternoon and one on the evening, with British Sign Language interpreters. Availability of BSL interpreters was included in the event publicity and shared with Deaf clients and Deaf groups by the Sensory Impairment Team.

At each event, senior officers explained the main points of each proposal, followed by question and answer sessions led by the audience to allow attendees to clarify understanding and raise queries / points of concern. Notes of the discussions were taken at each event. The consultation documents and the draft equality impact assessments were made available along with information on social care services.

A specific event aimed at providers of adult social care and voluntary organisations was also scheduled and advertised separately. This was because there are some business implications for providers and it was seen as helpful to be able to discuss those separately from the public events. The provider event also gave an opportunity for organisations to advocate on behalf of people they support. (See appendix 8 for list of organisations represented). A presentation was also given to the North Yorkshire Supporting People Provider Forum.

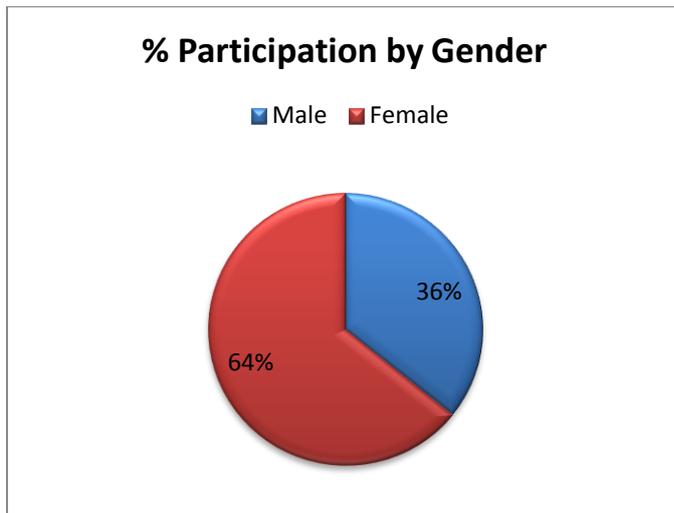
Three meetings about the housing-related support proposals were held with tenants' groups, and one meeting specifically for people with autism or carers of people with autism as this group is currently less well represented by Partnership Boards.

Equality impact assessments

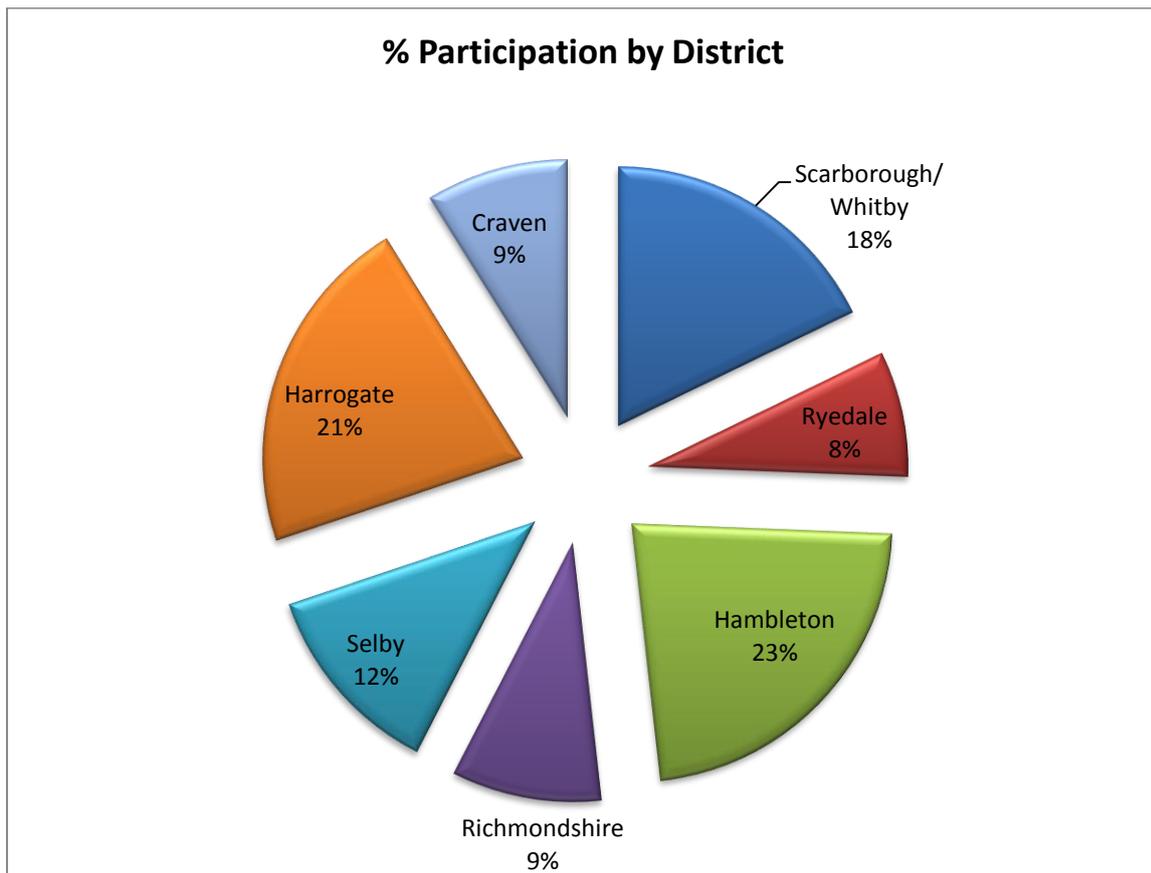
Two draft equality impact assessments were also made available for comment as part of the consultation, on request, on line and at events:

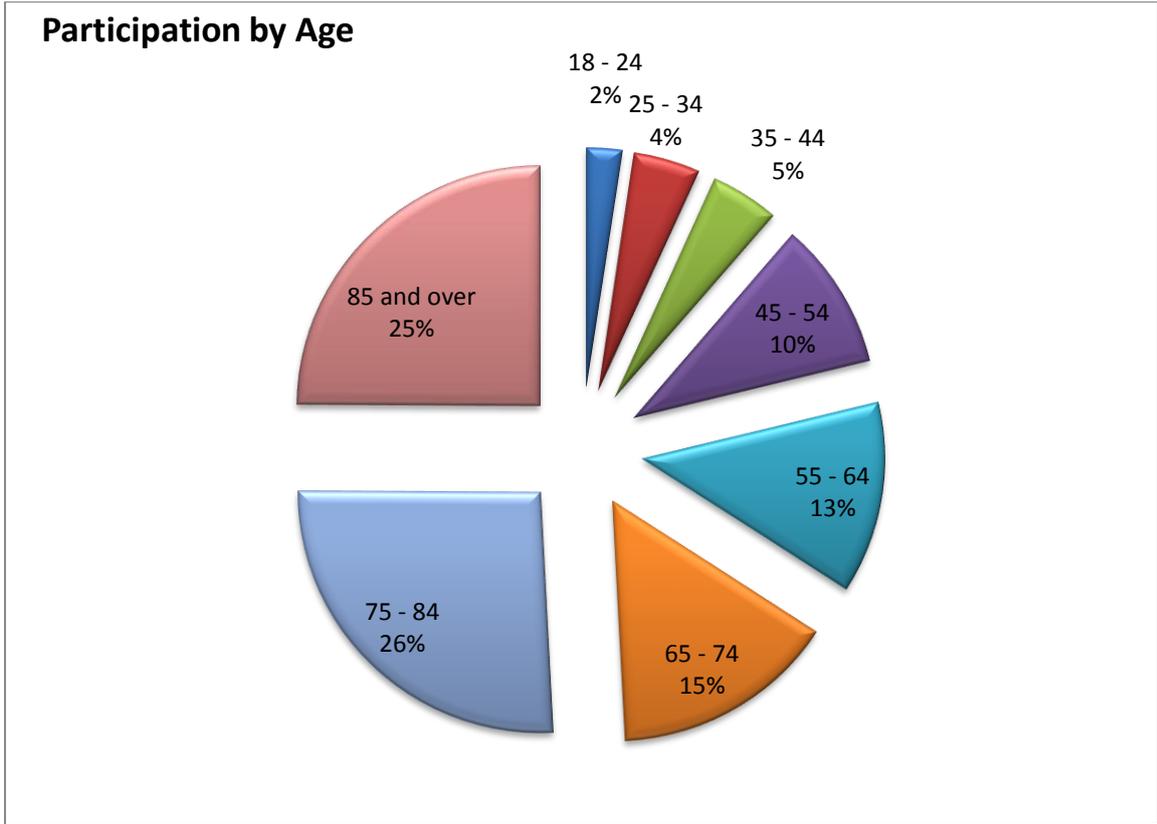
- “Fair access to care services: reviewing the eligibility threshold (draft for consultation @ 8.8.13)”
- “Charging policy for community based services: proposals for budget decisions 2013/14 (draft for consultation @ 8.8.13)”

Appendix 4: questionnaire responder profile



64.2% of respondents were female and 35.8% male. This correlates to the gender breakdown of people accessing social care support (see FACS equality impact assessment).





