



Cabinet Meeting

25 February 2014

Report title	Increase in Adult Social Care Non-Residential Contribution Rates (0055)	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Steve Evans Adult Services	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Financial Support Services	
Accountable employee(s)	Helen Winfield	Acting Service Manager – Financial Support Services
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Report to be/has been considered by	Strategic Executive Board	13 February 2014

Recommendation(s) for action or decision:

The Cabinet is recommended to:

Approve the proposals to implement increases to the current rates of service user contributions for Adult Social Care non-residential care – including Very Sheltered Housing and Supported Living services as set out in Schedules 1 and 2 of this report (at paras 3.4.1 and 3.5.1).

Recommendations for noting:

The Cabinet is asked to note:

1. The findings of a report on the outcome of the December 2013 - January 2014 public consultation on the proposed increase in Adult Social Care non-residential contribution rates (as set out in Appendix 2 of this report);
2. The proposed “Council’s response” to the issues raised in the course of the consultation exercise (as set out at section 3 of this report);
3. The Equality Analysis of the impact of these proposals (as set out in Appendix 3 of this report).

1.0 Purpose

- 1.1 This report seeks to set out the Cabinet's recommended response to the consultation exercise and equality analysis concerning the proposals for an increase to the current rates of service user contributions for Adult Social Care non-residential care as set out in the "Five Year Budget and Medium Term Financial Strategy 2014/15 to 2018/19" report agreed by Cabinet on 23rd October 2013.

2.0 Background

- 2.1 The development of the Council's medium term financial strategy has identified the need to deliver significant savings over the next four years. These savings are required due to cuts in Government grant at a time when the Council's costs continue to increase due to a combination of price and demand pressures.
- 2.2 As a result the Council proposes to reduce the Council's contribution to the costs of non-residential, including Very Sheltered Housing and Supported Living, services (by applying corresponding increases in individual service user contributions).
- 2.3 The policy review applied to all non-residential services, including those provided in Very Sheltered Housing and Supported Living accommodation, and those applicable to day care and outreach services. It also applied in respect of direct payment arrangements in lieu of service provision. It was applied consistently to all service groups (older people and adults under 65 with learning disabilities, physical or sensory disabilities, or mental health problems).
- 2.4 Essentially, the Council's existing and this proposed contributions policy envisages that those individuals in receipt of social security/disability benefits paid because they have personal care needs should be expected to contribute a share of the benefits they receive towards the costs of the care the Council provides in order to help them to meet their care needs. Corresponding contributions are also expected from a small number of service users who do not receive any care benefits or means-tested benefits, but may nevertheless reasonably be expected to pay higher contributions because they have higher incomes than most service users.
- 2.5 The policy review ensured that any contributions required of service users would remain fully compliant with the Government's statutory "Fairer Contributions" and "Fairer Charging" policy guidance which aims to ensure that no-one may be required to contribute towards the costs of their care more than may reasonably be expected of them. Consequently, some service users will continue to be exempted from the requirement to pay any contributions at all, and those with relatively low incomes (or relatively high commitments particularly in respect of other disability-related expenditure) would continue to pay relatively low contributions.
- 2.6 In spite of the increases in previous years, the Council has inevitably had to continue to review the impact of national cuts to public sector funding on its medium term financial strategy. As part of that review, it has been necessary for the Council to take a fresh

look at its different schemes of fees and charges to ensure that an appropriate balance has been struck between the extent to which the Council undertakes to subsidise the costs of services individuals may need, and the extent to which such individuals may also reasonably be expected to contribute towards the costs of services provided for them, so that the Council may seek to maximise the income available to it without unduly disadvantaging the most vulnerable and dependent.

- 2.7 Taking into account the findings of previous consultation exercises, when respondents clearly indicated their objections to extensive and intrusive enquiries to facilitate detailed means-tested financial assessments, and in order to avoid having to raise extra revenue to support the costs of expensive administration, the Council has no wish to depart from its current simplified and relatively inexpensive contributions scheme. However, it is clear that in order to continue to be able to afford the level and quality of social care services it plans to provide for the future, it must nevertheless seek to reduce its current level of subsidy towards the cost of the services it provides, and in so doing must expect service users who benefit from the care services it purchases for them to increase the contributions they make towards their cost.
- 2.8 The current and proposed Wolverhampton City Council contributions rates for non-residential support can be compared to other local council's rates for service users aged 60 and over at **Appendix 1**. The majority of council's apply the standard 'Fairer Charging' calculation based on a detailed financial assessment for each service user which is far more expensive to administer. It should be noted that each service user's individual disability-related expenditure would need to be deducted from the rates stated for these councils.
- 2.9 Cabinet agreed to submit these proposals for consultation with a view to considering the outcome of that consultation exercise and an Equality Analysis before making any final determination on the proposals. That consultation exercise and Equality Analysis have now been concluded and have helped to inform the recommendations now made in this report.

3.0 Response to Consultation Exercise

- 3.1 The details of the proposals submitted for consultation, and the mixed responses received to the consultation exercise, are set out in the report on the outcome of the December 2013 - January 2014 public consultation on proposed changes to the current scheme of contributions for non-residential care – including very sheltered housing and supported living” (the “consultation outcome report”) attached at **Appendix 2** to this report.
- 3.2 The Council acknowledges both the degree of support for the proposed increases in service user financial contributions towards the costs of the care services provided for them, as well as those concerns expressed about their impact, whilst also seeking to balance these concerns with the Council's own need to reduce its own contribution to service provision costs.

- 3.3 The Council accepts concerns raised about the individual notices of the public meetings dated 10 January that were, in some cases, not received by service users and carers until 17 January, after the meeting on 15 January. In order to help address this, the Council arranged a further public meeting on 31 January.
- 3.4 The Council recognises that one of the most frequent comments received in the course of the consultation was in relation to the higher increase for service users in Bands D and E (£5.95 per week) than other Bands (Bands B and C - £0.34; Band F - £3.10 and Bands G and H - £2.66). Whilst the Council accepts that this is a higher increase it considers that it is in line with the Government guidance which identifies both disability benefits received by this group of service users (Attendance Allowance or the equivalent rates of Disability Living Allowance care component or Personal Independence Payment daily living component and the additional amount for severe disability) as benefits that can be taken into account in the calculation of contributions whilst leaving a disposable income of at least the threshold amount (basic benefit plus 25%).
- 3.3 The Council considers that the separate arrangement for 14 tenants in the Pocklington Supported Living scheme which was agreed by the Council for April 2013/14 should remain on the grounds that the scheme provides a re-ablement type service of a transitional nature rather than a 'home for life' and therefore is more similar to ordinary non-residential services than 24 hour supported living. This arrangement means that Pocklington tenants make a contribution at the ordinary banded contribution rate (Bands A to H – see Schedule 1) according to their income and capital with an added 'night-time premium' of £10.00 for those service users in receipt of the highest rate of Disability Living Allowance care component in recognition of the night-time services they require.
- 3.4 The full impact of the revised proposals is set out below:

Non-Residential Care Service Contributions

- 3.4.1 After consideration of the proposals in the light of the findings of the consultation outcome report and the Equality Analysis, it is recommended that the Cabinet should proceed with the proposals to increase the contributions required of Adult Social Care non-residential service users (and Direct Payment beneficiaries) as set out in Schedule 1 below with effect from 7 April 2014:

Proposed Increases to Maximum Rates of Contributions to the Cost of Adult Social Care Non-Residential Support

Band	Benefits Received by Service User	Current weekly Contributions	Proposed new April 2014 rate (per week)
A	You (or your partner) receive a means-tested benefit* and you do not receive Attendance Allowance**	NIL	NIL

B/C	You (or your partner) receive a means-tested* benefit and you receive Attendance Allowance**	£7.66	£8.00
D/E	You (or your partner) receive a means-tested benefit* you receive Attendance Allowance** and an additional amount or premium*** for severe disability is paid to you	£58.25	£64.20
F	You (or your partner) do not receive a means-tested benefit* and you do not receive Attendance Allowance**	£51.10	£54.20
G/H	You (or partner) do not receive a means-tested benefit* and you receive Attendance Allowance**	£71.54	£74.20
J	You have savings above £23,250.	FULL COST OF SERVICE	FULL COST OF SERVICE

Proposed Increases to Maximum Rates of Contributions to the Cost of Non-Residential Care and Support at Pocklington Supported Living