Overall, 34% of respondents were aged 18-64, 15% 65-74, 26% 75-84 and 25% 85+. When compared to the breakdown of people who access social care support, the age group 18-64 is over represented (28.7%) and the age group 85+ under represented (34.6%). The other two age categories are about the same (65-74 very slightly higher).

Participation by ethnicity: The majority (98.8%) of respondents were White/White British. This is in line with the ethnic breakdown of people accessing social care support

Participation by disability / client group: the method of identifying client group or disability was different for the postal and online/paper questionnaires. The data cannot be aggregated and so the information is presented separately. For the postal questionnaire, the data was pre-coded by client group held in the client database, and for the online/paper questionnaires, the standard disability categories were used.

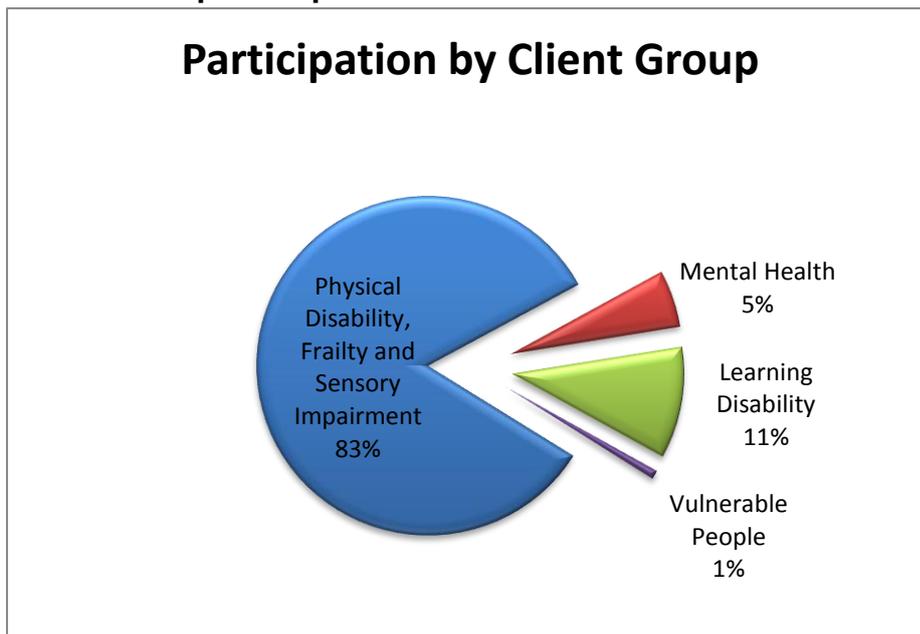
When compared to the breakdown of people who access social care support, people with learning disability (15%) are slightly underrepresented in the postal questionnaire (11%) but overrepresented in the online and paper questionnaires (32%) – this latter is where the easy read versions and other accessible formats such as large print have been included. The paper returns included at least one group response for people with learning disability.

People with mental health issues (11%) are underrepresented in the postal version (5%) but very slightly overrepresented in the online and paper questionnaires (14%). People with physical disability, frailty and sensory impairment (73.5%) are overrepresented in the postal version (83%) but less well represented in the online and paper (54%).

Vulnerable people and people with the client category of substance misuse were proportionately represented in the postal version but not picked up as specific categories in the online and paper versions. The number of respondents with substance misuse (2), although proportionate, is so small that the category has not been included in the analysis.

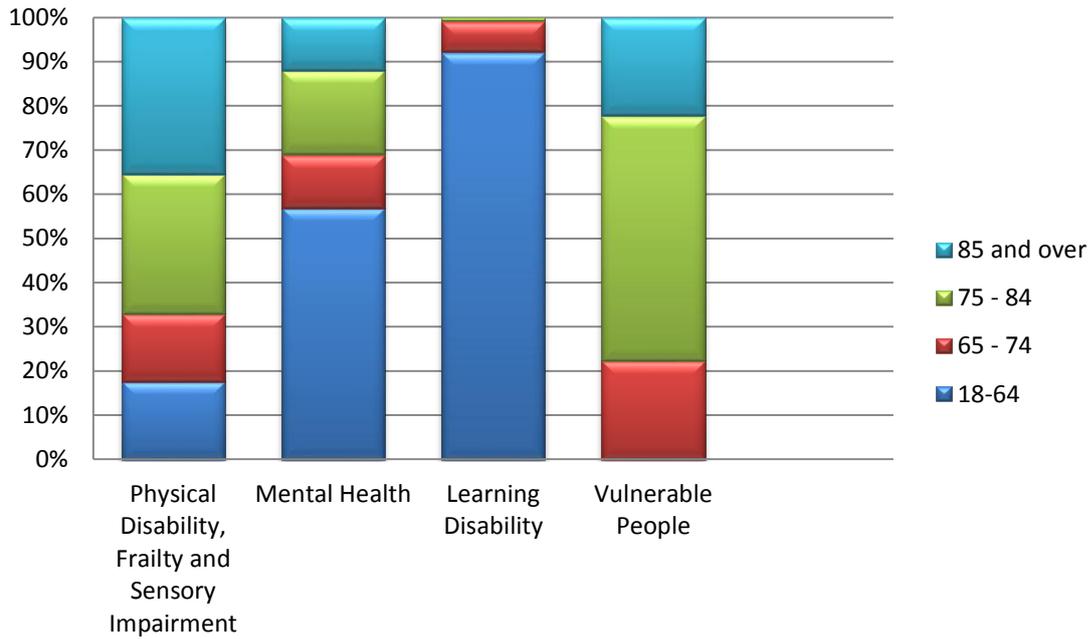
For both the postal and online/paper questionnaires, there is a contrast between type of disability and age – people with learning disability and people with mental health conditions tend to be younger than those with physical impairment/sensory impairment/frailty/ vulnerability.

Chart 1 & 2: postal questionnaire



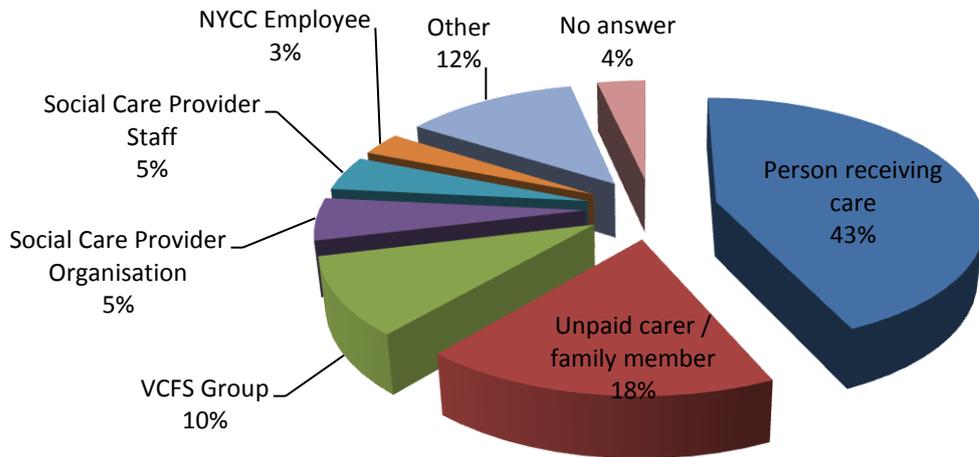
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Participation by Age / Client Group