Band	Benefits Received by Service User	Current weekly Contributions	Proposed new April 2014 weekly rate
A	You (or your partner) receive a means-tested benefit* and you do not receive Attendance Allowance**	NIL	NIL
B	You (or your partner) receive a means-tested* benefit and you receive lower rate Attendance Allowance**	£7.66	£8.00
C	You (or your partner) receive a means-tested* benefit and you receive higher rate Attendance Allowance**	£17.66	£18.00
D	You (or your partner) receive a means-tested benefit* you receive lower rate Attendance Allowance** and an additional amount or premium*** for severe disability is paid to you	£58.25	£64.20
E	You (or your partner) receive a means-tested benefit* you receive higher rate Attendance Allowance** and an additional amount or premium*** for severe disability is paid to you	£68.25	£74.20
F	You (or your partner) do not receive a means-tested benefit* and you do not receive Attendance Allowance**	£51.10	£54.20
G	You (or partner) do not receive a means-tested benefit* and you receive lower rate Attendance Allowance**	£71.54	£74.20

H	You (or partner) do not receive a means-tested benefit* and you receive higher rate Attendance Allowance**	£81.54	£84.20
J	You have savings above £23,250.	FULL COST OF SERVICE	FULL COST OF SERVICE

* **'means-tested benefits'** are: Pension Credit (Guarantee Credit), Income Support, Income-related Employment and Support Allowance, Income-based JSA and/or Housing benefit and/or Council Tax Benefit.

** **'Attendance Allowance'** means: Attendance Allowance or the equivalent rate of Disability Living Allowance care component or Personal Independence Payment for daily living component

*****'premium for severe disability'** means: The 'severe disability premium' or 'severe disability additional amount' that may be included in a 'means-tested benefit'.

3.4.2 Essentially, this proposal is based on the reasonable expectation (as set out in the Government's "Fairer Charging" statutory policy guidance) that those individuals in receipt of social security benefits paid to them because they have personal care needs should be expected to contribute a higher share of the benefits they receive towards the costs of the care the Council provides in order to help them to meet their care needs. There are corresponding increases proposed to the contributions expected from a small number of service users who do not receive any care benefits or means-tested benefits, but may nevertheless reasonably be expected to pay increased contributions because they have higher incomes than most service users.

3.4.3 The proposed rates take into account the inflationary annual upratings in social security benefits that have been paid to service users which are due in April 2014.

3.4.4 The proposed rates will still provide for exemptions for low income service users who do not receive disability benefits from which they could otherwise reasonably be expected to contribute, and provide for relatively low contributions from those with relatively low incomes (see rates for Band A and Band B/C service users in Schedule 1 above), whilst also providing for higher contributions from those with higher incomes. They also allow for individual representations to reduce or waive the amounts of any contributions expected, should there be convincing evidence of the risk of hardship arising as a consequence of any contributions required. All contributions levied will of course remain compliant with statutory government guidance on "Fairer Charging" and "Fairer Contributions".

3.5 Very Sheltered Housing and Supported Living Service Contributions

3.5.1 After further consideration of the proposals in the light of the findings of the consultation outcome report and the Equality Analysis, it is recommended that the Cabinet should proceed with the proposals to increase the contributions required of Very Sheltered Housing and Supported Living service users as set out in Schedule 2 below, commencing from 7 April 2014:

<u>Proposed Increases in Customer Contributions to the cost of 24-hour Very Sheltered Housing and Supported Living Care Services (with less than £23,250 capital) (excluding Pocklington)</u>			
<u>Very Sheltered Housing/Supported Living customer financial circumstances</u>		<u>Current rate (p.w)</u>	<u>Proposed new April 2014 rate (p.w)</u>
In receipt of Higher rate Attendance Allowance/Disability Living Allowance care component/Personal Independence Payment daily living component (currently £79.15 per week, due to rise to £81.30 from April 2014) and an amount for severe disability (£59.50 per week due to rise to £61.10 from April 2014)	Higher Rate	£87.17	£89.53
In receipt of Lower rate Attendance Allowance/middle rate Disability Living Allowance care component//Personal Independence Payment daily living component (currently £53.00 per week due to rise to £54.45 from April 2014) and an amount for severe disability (£59.50 per week due to rise to £61.10 from April 2014)	Lower Rate	£74.10	£76.10

3.5.2 Essentially, the rationale for the proposed increases for Very Sheltered Housing and Supported Living service users (i.e. those service users in receipt of 24-hour day and night care and support apart from Pocklington as discussed in para 3.3 above) is as for other non-residential service users (as set out para 3.4.2 above, i.e. that it is reasonable to expect those who receive social security benefits on account of their personal care needs should contribute a share of those benefits towards the cost of services provided to help meet those care needs). The rationale for the difference in the scheme of contributions for Very Sheltered Housing and Supported Living tenants from the scheme for all other non-residential service users is that those who are provided with 24-hour day and night services may reasonably be expected to contribute a higher share of those benefits than those who require only day time support and are living more independently in their own homes.

3.5.3 The Council considers that the formulae to determine the contribution rate for very sheltered housing and supported Living scheme service users which was agreed by the Council for April 2013/14 should remain the same at a 50% share of the Attendance Allowance/Disability Living Allowance care component/Personal Independence Payment daily living component paid to them on account of their personal care needs and an 80% share of the means-tested amount for severe disability that most VSH/Supported Living residents may be expected to be able to rely on. Those whose incomes are too high to

enable them to qualify for means-tested severe disability components will nevertheless be assumed to be able to afford them because of the higher incomes available to them. However, in all cases, all service users will be entitled to make individual representations for more detailed financial assessments where they may consider they may not reasonably be expected to contribute the maximum amounts indicated.

3.5.4 As with all service user financial contributions subject to the requirements of the Government's statutory "Fairer Charging" guidance, provision will be made for reductions or waivers of these contribution rates wherever appropriate.

3.6 Welfare Rights Service

3.6.1 In order to maximise the charging revenue available to the Council from increasing the contributions expected from service users awarded social security benefits for their care needs (such as Attendance Allowance, Disability Living Allowance care component, Personal Independence Payment daily living component and consequential additional awards of means-tested benefits such as Pension Credit, Income Support and Employment and Support Allowance), the Welfare Rights Service will continue to assist service users in taking up and securing entitlement to such benefits. This is consistent with the Council's "Fairer Charging" obligations which specify that the Council is required to "ensure that appropriate benefits advice is provided to all users of non-residential social services and carers services".

4.0 **Financial implications**

4.1 The Medium Term Financial Strategy includes a savings proposal for the increase of non-residential adult social care contribution rates of £200,000 in 2014/15. The proposal set out in this report is estimated to achieve this target.

[MK/13022014/R]

5.0 **Legal implications**

5.1 Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA Act 1983) gives the Council discretionary power to charge adult recipients of non-residential services. The Council may recover such charges as are reasonable in respect of relevant services.

5.2 Section 7 of the Local Authority Social Services Act 1970 allowed the Secretary of State to issue guidance to Councils on the exercise of their social services functions, including those which are exercised under discretionary powers. In exercising those functions, Councils must have regard to guidance issued under section 7.

5.3 In 2003, The Department of Health issued guidance entitled 'Fairer Charging Policies for Home Care and other non-residential Social Services' (updated and revised in June 2013). In 2010 guidance entitled "Fairer Contributions Guidance: Calculating an individual's contribution towards their personal budget" was also issued. The proposed policy changes comply with the relevant provisions of the guidance documents.

- 5.4 Local Authorities may also charge for services provided directly to carers under the provisions of the Carers and Disabled Children's Act 2000. The current Wolverhampton policy (and most other council policies nationally) exempts those in a caring role from contributions.
- 5.5 Where the 'Fairer Charging Policies for Home Care and other non-residential Social Services' does not provide clarity in a general area or where there is direct reference, the Council also observes the Department of Health's Charging for Residential Accommodation Guide (CRAG) published in June 2013 for fairness, clarity and consistency reasons.
- 5.6 All of the proposals set out in this report will comply with these legal duties and relevant statutory policy guidance (notably the "Fairer Charging" and "Fairer Contributions" guidance).

[RB/12022014/K]

6.0 Equalities implications

- 6.1 A Stage 2 Equality Analysis is attached at **Appendix 3**. It is a requirement of the public sector equality duty that Councillors should have "due regard" to the findings of this Equality Analysis before making final decisions on the recommendations set out in this report.

7.0 Environmental implications

- 7.1 There are no identifiable environmental implications arising from this report.

8.0 Human resources implications

- 8.1 There are no identifiable human resources implications arising from this report.

9.0 Schedule of background papers

- 9.1 "Fairer Contributions Guidance 2010 - Calculating an Individual's Contribution to their Personal Budget" - Department of Health November 2010.
- 9.3 "Fairer Charging Policies for Home Care and other non-residential Social Services. Guidance for Councils with Social Services Responsibilities" - Department of Health Updated June 2013.

Non-residential Care - Comparative Contributions Examples (April 2014)

Appendix 1

Customer Aged 60+	Total Weekly Income	Maximum Contribution Under 'Fairer Charging'	WCC Weekly Proposed Contribution April 2014/15	Amount Remaining for DRE	Dudley	Walsall	Sandwell	Warwickshire	B'ham	Coventry	Telford & Wrekin	Staffordshire
								Minus any Disability-related Expenditure				
Band A: MTB only. No AA	£148.35	NIL	NIL Band A	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Band B: MTB and LRAA.	£202.80	£17.36 Less any DRE	£8.00 Band B	£9.36	£6.47	£17.36	£9.20	£17.36	£17.36	£17.36	£17.36	£17.36
Band C: MTB and HRAA.	£229.65	£17.36 (or £44.21 if night time services provided) Less any DRE	£8.00 Band C	£9.36	£6.47	£17.36	£9.20	£17.36	£17.36	£17.36	£17.36	£17.36
Band D: MTB and LRAA and SDAA.	£263.90	£78.46 Less any DRE	£64.20 Band D	£14.26	£55.35	£78.46	£41.58	£78.46	£78.46	£78.46	£78.46	£78.46
Band E: MTB and HRAA and SDAA.	£290.75	£78.46 (or £105.31 if night time services provided) Less any DRE	£64.20 Band E	£14.26	£55.35	£78.46	£41.58	£78.46	£78.46	£78.46	£78.46	£78.46
Band F: No MTB. E.g. Income of £250 p.w. No AA.	£250.00	£64.56 Less any DRE	£54.20 Band F	£10.36	£64.56	NIL	£34.21	£64.56	£64.56	£64.56	£64.56	£64.56
Band G: No MTB. E.g. Income of £250 p.w. plus LRAA.	£304.45	£119.01 Less any DRE	£74.20 Band G	£44.81	£108.12	£88.32	£63.07	£119.01	£119.01	£119.01	£119.01	£119.01
Band H: No MTB. E.g. Income of £250 p.w. plus HRAA.	£331.30	£119.01 (or £145.86 if night time services provided) Less any DRE	£74.20 Band H	£44.81	£108.12	£101.75	£63.07	£119.01	£119.01	£119.01	£119.01	£119.01
Band J: Capital of more than £23,250	N/A	FULL COST	FULL COST Band J	N/A	FULL COST	FULL COST	FULL COST	FULL COST	FULL COST	FULL COST	FULL COST	FULL COST (If over £25,000)

Key: **MTB** = Means-tested Benefit; **LRAA** = Lower rate Attendance Allowance; **HRAA** = Higher rate Attendance Allowance; **SDAA** = Severe Disability Additional Amount; **DRE** = Disability-related Expenditure

**Public Consultation Report on the
Outcome of the:**

**Proposals to
Increase Non-Residential Adult Social Care
Contribution Rates for
Non-residential services – including Very
Sheltered Housing and Supported Living**

23 October 2013 – 31 January 2014

WOLVERHAMPTON CITY COUNCIL

Appendix 2

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Purpose of Report:

Proposals to Increase non-residential Adult Social Care Services contribution rates

Wolverhampton City Council are proposing to increase the level of service users' contributions to their non-residential Adult Social Care services, including those provided in very sheltered housing and supported living accommodation.

Methodology

A three month consultation commenced on 23 October 2013 and finished on 31 January 2014

A series of meetings were held at each of the Very Sheltered Housing schemes including Pocklington.

Information on the proposed care contribution increases for non-residential, very sheltered and supported housing was sent to service users, carers and members, along with a letter inviting them to attend one of the meetings held at the schemes or one of three public meetings.

Three public meetings were held

One stakeholder meeting was held

Contact details for the Participation Officer's and feedback sheets with prepaid envelopes were distributed

Consultation was published on the City Council current consultation pages and engagement database inviting comment.

Posters advertising the consultation were displayed at all of the schemes

A dedicated telephone response line was advertised and circulated

A total of 122 people attended meetings at the Very Sheltered Housing Schemes and Pocklington.

A total of 43 people attended the public/stakeholder events

A total of 106 feedback forms were received see page 14.

For a printed copy of the report please contact: Rose Powell, Participation Officer for Older People on 555494

The report can also be viewed by visiting the council website at: www.wolverhampton.gov.uk/results

Consultation Report

Summary from Older Peoples Very Sheltered Housing Scheme meetings

An introduction and overview of the proposals was presented by Helen Winfield and Matt Fisher. A question and answer session was held after each event. Following the meetings all service users were offered personal welfare rights and/or financial assessments advice in order to ensure that all benefits were maximised and financial assessments were correct.

There was little opposition to the proposals from participants at the very sheltered housing schemes, the main points that were made referred to their views that the council had already made the decision and that they couldn't see the need for the consultation meetings. It was pointed out to them that the decision had not already been made and all comments would be considered but that if the formula remained the same in future years with increases being directly in line with benefit increases there may not need to be extensive consultation.

Attended by a total of: 135 Participants:

Date	Scheme	Number in attendance
9/1/14	Langley Court	8
14/1/14	Broadway Gardens	5
16/1/14	Bridge Court	12
16/1/14	Verona Court	12
17/1/14	Bushfield Court	15
21/1/14	James Beattie House	34
21/1/14	Thomas Pocklington	10
24/1/14	Pine Court	16
24/1/14	St Matthews Place	23

See detailed Notes on page 6 below.

Summary from Pocklington Scheme meeting:

An introduction and overview of the proposals was presented by Helen Winfield. A question and answer session was held after the event. Following the meeting all service users were offered personal welfare rights and/or financial assessments advice in order to ensure that all benefits were maximised and financial assessments were correct.

Users and carers were opposed to the increase in contributions and in particular they felt that the different percentage increase in the different bands were unfair. They felt that it should be a 5% increase across all bands despite it being explained that fairer contributions and different rises in benefit rates made that difficult to do. Service users were concerned that due to the increases in care contributions that they were being left with less and less disposable income which in turn meant that they were unable to take part in as many activities.

Two of the participants pointed out that they were also now having to pay council tax contributions which was reducing their expendable income. Participants were all concerned about how they were going to be able to afford the proposed increases.

See detailed Notes on pages 7 - 9 below.

Summary from Stakeholders Workshop:

Stakeholders queried why the levels of contributions are different for people in Supported Living than for those in residential. They pointed out that not all tenants received 24 hour support, but mainly used overnight services. A stakeholder felt that some clients would be affected to the tune of an extra £300 per year. The restructure and closure of day centres meant that users who had previously used these facilities are now paying to take part in activities and meet the associated travel costs. Stakeholders wanted clarity on what the council had to offer people in crisis, particularly whilst someone is waiting for confirmation of benefit entitlement but requires support. It was suggested that the local authority looks at the contract it holds with other Council's to see if savings can be made there.

See detailed Notes on pages 9 – 12 below.

Summary from Public Workshops:

Date and venue	Type of meeting	Number in attendance
13/1/14 Civic Centre	Stakeholder Workshop	9
15/1/14 Action 4 Independence	Public Workshop	3
15/1/14 – evening Civic Centre	Public Workshop	0
30/1/14 Civic Centre	Public Workshop	31

There was some opposition to the proposal. Some of the participants were of the belief that this was a yearly process for a decision that has already been made. They felt that the local authority should challenge central Government in regards to the cuts expected to public services to stop vulnerable people being targeted in this way. Attendees were concerned with the financial burden they felt was being placed on the most vulnerable in society and that individuals should be made aware of and offered detailed financial assessments (FAF2) if they would benefit from them. They felt the level of take up for detailed financial assessments in Wolverhampton was unacceptably low. Participants felt that FAF2's should be better promoted, particularly by Social Workers carrying out assessments. They felt that the banding system, threshold, FAF2 and indicators which may trigger the need for a FAF2 could be made clearer.