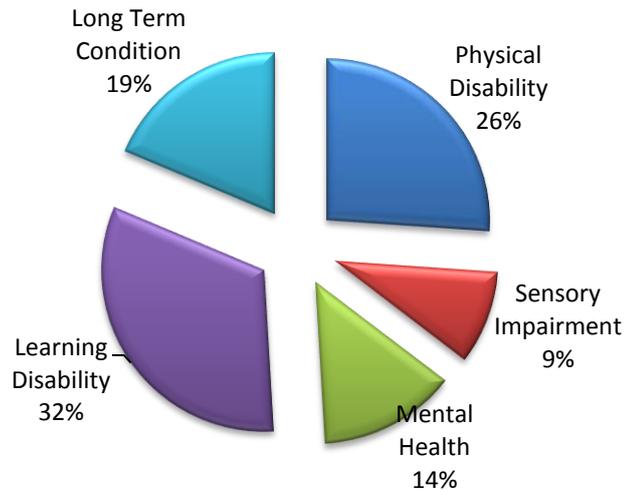


Charts 3, 4 and 5: online and paper questionnaire

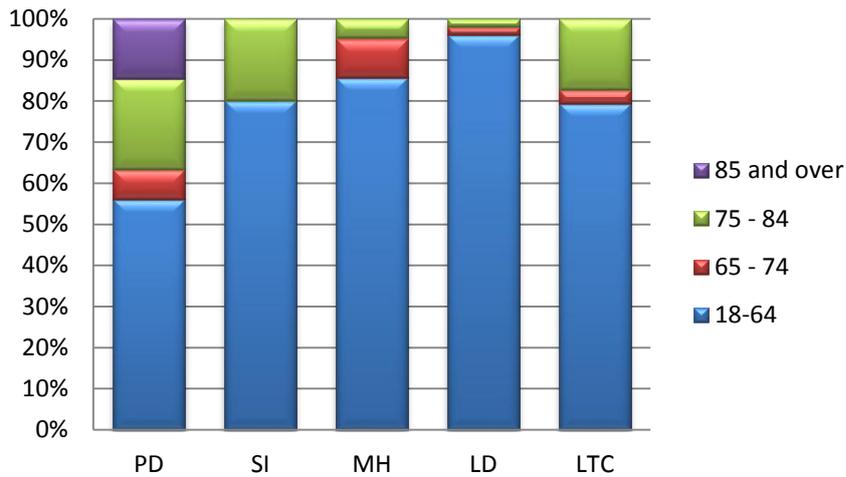
What is the main way you are involved with North Yorkshire County Council adult social care?



Participation by Client Group



Participation by Age / Client Group



Key:

- PD = physical disability
- SI = sensory impairment
- MH = mental health
- LD = learning disability
- LTC = long term condition

<p>Appendix 5: organisations represented at voluntary sector and provider consultation event (4th November 2013)</p>
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Accent Foundation	Horton Housing
Action for Children	HS4LC
Age UK North Yorkshire	Independent Care Group
Alzheimer's Society	Independent Home Living
Amocura Ltd – Cornerways	Integra Care
Autism Initiatives UK	KeyRing
Avalon	Leonard Cheshire Disability
Bleak House Ltd (Beechwood Place NH)	Mears Care Ltd
Breathing Space	Mental Health Support – Hambleton & Richmondshire
CareFree Scheme	Oasis Care
Caremark (Harrogate)	Open Country
Carers Resource (Harrogate)	Orb Community Enterprise
Caretech Community Services	Purple Patch Arts
Caring Together	Ripon Community Links
Citizens Advice Bureau (Harrogate)	Ryedale Carers Support
Continued Care	Saint John of God Hospitaller Services
Dales Community Care Ltd	Sanctuary Housing
DCS&D Ltd T/A Heritage Healthcare	Sanctuary Retirement Living
Dimensions	Scarborough and Ryedale Carers Resource
Disability Action Yorkshire	Selby and District Dial
Franklin Homes	St Anne's Community Services
Green Dragon Crafts	Sunshine Solutions
Harrogate Advocacy	Sycamore Care Limited
Harrogate and Ripon CVS	The Gift People
Harrogate Borough Council	Thirsk Community Care Association
Harrogate Borough Council Warden Service	Ubu
Harrogate Care at Home	United Response
Harrogate Easier Living Project	Voyage Specialist Healthcare
Harrogate MIND	Wilf Ward Family Trust
Harrogate Neighbours	Willow Garth
Harrogate Skills for Living	Yatton House Society
Harrogate Supported Housing Mental Health	York Housing Association
Harrogate Supported Living	Yorkshire Coast Homes
Helping Hands of Harrogate Ltd	TOTAL = 70 organisations
Henshaws	
Home Instead Senior Care	
Horticap	

Appendix 6: communication activities carried out prior to and during consultation period

- Staff briefings
- Webpage – pre consultation ‘holding’ page following County Council in July 2013, followed by consultation webpage (‘live’ from 30th August 2013) with link from county council homepage
- Schedule of press releases, to launch consultation and to notify people of consultation events in their local areas (see list below)
- Radio interviews with Portfolio Holder Cllr Clare Wood, and senior Health and Adult Services managers
- Johnston Press inserts
- 700 posters advertising consultation and local events, distributed to a wide range of locations including GP practices, pharmacies, libraries, day centres, extra care schemes, voluntary sector organisations such as Age UK, Citizens’ Advice Bureaux etc, district councils.
- Voluntary sector e-bulletins – information about consultation and public events in North Yorkshire & York Forum and Healthwatch bulletins (repeated)
- Template article on consultation prepared and circulated for partners to insert in their own local bulletins
- NYCC Provider Bulletin (repeated) with request to circulate information on consultation with clients
- NYCC Supporting People provider bulletin with request to support clients with the consultation
- Emails to voluntary sector providers such as Carers Resources, Age UK, Mencap, Alzheimer’s Society, CVSs, CABs with request to share the information with their networks (repeated)
- Requests to local area groups (linked to Learning Disability Partnership Board) to share the consultation information
- Circulation to mental health service user involvement groups via Social Care mental Health leads
- Request to circulate consultation information to minority ethnic groups via the County Council’s community cohesion officers
- Social media – programme of tweets and Facebook posts via the council’s Twitter and Facebook accounts
- Email notification from Director of Health and Adult Services to Clinical Commissioning Groups and District Councils
- Notification to Parish Councils
- Notification to health sector via Health and Wellbeing Board bulletin
- NYCC North Yorkshire Now e-bulletin

Note of newspapers / dates for published articles & press releases:

- Harrogate Advertiser: 10 Oct, 17 Oct & 07 Nov 2013
- Malton & Pickering Mercury: 9 Oct 2013
- Craven Herald: 26 Sept & 10 Oct 2013
- York Press 23 Sep 2013
- Whitby Gazette: 6 Sep 2013
- Ripon Gazette: 6 Sep 2013
- Selby Times and Post: 5 Sept & 10 Oct 2013
- Scarborough News: 5 Sep 2013
- Northern Echo: 4 Sept & 27 Sep 2013
- Gazette & Herald: 4 Sept & 25 Sep 2013
- Yorkshire Post: 3 Sept & 8 Oct 2013
- Harrogate Advertiser: 1 Aug 2013
- Yorkshire Post: 29 Jul 2013