Participants felt that factors such as food and fuel poverty were not being considered, particularly for people who suffer from illnesses such as arthritis. They felt a lot of people who are affected are experiencing hardship. They felt the presentation made it seem that disabled people are in receipt of large sums of money through benefits, however, they receive the minimum amount which is necessary for their care needs. It was felt that those who were

assessed as being able to contribute more should, but not at the same rate as those who could not. The best interests of the most vulnerable and their quality of life should be considered.

The following concerns were also raised:

- Service provision, including the effect of the changes to day-care provision and subsequent transport which have led to confusion and irregularity.
- How the proposals affect Direct Payment Schemes
- If there are any proposals to change the Bands
- How appropriate the 15 minute calls are in terms of delivering care
- The care component should be deducted from the Independent Living Fund (ILF) before payment.
- The alleged proposal to pay Direct Payments on a pre-paid card

See detailed Notes on pages 12 - 26 below.

Detailed Notes of Meetings

Notes from 9 x Very Sheltered Housing Scheme Meetings

Questions and Comments	RReplies
We won't have a council soon	
Will this payment go up every year?	Yes the formula is unlikely to change you are expected to contribute 50% of Attendance Allowance (lower or higher rate) or the equivalent rate of DLA Care (middle or higher rate) and 80% of the amount for severe disability. If the formula remains the same, in future years you may just receive a letter informing you of any rises.
There is no point in these meetings you will do what you want anyway. Should have not bothered and saved the money you have spent on the consultation.	
We can't do much about it anyway.	
Doesn't leave us much to live on.	The government has a fairer charging policy which tells councils how much people should be left with after their care contributions. In Wolverhampton that amount exceeds the government guidelines.
Looks like you are taking three quarters of the rise in DLA are you coming back again when pensions go up?	No that has already been built in.
You are just trying to get our few bob of us when it is the council that's caused this. You have wasted money on consultants, interim managers and computer systems. Now you are expecting the most vulnerable to pay.	

Notes from Pocklington Meeting 21 January 2014

Questions and Comments	Replies
Why is it that instead of everyone's charges going up by 3% some are 10% and some are nil?	Fairer care contributions guidelines require a contribution but taking that contribution into account cannot drop disposable income to below 125% of income support.
How has the new rate for band D been arrived at?	They all follow the same formula. Different benefits have increased by different rates which are reflected in the increases for the different bands.
Would this compare with last year's increases?	Again it is a reflection of the different benefit increases.
What's gone up by 10% to give the 10% rise?	Attendance allowance (AA) and Disability living allowance (DLA) have both gone up as has the scale of disability related expenditure (DRE). Different people have different benefits and they have increased by different amounts so this takes account of all of the different benefit increases.
Can't see how this is going to be affordable.	Wolverhampton city council is leaving people with extra disposable income than the Government guidelines require.
What are you actually trying to do?	We have to save £200,000 as part of the council's savings programme.
£200,000 is the extra revenue; will that be swallowed up by extra people in the system? Do these proposals cover the entire £200,000?	These savings are not just from the Pocklington scheme it is across all of the Non-Residential Supported Living and Very Sheltered Housing services.
Do these figures include the cost of living rise or will they go up again later?	No that has been factored in for this year.
If the people who live here do not have savings you are asking most of them for a 10% rise, that doesn't seem fair.	Band E – if people are in receipt of higher rate and severe disability amount, those two benefits are for disability and for disability expenditure, to enable it to meet care needs.
I used to receive direct payments and there was no issue with the costs going up we could choose what we spent the money on.	JD – When you live elsewhere you have the choice of what happens and how you use your direct payment. This is very sheltered housing and is staffed 24 hours per day, when you decide to come in here you make the choice to pay in a different way for your care. This is planned care not an on call service. People within the scheme cancel care staff if they don't need them at a particular time; this in turn contributes to the high cost of the scheme. People who live here can't have direct payments as well, that would be double funding. If you decide that this scheme is not for you at any point we would support you to find alternative housing in the community where you could receive direct payments. The ethos of the scheme is to enable

	people to grow and develop, this means that as time goes on most people have less care needs and possible could move out to the community with direct payments.
If you want people to progress and move on why do you need schemes like this?	As this assists people to become re-enabled and allow them to move on if they wish to. That in turn frees up space for different service users.
We used to have waking night staff now only got night services.	JD – That allows staff to concentrate more on enabling support during the day. Lots of people move on from here, the scheme helps people to regain independence and move on.
Isn't DLA care going as a benefit?	It is changing to Personal Independence payment (PIP) The same rates will be payable for standard and enhanced payments.
3 years ago when you first came here you quoted that people should be left with at least 125% of income support, people now have to pay council tax contributions which will go up again this year. This is cutting the amount of money available to them to do other things. Above inflation level rises means less for them to be able to use.	Council tax contribution requires all people to pay but that cost still falls within the 125% of income support that everyone is left with.
They are getting squeezed by all aspects of the council, with increases in care, increases in council tax all contribute to a drop in what they are left with. Less and less money to fill their time leads to social exclusion. Yes and we are grateful for that.	JD – Council have moved in other ways to minimize what people have to contribute, we have supported this scheme with the bedroom tax and made sure that all people here are exempt.
	We can advise people to consider having a full financial assessment (FAF2) if the money that is spent is beyond DRE of £38.25 per week, if that applies to you ask to be reassessed.
We feel like the loading is wrong and it should just be a 5% rise for everyone. Seems very unfair.	If we put other bands up by 10% We would fall foul of the Fairer contributions guidance. There are a lot of calculations that have to be taken into account to ensure that we abide by the guidelines.
Will everyone have a reassessment?	If the proposals go through you will get a new amount to be paid if you think you require a full assessment you can request one then.
I have been told by the DWP that I have got to start paying tax on my pension.	That is happening increasingly at the moment, if you have an occupational pension.
Is the level of support paid by the council going to remain the same?	There are no plans to increase it at the moment.

Ad hoc support here is difficult now only planned care.	JD – While there has been no cuts in the support from the council paid to the scheme, there has been no increase either, staff here have to work within the resources that they have available.
Seems to be increases in charges for a less efficient service, we are getting less and less in return.	Councillor Evans – The harsh reality is that over the next 4 years we are going to be losing millions of pounds. Wolverhampton has lost 52% of its funding from central government since 2010. We have to put forward a balanced budget, if we don't, the government will send accountants in to slash all of the budgets; there will be no consultation they will just do it. They will cut to the statutory minimum; we are trying to avoid that. The harsh reality is how many councils can survive past 2015; there are over 100 councils at risk of insolvency. We don't know if we will still be in business next year it is going to get harder. Accountants are not interested in social care only balancing the budgets.
My view is still that you should reduce the proposed rise here.	The actual cost of care here per person is £350 per week you are only paying quite a small contribution to that.
Are you going to cut the staffing at the civic centre? How much has it cost to have this consultation here, look at the number of staff here it must have cost a fortune.	Councillor Evans - Yes. It is worth it to listen to people's views, it is right that we have consultations like this and to listen to what you have to say we know it is not easy. It does not cost the council anything to run these consultations as the staff are already being paid, they don't get paid extra.
Do you always have to consult on every rise?	We have had above inflation increases so yes we have to consult.

Notes from Stakeholders Workshop 13 January 2014

Questions and comments	Replies
Cllr Evans: If I was a resident looking at the figures for Band D/E and saw that it had increased by 10% and the other bands had increased by less, I would be wondering why. Can you explain a bit about the formula?	What we do each year when the Government announce benefit increases. We look at the Fairer Charging Guidance and get the maximum contribution that we are able to without leaving people short and below set disposable income levels. We look at contributions more so from people who receive higher benefits to pay for care and support as they receive those benefits for that purpose.
Why are the contributions different for people living in supported living than those living in residential?	People living in the community are normally in receipt of sessional care, that is care and support for a number of hours. Not on a 24

	<p>hour basis, this is different because 24 hour support is on hand through wrap around services due to the nature of the client's needs.</p>
<p>What if you are supporting a tenant that is not receiving 24 hour support? We provide overnight services but not 12 hour support. Would they be in a lower band?</p>	<p>This would be about an assessment of need; maybe it is not an appropriate place to be if they do not need 24 hour support. That would need to be looked at by the people who assess need.</p>
<p>Is there going to be a single benefit so that people can see what there entitlement is each week?</p>	<p>I think you are referring to Universal Credit. It will not apply to people of pension age. There have been some setbacks with the implementation of this scheme and it is not in Wolverhampton yet, but it is being rolled out across the country. Statutory guidance will need to be changed such as the Fairer Charging guidance so that the local authorities know what they are allowed to ask as a contribution from benefits. The banded contribution system in Wolverhampton saves a lot of work and is easy to understand and is easy for social workers to explain to users.</p>
<p>Cllr Evans: Do we have the figures for the number of people in each band to give them a rough idea of how many people may be affected?</p>	<p>I have data from a couple of months ago</p> <p>Altogether the total number of service users is: 2370</p> <ul style="list-style-type: none"> • Band A – 185 • Band B – 323 • Band C – 336 • Band D – 297 • Band E – 216 • Band F – 79 • Band G – 79 • Band H – 103 • Band J – 106 <p>There are some bands where we have partial information where we may be waiting for information and some may have had to move to another band once we have the information. Some may be exempt under section 117 of the Mental Health Act, there are 27 users in this category. There are 82 people who have had their contributions reduced due to assessment. Some have been fast tracked, this is where people who are not receiving a means tested benefit but the benefit they receive takes them over the required benefit level. Some people can be fast tracked to the same rate as they</p>

	<p>would once they are in receipt of a means tested benefit, this applies to 18 people. 20 people are in supported living receiving the lower rate. 10 people are in supported living receiving the higher rate. In very sheltered housing 24 people have had a FAF2 assessment. 61 people in very sheltered accommodation are on the lower rate. 140 people in very sheltered accommodation are on the higher rate. 48 people are self-funding in very sheltered or supported living.</p> <p>We are expected to reduce the council contribution by £200,000. People may decide to stop receiving care; this has already been factored in.</p>
<p>Some people will be looking at paying an extra £300 per year.</p>	<p>Cllr Evans: This is just one of 165 proposals across the council. It was a massive change for some people when it was first introduced, but it is not so much so this time.</p>
<p>Is that £200,000 per year?</p>	<p>Yes Cllr Evans: It's not nice and we never enjoy asking people to contribute more. It's seems like they get a slight raise in their benefits and we take it. In the position the council is in we cannot provide these services for free and we cannot ignore increases in benefits. We will continue to provide Welfare Rights support to provide maximisation to people's income and benefits checks and people have found this helpful.</p>
<p>I'm not sure it's relevant but has the closure of day centres been taken into account as users who had previously utilised these facilities are now paying to take part in activities.</p>	<p>If they are incurring cost they think are relevant and should be taken into account they can have a detailed financial assessment.</p>
<p>They are now paying taxi fare to go to activities further away. They are spending a lot of money on travel expenses to engage.</p>	<p>This needs to be taken into account if it is a substantial or critical need. If it is then it should be taken into account.</p>
<p>What would you offer to people in crisis? If they are moving between cities, local authorities or housing?</p>	<p>It would depend on the crisis. If it was around benefits it would be Welfare Rights, if it was around needs, it would be the Care Management and Assessment Team and a social worker would look into it. If they were coming in from other areas it should not be a difficulty for the person. They should still have their needs assessed and the funding would be clarified between the local authorities.</p>

<p>What about the period if someone is waiting for benefits but needs support, can this be taken into account?</p>	<p>The default position is if a person is in need of care they are liable for the full cost if there is a delay through benefits. However, no debt recovery action would be taken until the benefits are awarded. Welfare rights can provide assistance.</p>
<p>Cllr Evans: In my experience some people are claiming all of the benefits they are entitled to but not all. For example, at Harrowby Court there was an increase in contributions. However, some were helped to maximise their income. So not only were they able to pay the increase but they had surplus income. It is difficult to encourage them sometimes to look at making sure they are getting all that they are entitled to.</p>	<p>And also to maintain their income. For example; submitting the information when it is required and maintaining appointments. In Wolverhampton last year 4000 claiming went to an Independent Appeal Tribunal. Only 700 were represented but all of those were successful. In Wolverhampton, for those that challenge decisions there is a high rate of success, in challenging the decisions that the Department for Work and Pensions make.</p>
<p>Have we moved to Personal Budgets?</p>	<p>Yes it is around, not everyone can take it but it is an option for people to take a direct payment.</p>
<p>Will you be approaching other local authorities to look at contracts they have with yourselves?</p>	<p>There are so many proposals in adult social care, it may come into other areas. Local authorities continue to review all contracts in place. However, that does not come into my area.</p>

Notes from Public Meetings

Wednesday 15 January 2014:

Questions and comments	Replies
<p>Your reference, to do with mental health. This says after-care services under Section 117 of the Mental Health Act 1983 are exempt. Does mean anyone?</p>	<p>No, it specifically relates to people who have been detained under the relevant sections of the Mental Health Act. So Section 3, 37 and 45 of the Mental Health Act which is all about compulsory detention and compulsory treatment It is a very small, but growing proportion of those people who are receiving services because they are having treatment which is imposed upon them.</p>
<p>That's what happened to me in the past.</p>	<p>If you have been under the relevant section in the past and you are still eligible to receive after-care services due to that or a service because of that then that service you should be exempt from contributing. If you think that that is you, then you need to raise that with the Financial Assessment section Officers to look at the records because it is a formal certificate of entitlement that is signed off by the consultant in charge of the care, the consultant</p>

	psychiatrist and adult social care.
I have evidence that I was detained on record.	You need to enquire about that, because if we have been charging anyone we shouldn't have been, then of course we would need to review it and reimburse the person, so you would need to raise that with the Financial Assessment Section.
What sections does it come under?	HW- Section 3, 37 and 45. Elaine what is your extension? I have got it down and I will give you a bell. I will check when I get back to the office.
It was in this county where I was detained.	The responsible authority is the authority where the customer is detained. That might be something that Elaine may need to look into to see who is responsible for making payments towards the services that you need. That might be a nice little case for Elaine to be working on so you can sort it out between you.
That's the Mental Health Act 1983, what about the Mental Capacity Act 1985?	The Mental Health Act that this is relevant too, and that's been amended by subsequent acts but this is still the enabling act for mental health services and this is still the act that mental health services are delivered under.
So it won't apply to this at all? The 1985 Act is not included?	The 1985 Act is related to different parts. They have amended some of the Mental Health Act but for Section 117 it's still under the Mental Health Act 1983 will be the relevant Act. And so is Section 3, 45 and 37. Any other questions about the proposals? Any comments that you want to make? No?
<p>Cllr Evans: Can I just make one comment. It would be unusual if I wasn't on a tape. In all honest we don't enjoy coming to see you every year saying we're increasing contributions. But it is one of 165 proposals, the whole Council and everything it delivers is under review. That is on the basis that we are losing £98 million in funding from the Government by 2018. That's when we drew up those proposals. Since then the Government have come back and told us actually the funding that we are going to take away from you by 2018 will be £123 million. So you can see it's not a case we are just coming to pick on adult social care, and people who use our services. You will have seen in the press no doubt about libraries, Central Baths or Bantock Park etc. No, it's every service that's under review. So we're really not picking on people, and as Helen has explained we've got a duty to make sure you are left with a minimum amount under the Government Fairer Charging Guidelines so we try to be fair. There's a smaller increase than there was in previous years but if you remember, I think Wolverhampton had the lowest contribution rate towards the services across the whole country at one time. So it was quite a big jump in previous years. But really this year it's just based on the benefits that's increased and we sticking to the formula that give the figures that Helen has talked about today.</p> <p>So if you have got any questions about benefits or charging, then there are colleagues here that can help you with that. Other than that please make your comments and thank you for attending.</p>	

Thursday 30 January 2014:

Questions and comments	Replies
Is the income support based on a weekly or fortnightly amount?	It is based on a weekly amount.
<p>Can I just say that I had a financial assessment for disability related expenditure. I had to push for that through getting the information through a national body and basically I don't make a contribution now because of my disability related expenditure. That's what I would advise everybody to do, get that form filled in. They sent the form out and filled it all in, fantastic people. But it's something that is not provided as it should be. It is not flagged up by social workers. My social workers did not make me aware of it; I was just presented a statement saying you must pay. It was only me contacting and asking for advice it came from a national. I then spoke to the Council, I found them very easy to work with and they sorted it all out, and now I don't have to make a contribution. So if everyone did that, I don't see how the Council are going to gain from not giving everyone a detailed assessment? Why not just give the two forms straight away?</p>	<p>I will answer that in two parts; firstly in regards to advertising that a detailed financial assessment is available. On the letter people receive saying what the amount they are expected to pay it does say that a detailed financial assessment is available. And on the leaflet that is produced which explains which tell people all about what contributions are and how they are worked out, on that leaflet is also talks about not only detailed financial assessments but also those that can be fast tracked detailed financial assessments where people are just above the means tested benefits. So there are two information points. I will take back the comments about social workers needing to reinforce that when they undertake their assessments. But the information is available on the literature. Otherwise we would fall foul of guidance, which is statutory guidance from government. The second point why don't we give everybody an individual financial assessment. That is what the rest of most of the country do. They have teams that are three, four times to five times the number of the Team, the very small Team we have here. That larger Team obviously costs more money and not only that but the majority of people actually pay less under the Wolverhampton scheme than they would do under an individual financial assessment. Lee's Team have done lots of individual financial assessments where it's been shown that in fact they can afford the banded contribution because their disposable income is much more. And if it was an individual assessment that took over the banded amount then they would be paying more than the banded amount. But for some people like yourself Sir if they have a significant amount of disability related expenditure, that's when it can be advantageous to have an individual full assessment.</p>