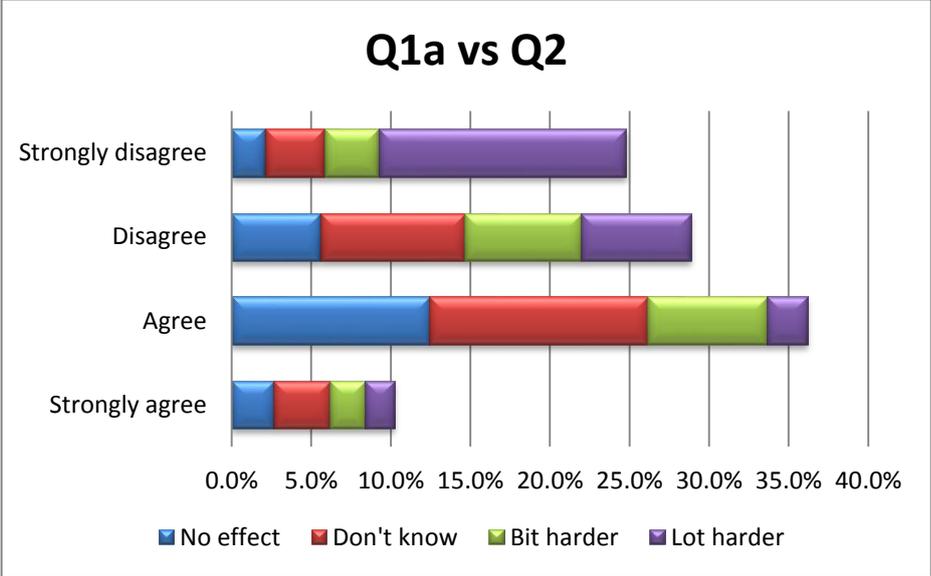
Appendix 7: cross-tabulations

These charts show the level of agreement / disagreement with the eligibility and charging proposals, compared to people’s opinion on degree of impact that the proposal would have on them. The length of each bar correlates to the proportion of respondents selecting that option (eg fewest people selected ‘strongly agree’ and therefore that bar is the shortest).

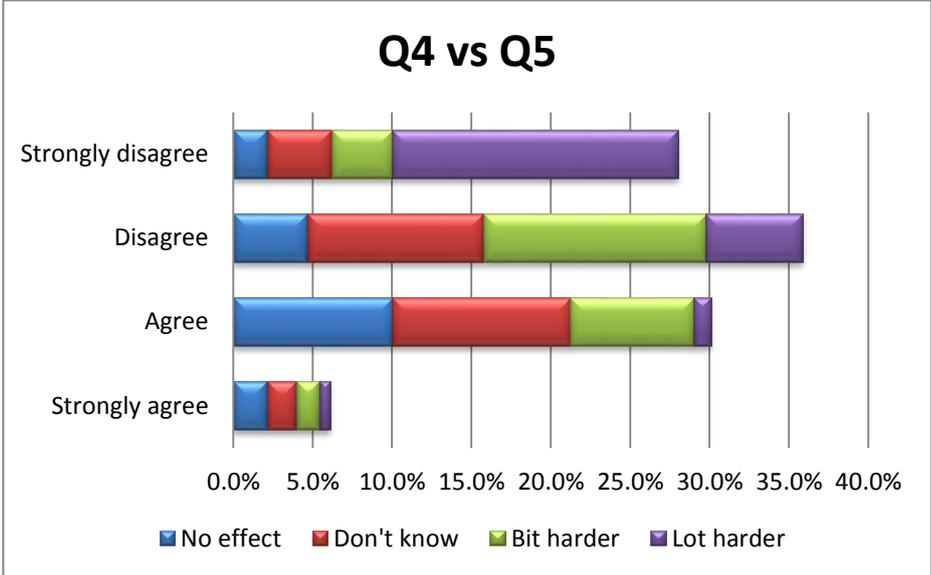
Most charts show that those who strongly disagreed with the proposal are more likely to say that their life would be a lot harder if the proposal is implemented. Conversely, those who agree are more likely to say ‘no effect / don’t know’.

The exception is ‘charging for two care workers’ (Q6 v Q7), where the majority of people strongly disagreed / disagreed but a large proportion of those disagreeing thought that it would not affect them.

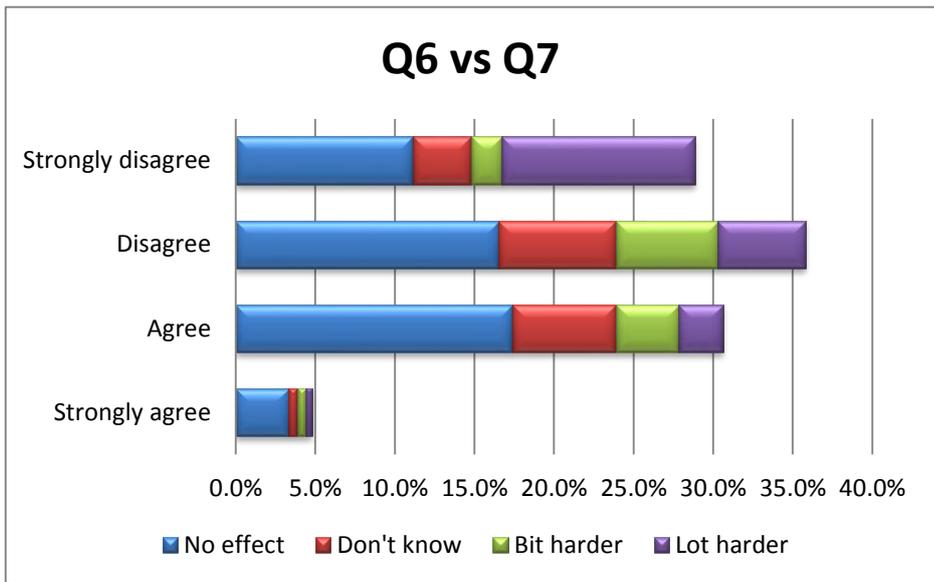
Q1a: (raise eligibility threshold y/n) compared with Q2 (effect of proposal)



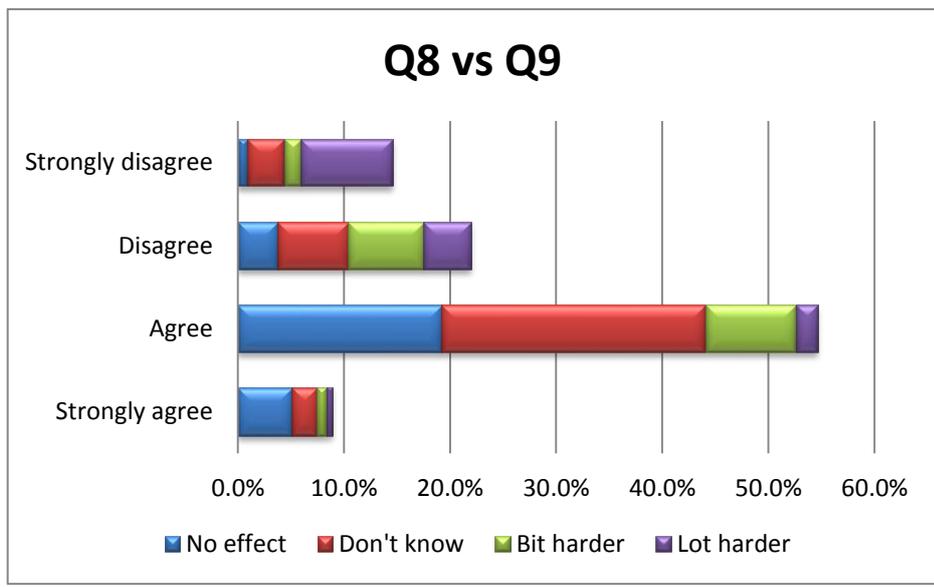
Q4 (increase % of ‘disposable income’) compared to Q4 (effect of proposal)