<p>This is why we need a mentoring service that will work with us. Nobody was there available to give me correct advice. It was a case of going on the internet, getting the information. But surely there has got to be a need for a community interest company that could be started up that would not cost Wolverhampton City Council money so that they can get on a do this cos disabled people to go to for help. They're going to get the money in and they don't want to have to worry about money. Thank you</p>	<p>Yes, I agree in terms of there needing to be more information and advice available. We have a Welfare Rights Team Wolverhampton Council and Welfare Rights Officers do deal with disability related expenditure full assessments and that information and advice is hopefully going to be developed with community organisations over Wolverhampton as part of a Benefits & Advice Strategy. And so that information should be more easily accessible from organisations in Wolverhampton in future.</p>
<p>Can you tell us about the direct debits and the Penderels Trust because it's all changing. They say we have to pay contributions by credit card instead of paying by cheque for the contributions. They told us that they are changing that for everybody. Now by credit card that would worry me because if the credit card is stolen or lost.</p>	<p>No, I think what you're talking about has nothing to do with contributions. That is not even a proposal at the moment, but there are thoughts around direct payments in terms of how some people receive that direct payment, not how they make their contribution, but how they receive a direct payment. And people who receive direct payments for buying their own care and support, those people receive those monies net of the contribution they are required to make. So if a person received a £100 for their care and support but was in Band B/C and had a contribution of £8 to make that payment would be reduced by £8 so that the person would only receive £92, the contribution is taken away before that payment is received. I think in future there may be a proposal to pay direct payments on a pre-paid card, not a credit card, a pre-paid card and that's a scheme that's being introduced all over the country but it's not a proposal in Wolverhampton at the moment. And Penderels should not be giving information that doesn't actually apply to Wolverhampton at the moment.</p>
<p>But they said we've got no choice that is being brought in. We were told this at the Peer Group last Friday.</p>	<p>Well I will find out about that because there is no proposal. I'm not saying that there won't be, because it's a very good way forward both for individuals and for the Council, but it isn't a proposal yet. And it's nothing to do with the contributions proposals.</p>
<p>They actually told us</p>	<p>I'm going to go back and find out what they are saying because it is not correct. It's not correct because I also am in charge of Direct Payments. Ok, any other comments?</p>
<p>Yes, I have mentally handicapped children who go to the adult centre.</p>	<p>A day centre?</p>

<p>Yes, and sometimes you don't even know where one goes, from where the other goes because they closed one of the day centres and then they move some of them from Oxley to Newhampton Road. And some from there to Neil Docherty. Sometimes they turn up, and sometimes they don't turn up.</p> <p>Yes</p>	<p>Turn up? You mean the transport?</p> <p>That is an issue really for the providers of the care and support, so if that's the council then that comment needs to be made to the council who provide those services. This is about the payment towards those services, rather than the services themselves. And if anybody has a complaint about the service that they receive, the care or support or day-care or whatever, then that needs to come back to the Council to be investigated. This consultation is in relation to how much you contribute towards the cost of that care and support. Certainly if you want to make a comment to that affect we can include it in the comments going back to the Councillors.</p>
<p>Can I just let you know that this was raised at the Including Everyone meeting and John Linighan is aware of it.</p>	<p>Oh, brilliant.</p>
<p>We actually told them at the meeting yesterday.</p>	<p>Thank you. So John Linighan who is an Officer at the council is obviously taking that back to look into as it's about the condition of a service rather than a contribution toward the cost of it.</p>
<p>You said the government tells you that people are supposed to have a disposable income of 125%. What does that actually mean?</p>	<p>It means that at the moment the government have not caught up with the benefits can now be in payment. So in terms of the Fairer Charging Guidance which is statutory guidance and all councils must follow it. The guidance speaks only in terms of people getting pension credit and people getting income support so we have a threshold amount for people getting over pension credit age and an amount for people under pension credit qualifying age. And the amount for pension credit is based on that calculation that we looked at earlier so the basic amount is £148.35, so that amount plus 25% of that amount comes to that figure of £185.44. So it is £148.35 x 25% equals the amount of £185.44. and for income support those people</p>

	<p>below pension credit qualifying age the amount if someone is on the highest rate of DLA care is £149.25 and that is worked out by looking at the basic rate of income support and any premiums apart from the severe disability premium times 25%. So it's a calculation that is all governed by benefit figures.</p>
<p>Can I just say, you are putting those figures up there. It makes it look as if disabled people are getting an awful lot of money. The government would not pay us a lot of money unless we needed that money.</p>	<p>Absolutely</p>
<p>But it would seem just to do a little assessment on it, Wolverhampton City Council want to take that little bit of extra money off disabled people. Now till they have done the disability related expenditure I don't see how we can move this forward and actually do something like that. Because if people have got expenditure, and we have, and the only reason the government pay disabled people that money. It is giving the impression that we get awful lot of money, we only get it because we are disabled.</p>	<p>I absolutely accept that and it's not high rates of income at all. But what this council and other councils do is look at that money that is paid for disability benefits. The Attendance Allowance, severe disability amount for those benefits to be used to contribute towards the cost of care and of course the cost of care is the care that's been organised by the council and then there may be other care that you purchase independently and so the overall look at what care you receive needs to include that independent care as well as the care and support funded by the council. So it is both types of care that we look at. And just by way of example the amount after paying the contribution people are left with, for instance if they are on the higher rate below 60 in Band D/E, then if a person is receiving Employment and Support Allowance they would be left with £52.65 after the contribution. So unless disability related expenditure was more than £52.65 a week then there wouldn't be any reduction. And in other councils they would be expected to pay that £52.65 as well as the contribution we're asking.</p>
<p>The government only pay us the bare minimum, not any more. If I was to get sent to prison, that costs £22,000. But when you compare that to that, I don't see prisoners making any contribution towards their support.</p>	<p>That's an issue to take up with the government.</p>
<p>The government have decided that's the money we should get. And now you're saying that you want a slice of the cake.</p>	<p>No, we cannot go below those amounts.</p>
<p>Unless you do the figures for disability related expenditure as they did with me and then it was found you don't have to pay...</p>	<p>Sir, sir in those circumstances the disability related expenditure that you have was not typical of the disability related expenditure that other people have. Because we did a</p>

	<p>consultation some years ago when fairer charging was just brought in. We asked people of Wolverhampton if they wanted a banded scheme so you can pay a set amount or an individual financial assessment and the overwhelming majority said they wanted a banded scheme. And that's because the people who have got say £10 - £15 per week disability related expenditure, they can keep income which is £35 more than if they were on an individual assessment. Because if you have an individual assessment you don't have a safety net of a banded contribution if you are asked to pay more. You pay more. So if your financial assessment had worked out to be say £15 but you were only in Band B where you are expected to contribute £7.66, in an individual assessment scheme you would pay £15 and not £8.</p>
<p>Yes, well I can only use myself as an example. I filled the questions in and then I got the money. I had my contributions taken away so I would advise anyone else to do the same.</p>	<p>And I would advise the same if you have significant disability related expenditure. Please get a detailed financial assessment.</p>
<p>On Signal local radio this morning said that seven out of ten people in Wolverhampton can't afford to heat their homes because the gas and electric bills keep spiralling and it's never ending. Disabled people need warmth for their health. Especially if they are suffering from arthritis. Is there any help for people in that position?</p>	<p>I agree and the council is part of an Affordable Warmth scheme which is understand is being looked at by councillors in order to provide more assistance to people who are in fuel poverty, along with other schemes. So it is something that councillors are aware of and that council officers are aware of. In terms of the contribution towards care, we don't set these figures in the council; these are figures that are set by government. I agree that they are not very generous but that is a personal view of mine. But we can't use any other figures than those figures.</p>
<p>Can you give details on the affordable warmth scheme?</p>	<p>I can, Shen do we have details on affordable warmth? SB: I will take your details and forward it on to you. HW: Thanks Shen.</p>
<p>I wanted to talk about the gentleman who said his assessment was wrong. The schemes of financial assessment, they could be wrong and that could bring people into hardship. The scheme does not take into account fuel or food poverty. It doesn't take this into account and if the assessment is wrong it will put people into hardship.</p>	<p>The assessment is not wrong because the contributions policy we have is the banded scheme. So it's not a wrong assessment it's just for individuals, if they want a detailed financial assessment, that's when all the information is collected and provided. But if we did that for every person receiving, the 2,900 or so that are receiving care and support in</p>