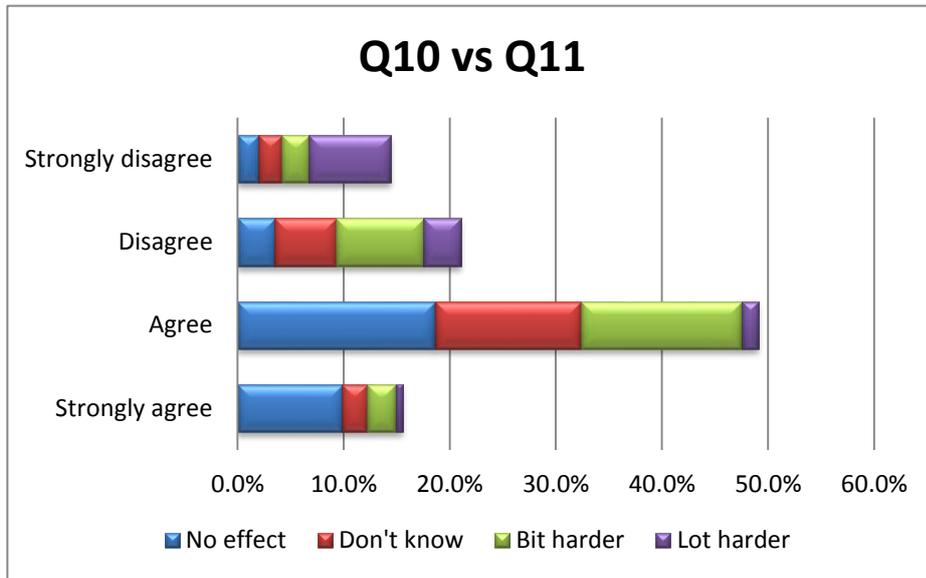
Q6 (charge for two care workers) compared to Q7 (effect of proposal)



Q8 (housing related support) compared to Q9 (effect of proposal)



Q10 (small contributions) compared to Q11 (effect of proposal)



Appendix 8: responses by equality profile of respondents

See also appendix 4, respondent profile.

Gender

Overall, there is very little difference in response by gender.

Question 1a (raising the FACS eligibility threshold):

(% rounded to whole number)	Male	Female
Agree / strongly agree	48%	45%
Disagree / strongly disagree	50%	52%
No answer	3%	4%

Question 1b (transition period of up to eight weeks):

(% rounded to whole number)	Male	Female
Agree / strongly agree	52%	50%
Disagree / strongly disagree	45%	47%
No answer	3%	3%

Question 2 (raising the FACS eligibility threshold - effect):

(% rounded to whole number)	Male	Female
No effect / don't know	49%	45%
A bit / a lot harder	41%	41%
No answer	9%	14%

Question 4 (increase contributions):

(% rounded to whole number)	Male	Female
Agree / strongly agree	33%	35%
Disagree / strongly disagree	62%	58%
No answer	5%	7%

Question 5 (increase contributions – effect):

(% rounded to whole number)	Male	Female
No effect / don't know	45%	41%
A bit / a lot harder	46%	47%
No answer	9%	12%

Question 6 (charge for two care workers):

(% rounded to whole number)	Male	Female
Agree / strongly agree	32%	35%
Disagree / strongly disagree	64%	59%
No answer	5%	6%

Question 7 (charge for two care workers – effect):

(% rounded to whole number)	Male	Female
No effect / don't know	53%	54%
A bit / a lot harder	29%	25%
No answer	17%	20%

Question 8 (housing related support):

(% rounded to whole number)	Male	Female
Agree / strongly agree	57%	56%
Disagree / strongly disagree	31%	27%
No answer	13%	16%

Question 9 (housing related support – effect):

(% rounded to whole number)	Male	Female
No effect / don't know	54%	49%
A bit / a lot harder	27%	24%
No answer	19%	27%

Question 10 (collecting small contributions):

(% rounded to whole number)	Male	Female
Agree / strongly agree	59%	59%
Disagree / strongly disagree	33%	31%
No answer	8%	10%

Question 11 (collecting small contributions – effect):

(% rounded to whole number)	Male	Female
No effect / don't know	51%	50%
A bit / a lot harder	37%	34%
No answer	12%	16%

Age

From the data, younger people tend to disagree more with the proposals than older people, and are more likely to anticipate negative impact, apart from question 8 (effect of charging for two care workers), where it is the age group 75-84 who most anticipate negative impact.

Question 1a (raising the FACS eligibility threshold):

(% rounded to whole number)	18-64	65-74	75-84	85+
Agree / strongly agree	36%	44%	56%	51%
Disagree / strongly disagree	61%	50%	39%	47%
No answer	3%	5%	4%	3%

Question 1b (transition period of up to eight weeks):

(% rounded to whole number)	18-64	65-74	75-84	85+
Agree / strongly agree	36%	47%	64%	58%
Disagree / strongly disagree	60%	49%	33%	39%
No answer	4%	4%	3%	3%

Question 2 (raising the FACS eligibility threshold - effect):

(% rounded to whole number)	18-64	65-74	75-84	85+
No effect / don't know	38%	50%	49%	52%
A bit / a lot harder	51%	35%	35%	37%
No answer	10%	14%	16%	11%

Question 4 (increase contributions):

(% rounded to whole number)	18-64	65-74	75-84	85+
Agree / strongly agree	29%	33%	39%	38%
Disagree / strongly disagree	67%	59%	53%	57%
No answer	4%	8%	8%	6%

Question 5 (increase contributions – effect):

(% rounded to whole number)	18-64	65-74	75-84	85+
No effect/ don't know	35%	46%	46%	47%
A bit / a lot harder	54%	39%	44%	42%
No answer	10%	15%	11%	11%

Question 6 (charge for two care workers):

(% rounded to whole number)	18-64	65-74	75-84	85+
Agree / strongly agree	31%	30%	34%	38%
Disagree / strongly disagree	65%	61%	59%	55%
No answer	4%	8%	6%	7%

Question 7 (charge for two care workers – effect):

(% rounded to whole number)	18-64	65-74	75-84	85+
No effect/ don't know	58%	53%	48%	54%
A bit / a lot harder	26%	25%	31%	26%
No answer	15%	22%	21%	21%

Question 8 (housing related support):

(% rounded to whole number)	18-64	65-74	75-84	85+
Agree / strongly agree	53%	55%	57%	62%
Disagree / strongly disagree	36%	30%	25%	22%
No answer	12%	15%	18%	17%

Question 9 (housing related support – effect):

(% rounded to whole number)	18-64	65-74	75-84	85+
No effect/ don't know	50%	52%	47%	56%
A bit / a lot harder	31%	22%	25%	19%
No answer	19%	27%	29%	24%

Question 10 (collecting small contributions):

(% rounded to whole number)	18-64	65-74	75-84	85+
Agree / strongly agree	58%	60%	55%	63%
Disagree / strongly disagree	37%	30%	31%	26%
No answer	4%	10%	13%	10%

Question 11 (collecting small contributions – effect):

(% rounded to whole number)	18-64	65-74	75-84	85+
No effect/ don't know	45%	51%	50%	56%
A bit / a lot harder	43%	33%	33%	30%
No answer	13%	16%	18%	14%

Ethnicity

The majority (98.8%) of respondents were White/White British. This is in line with the ethnic breakdown of people accessing social care support. The number of minority ethnic respondents is too low to allow for meaningful analysis.

Disability

Note that that the bars in each graph are based on the percentage of positive / negative responses within each client group rather than as a proportion of all responses.

Postal questionnaire

From the responses to the postal questionnaire, people with physical or sensory impairment are slightly more likely to agree with the FACS proposal than other client groups, particularly people with learning disability and vulnerable people who were more likely to disagree. The views on the other four proposals are broadly the same.

Online / paper questionnaire

People completing the online and paper questionnaires have a higher rate of disagreement to the proposals than those responding to the postal questionnaire. There is a higher proportion of people aged 18-64 responding via online and paper questionnaires than to the postal version; there may be a link to the higher rate of disagreement as the analysis of all responses shows that younger people generally have a higher rate of disagreement than older (see 'age' above and 'participation' section of report).