	<p>Wolverhampton, then we would need a much bigger Financial Assessment Team. That would be cost that is not appropriate.</p>
<p>Do you agree that the system could have missed out the assessment of so many people? Because if you have got a banded system it could be that in Wolverhampton that people are paying too much.</p>	<p>For any person in hardship and saying they cannot afford to pay the amount of the contribution and automatic individual financial assessment is conducted. Because if somebody can't afford to pay what they are being assessed as being required to pay, then it might be indicative of their being disability related expenditure. And so then a financial assessment is done. It doesn't mean that people have to come and ask for I would like a detailed financial assessment for my individual circumstances, if there is any indication either from a social worker, either from somebody who hasn't made a payment that then when Financial Assessment Officer's contact them they say I'm finding it difficult, those things also trigger an individual assessment. The number of individual assessments that we're getting are rising but as yet not all 2, 900 and odd people or individually assessed. If they were we would need a lot more resources to do that because it's very onerous.</p>
<p>I agree. But if you had a road map for everybody to go through if they think their assessment is wrong, they know there is a road map to go through. At the moment there is nothing like that.</p>	<p>Yeah, that is the purpose of saying in the leaflet about what it is that may indicate that a person needs a full financial assessment. That is currently in the leaflet but what we could consider putting in this year's leaflet is these figures. And directing people in accordance with the threshold. So I take you point that that could be made clearer.</p>
<p>I just want to say I support the banding system; the majority of people don't have excessive needs it works well. You've got your benefits and it's the same for everyone and if you do need extra help or you do want to do a financial assessment, I think you have got it right that the individual asks for that. I totally agree that a complete financial assessment for everybody would be wasted money just in administration. The banded system is a fairer system. At least it's a starting point, and if people are not happy with it there are processes that you can go through which is based on individual need.</p>	<p>Thank you, but I will look at doing more detailed information such as the levels to indicate when a person should ask. Maybe that's the point to be taken from this.</p>
<p>I agree with the banded system, I think it's a good system. The only thing I would point out</p>	<p>People who are getting what is now a closed fund, Independent Living Fund (ILF) monies</p>

<p>is people on the Independent Living Fund. That they do deduct the care component before they are paid.</p>	<p>are required to make a contribution to the Independent Living Fund for the care and support they receive from that fund. And so you have got government taking through ILF some contributions and the council taking contributions as well. In those circumstances it is our policy but one or two had fallen through the safety net but we have addressed that, but anything that you pay to the ILF should be taken into account when the contribution is set. This means that the ILF two, three years ago said right we will take into account the amount you pay to the local authority as a contribution and we will allow you that in the contribution you make to us. But 2 - 3 years ago they froze that amount, so the contribution we had 2-3 years ago of about £5 in Band A and in Band B/C, those amounts have not changed we will not increase the contribution that we will require from those people. So those people getting ILF should not pay more than they were doing for the years in the past. There should not be an increase because an increase in or contributions isn't reflected now by the ILF.</p>
<p>So if an increase comes through we need to contact you.</p>	<p>You will need to contact Elaine Jones.</p>
<p>I believe that those that have much, they should be happy to pay. But what makes me sad is those that have much and those that have little have to pay the same. And those are suffering already as you heard the other speaker say some of them are poverty stricken.</p>	<p>We hope that we have got it about right in the banded scheme in that that is why there are so many bands you had to listen to. Because those are dependent on the income a person receives so those receiving means tested benefits are expected to pay less than those not receiving means tested benefits. Those receiving the severe disability amount are expected to pay more than those who don't. Those who don't get a means tested benefit are expected to pay another amount that is more. So we hope we have got the bands just about right. They going to need to be looked at again when Universal Credit comes in but at the moment we think we've got it right. But if you think there's a better way of banding people because we haven't taken income appropriately into account then please make the suggestion.</p>
<p>I'm very, very glad that 18,000 of us in the UK who receive ILF were able to mount a legal High Court challenge in the High Court to save</p>	

<p>the ILF. The judge ruled in the high court that government trying to abolish it. We won the victory because it was deemed as illegal and against human rights for disabled people. So I think that was something good we achieved.</p>	
<p>I'm listening to all that's been said, last year it was the same thing and I feel that every year it will go up by a percentage but ultimately we're targeting people who are very vulnerable and disabled and they are paying a high amount of money and nobody is talking about what is in their best interests or quality of life. My concern is why don't we challenge the government to say that vulnerable people should not be targeted in this way. We have MP's who have high salaries and that's by and by. People are vulnerable, why target them? Really it's about quality of life. They will carry on like this until death. The other side of the spectrum we have MP's who are paid a large amount of money and nobody challenges it. Why don't we cut a percentage off the MP's and give them quality of life. We have to accept a proposal that is going to go through anyway. Why have a meeting when it has already been decided.</p>	<p>I can say and I can confirm that it has not already been decided. In every year that I have been making the reports and including your comments to Cabinet there has been some alteration to the proposals that were originally made based on the comments that we have received. So there has been transitional protection for some people, there has been a phased increase for others, so there has been some importance to the comments people make. I have to sympathise with the comments you're making in terms of the wider society but I'm afraid that as an individual council, we can't do anything but accept that the funding from central government has significantly reduced, will significantly reduce in future and we haven't got the money to provide for people's care and support unless people make a contribution. And the people are necessarily receiving council services are those people who are more vulnerable. It's the way the national system works and now the national system is about to be changed in terms of the Care Bill that is currently going through in the House of Lords, it is set to cost councils a lot more and because of the cuts that are being made its going to mean even more difficulty for local councils to manage with reduced funding. It is a national issue that you are talking about.</p>
<p>Can I just ask one stupid question? The money that we contribute who gets that? Does Wolverhampton Council retain that?</p>	<p>Yes</p>
<p>Wolverhampton Council seems to have an awful lot of money coming in from our contributions. 3,000 people times by £76 that £228,000.</p>	<p>The overall revenue collected from contributions is only a tiny part of the cost of the care. The council got to save £123 million. The funding that comes from central government has more than halved when there has been an increase in demand for services. So we have got less than half of what we got from central government before, providing for more care and support and the contributions that people make are a tiny part of the expenditure that is made on adult social care.</p>

	<p>For instance in terms of very sheltered housing. That in Wolverhampton costs £166 per week. So if you pay a contribution of £70, the council are paying the rest of that. So whilst those £70 might equate to that amount the rest of the £90 is paid by Wolverhampton City Council equates to more. So these proposals, all they seek to do is not altering the cost of care, this is just a swings and roundabouts. The council is needing to pay less; we are needing people to pay more so the revenue in the council is such that we can continue to provide services with the cuts that are being made by central government. So it is like that, the overall cost of the care remains the same. It is who pays what towards it, and what proportion is paid by individuals as a contribution and what proportion is paid by the council.</p>
<p>Is there a balance sheet with that somewhere so we can understand it. Because if you're getting X from central government, you're saying there's a shortfall and then asking us to contribute towards it. But the question I ask is who gets that money and you say Wolverhampton City Council.</p>	<p>Yes, the contribution you actually make goes back into the adult social care pot to pay for the overall cost of providing care and support.</p>
<p>How much does it cost you to administer then?</p>	<p>Administer the Financial Assessment scheme?</p>
<p>Well, yeah. For social care, how much is the cost on that then?</p>	<p>In terms of the financial assessment team we have here in Wolverhampton, which as I have said is quite small comparatively. We have got five non-residential officers, soon to be depleted to less than that because of redundancies and in the residential side...</p>
<p>Won't they just come back as consultants is what seems to be happening. They get made redundant and come back as consultants.</p>	<p>Not for financial assessments</p>
<p>All I'm trying to say is if we are paying for the service, which it would seem that we are, we are part of the county England. We get money downloaded from central government but I've looked at all sorts of various reports and it would also indicate that all councils, some are better than others. But Wolverhampton seems to be failing on the disability related expenditure. You're saying you haven't got the money available. If you read that report you have got in your hand. Which I have read</p>	<p>Which report?</p>
<p>The statutory guidance...</p>	<p>The statutory guidance...yes</p>