Postal questionnaire

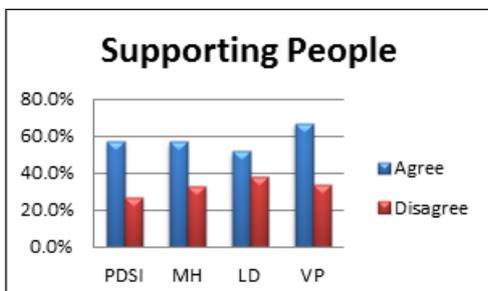
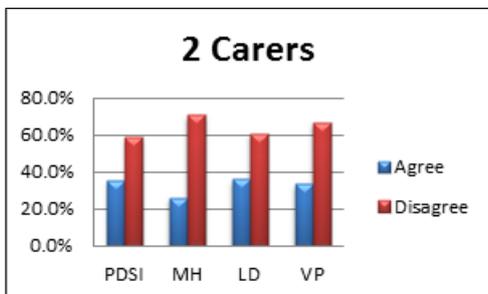
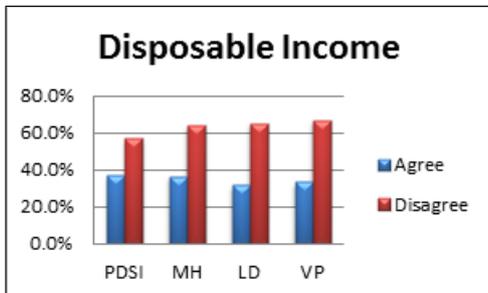
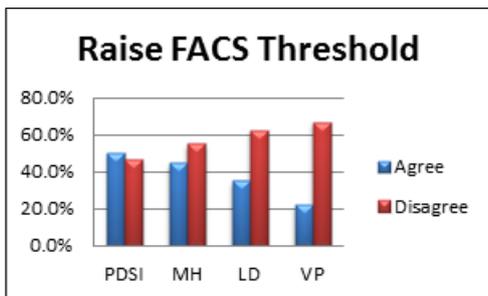
Key:

PDSI = physical and sensory impairment

MH = mental health

LD = learning disability

VP = vulnerable person



Online/paper questionnaires

Key:

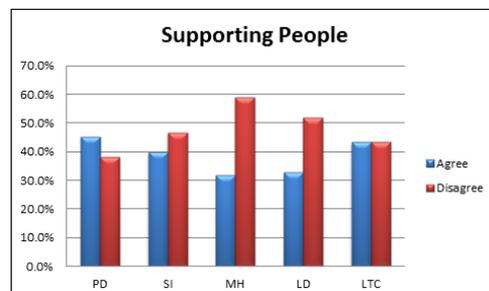
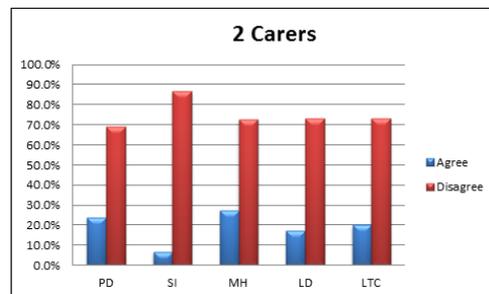
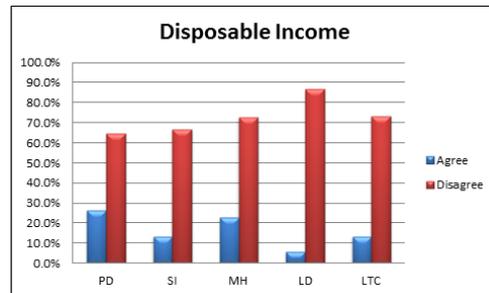
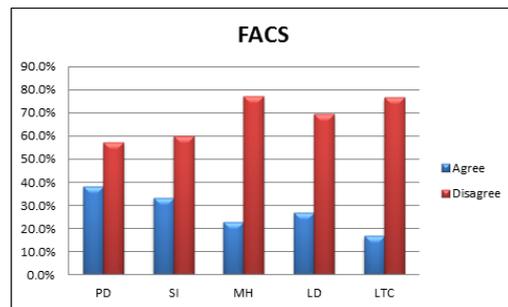
PD = physical disability

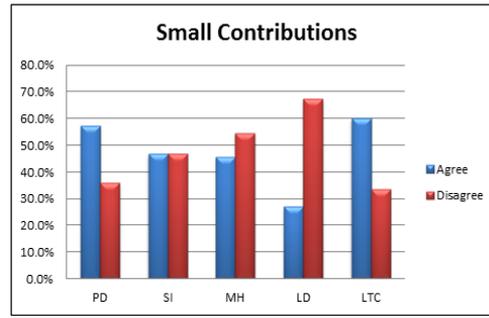
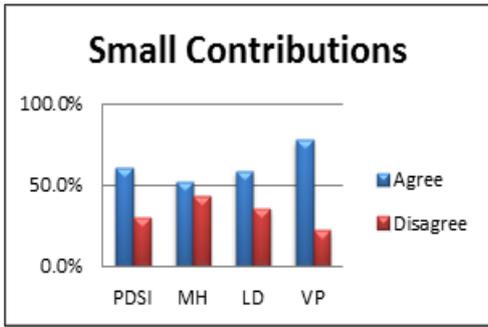
SI = sensory impairment

MH = mental health

LD = learning disability

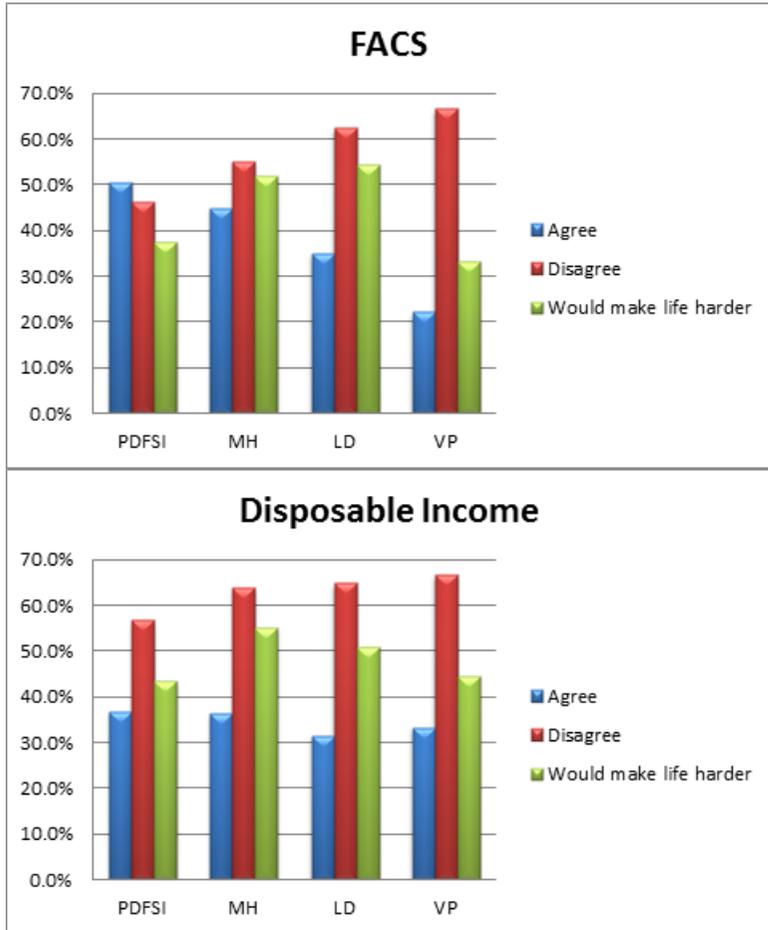
LTC = long term condition



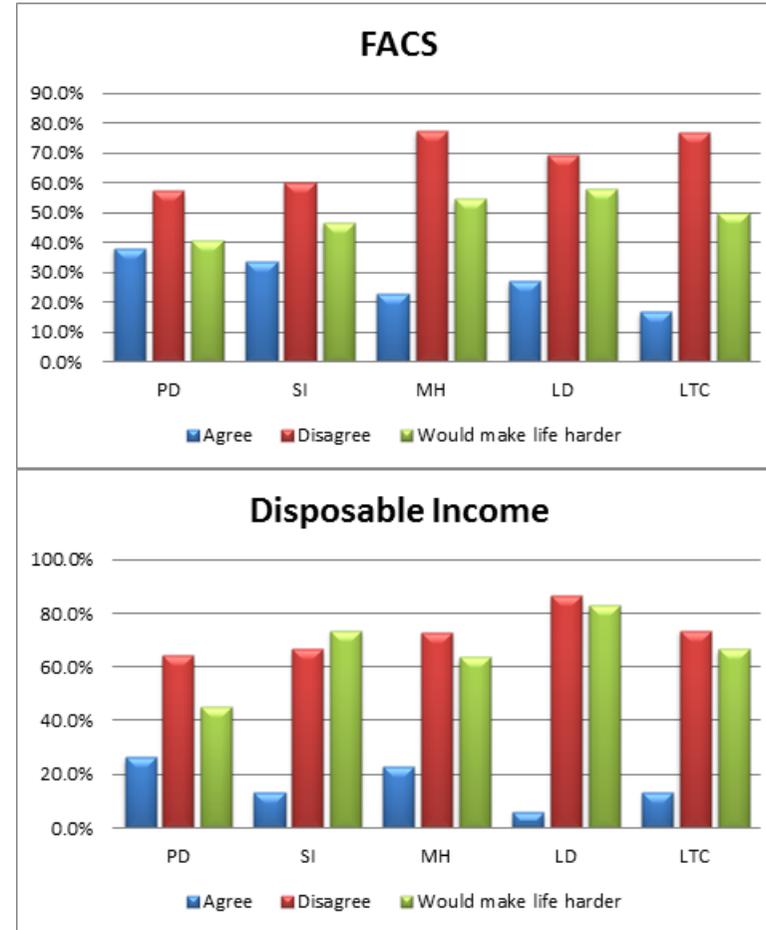


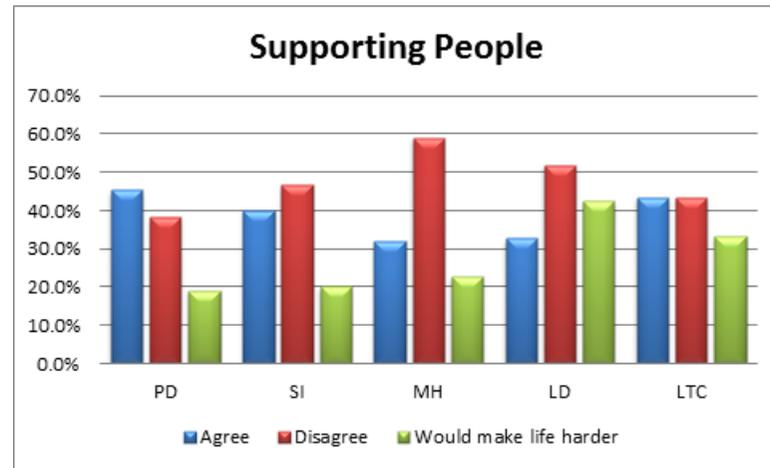
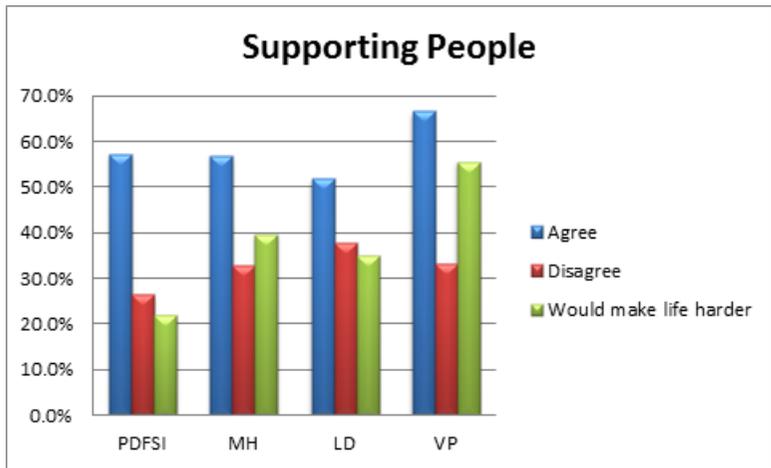
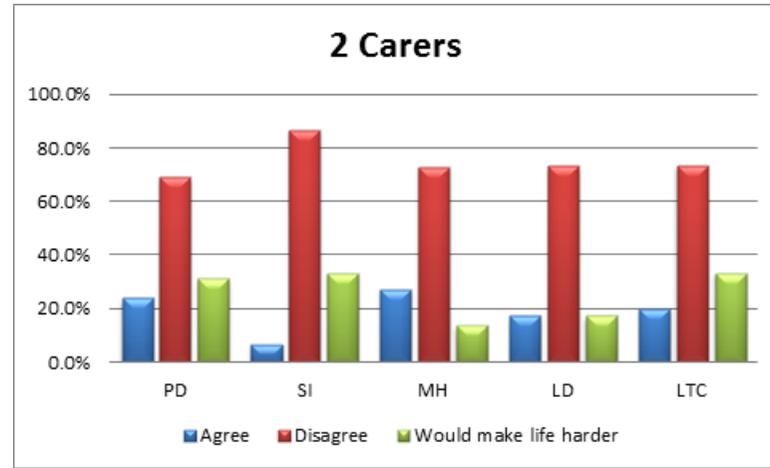
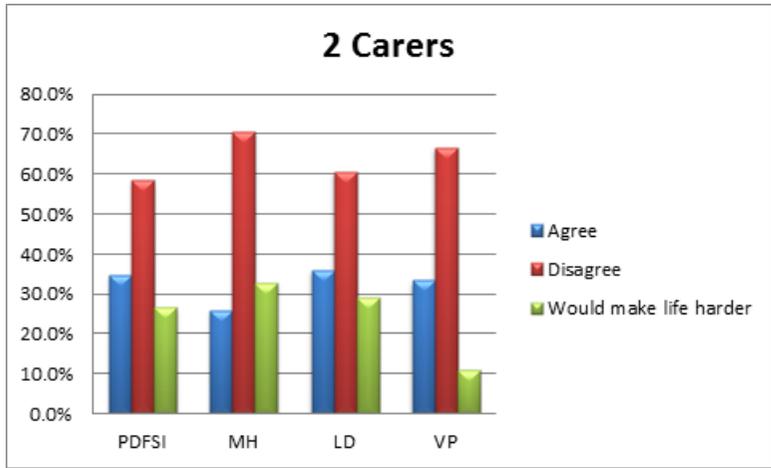
Charts showing impact of proposals cross referenced with agree/disagree

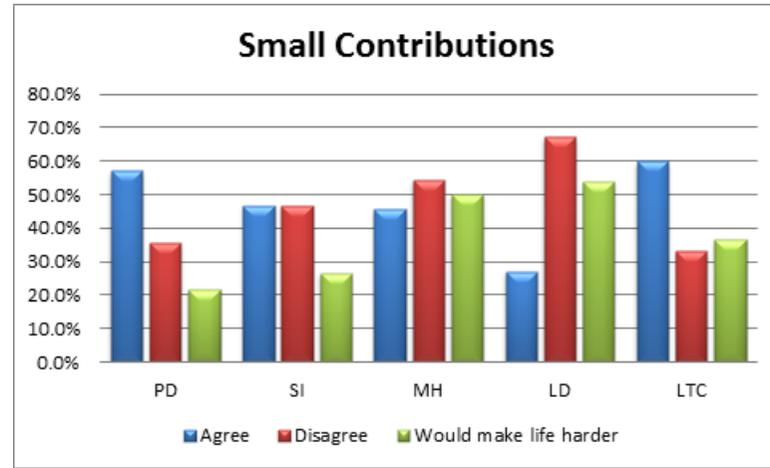
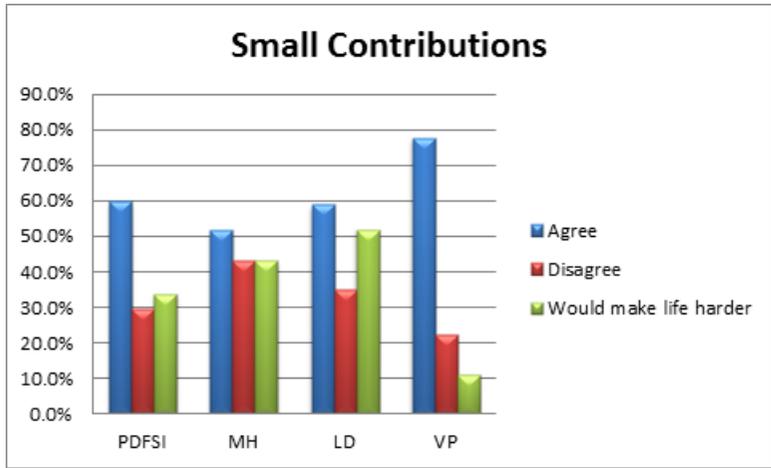
Postal responses



Online/paper responses

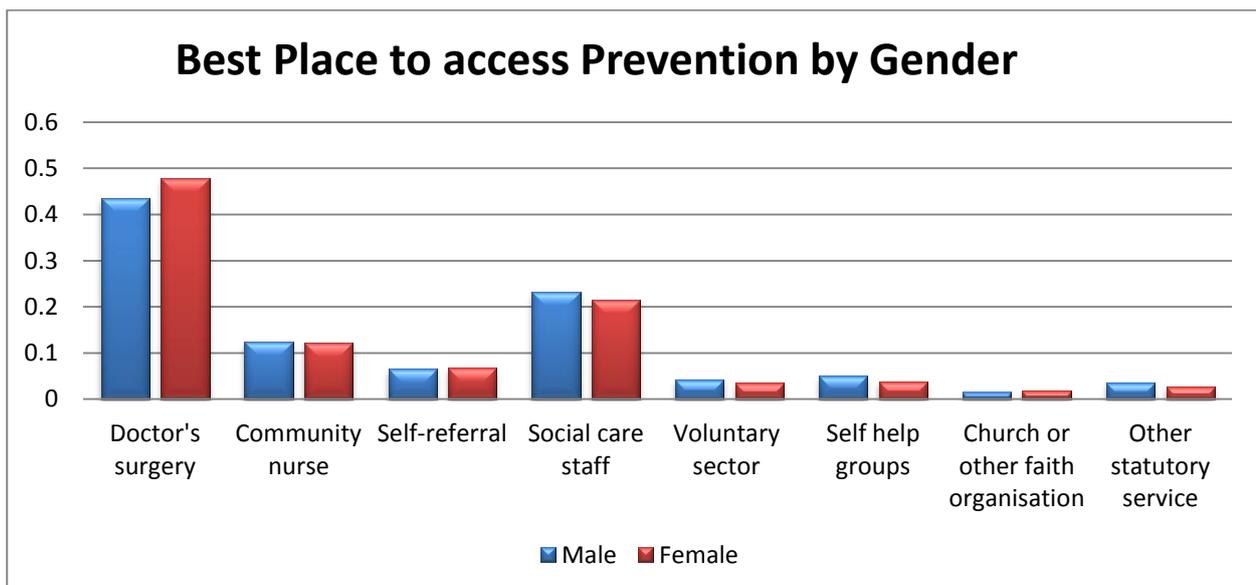
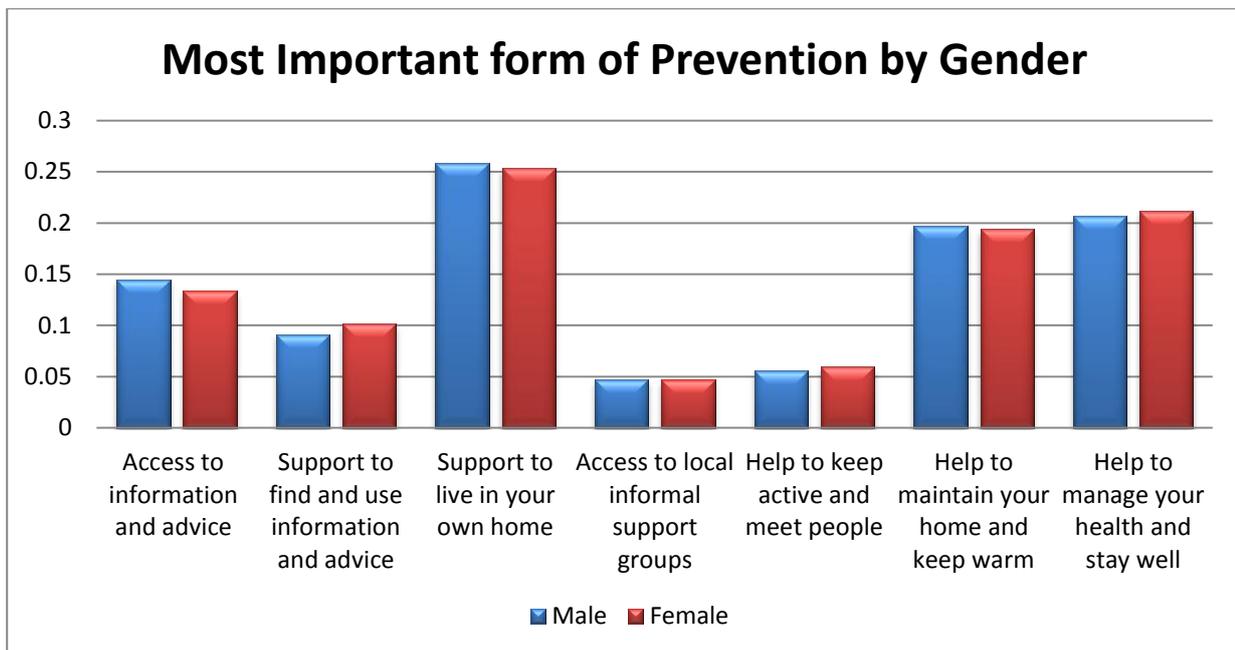




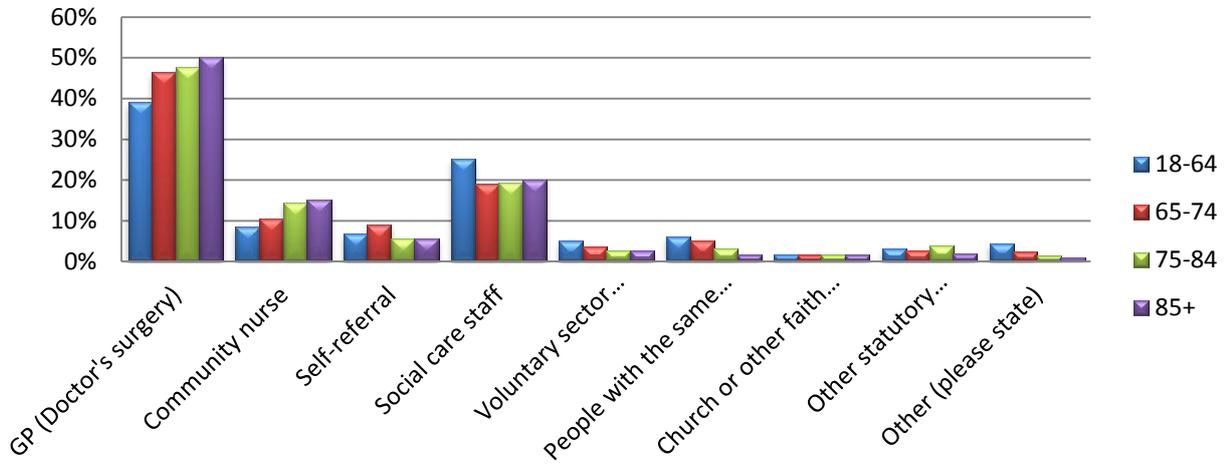


Prevention: equality profile

From the review of prevention responses by gender and age, there were few significant differences. However, it did show that older people and women are more likely to value accessing prevention support via the GP surgery with this preference increasing as people age; younger people prioritised access via GPs as well but showed a slightly higher preference for access via social care staff than did older people. It also showed that people are increasingly more likely to value support to stay in their own home as they age; younger people, whilst also prioritising support to stay in their own homes, placed a higher value on help to keep active and meet people than did older people.



Best place to access prevention services by Age Group



Most Useful Prevention Service by Age Group