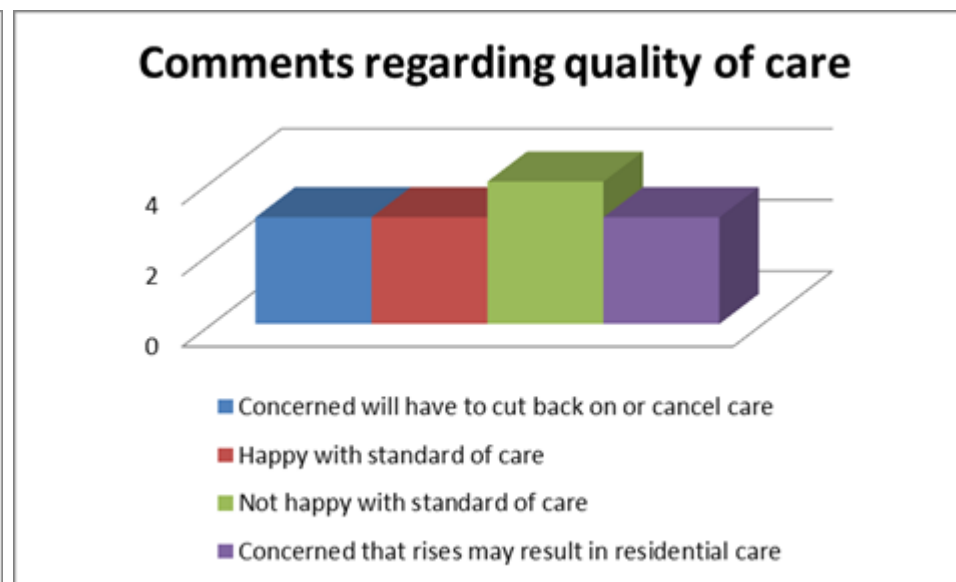
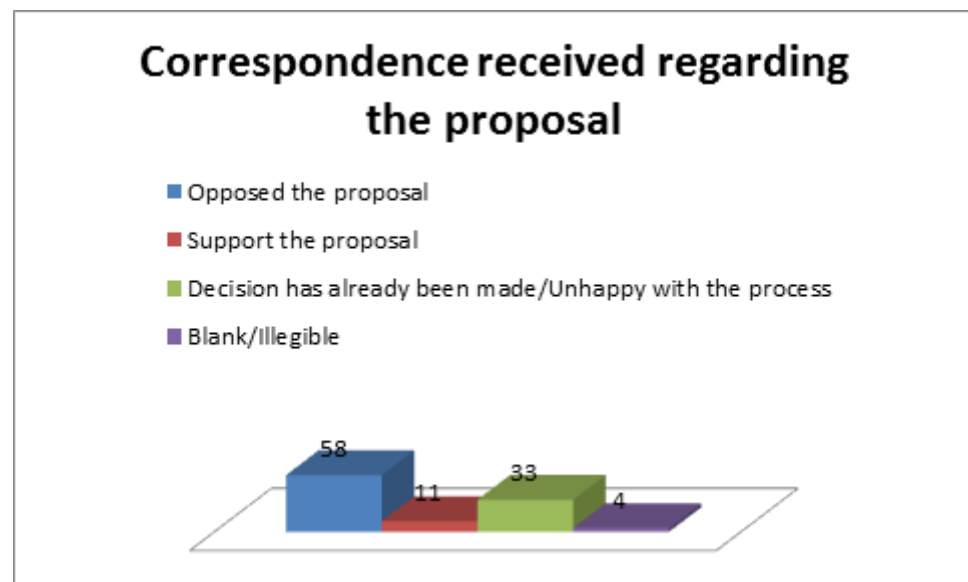
<p>On that there are various quotes about disability related expenditure if I've read the right report.</p>	<p>This isn't a report sir; this is statutory guidance that has been around since the beginning of Fairer Charging. And this is what local authorities have to follow. If there is a point in here that we are not following, then that is cause for concern and I want to know it.</p>
<p>I may have read something different and you read something different, but all I'm saying is you've got to do these disability related expenditures.</p>	<p>I'm sorry sir but I think we have done the disability related expenditure.</p>
<p>No we haven't</p>	<p>We have</p>
<p>How many people out of the 3,000 have had the FAF2?</p>	<p>How many out of the 3,000?</p>
<p>Can you answer that</p>	<p>We can roughly LM: There's about 70 people paying nothing at all. In terms of having the assessment done, it's 210. There have also been people who have had FAF2's and it has shown up that they are able to contribute. And in most cases can afford to contribute a lot more than the banded system.</p>
<p>Oh my God</p>	<p>So, many people have had these assessments and still....</p>
<p>So how many out of the 3,000 have had FAF2's assessment?</p>	<p>LM: About 210</p>
<p>That pathetic really isn't it. I think you need more resources to.</p>	<p>LM: Most people don't have the disability related expenditure that you have got so there would be no point doing a FAF2 for them. HW: This is going to go on and on and on. All I want to say sir is please make your comments. What we know from consultation in the past is that Wolverhampton does not want an individual assessment scheme. They want as you've heard other people say here today is that they want a banded scheme. So we have got to weigh that up. Banded scheme, individual scheme. Individual schemes cost much more and we don't want to spend the money on administration we want to spend the money on care. So you've got to weigh that up. No sorry sir, but you have had a lot of time...</p>
<p>Is it the disabled people that have been asked?</p>	<p>Yes. The consultation sir that you would have been involved in when Fairer Charging was first introduced. When Fairer Charging was introduced around the country we said we've got a scheme in Wolverhampton that we think people like, let's ask them. And we asked them, and people came back. We had a, I</p>

	<p>know because I managed a whole service of people answering calls asking what does this mean for us, we want to keep the scheme we have got already, because basically if we don't we will end up paying more unless we've got significant disability related expenditure and most people have not got that extent, more than £50 per week of disability related expenditure. So I think we have exhausted that.</p>
<p>The last thing I want to say is that I was interviewed by the Social Worker I was not told about that assessment.</p>	<p>But sir I have addressed that. I have addressed that in saying that we need to make sure that our social workers and our front line staff need to be much more aware. But it is in the contributions leaflet, it is in the letter that we sent you and it is known about in other areas such as Welfare Rights and the Financial Assessment Team. It is advertised, we will have to address Social Workers failing to say.....</p>
<p>I appreciate there are anxieties, but I think you are targeting the wrong people for our discomfort. This is not a Wolverhampton scheme I understand. The government has changed the goal posts. The government have reduced the money to Wolverhampton and that's affected everybody in Wolverhampton and our services. Whilst we are looking at people with specific needs, it is being targeting the swimming baths and whatever; the whole range of services is being targeted. And I don't like it any more than perhaps you do or these people here do. But this is the government; it isn't the council, unless I am getting it wrong. I think if we are as angry as we seem to be that might be a better target for us that we should perhaps be writing to our MP's. Some people actually have an MP which is part of the government. My MP is part of parliament but not part of government and they haven't voted for this, they voted against it. So maybe that's what we need to do.</p>	<p>I appreciate that and I think that is absolutely correct.</p>
<p>The burden, the proportion of burden, the financial burden is in this case here on vulnerable people who have not got a voice. They are not spoken for at the moment.</p>	
<p>But these people haven't changed it so perhaps you need to talk to those people who are proposing...</p>	

I have already talked to MP and he has got an email.	
I'm willing to pay what I must but me and the rich man is not the same. So who have much as I have said before should be willing as I am willing.	Thank you.
How many calls do you purchase, the 15 minute calls?	I have no idea because that is the care side of it rather than the financial cost of the contribution towards it. But I know that there is an issue about 15 minute care and I know it is being looked at in the Care Bill, so that perhaps is a comment that needs to go back through the social workers, commissioner etc. Because that is about the service itself.
Does the council have a policy on this?	It may well have, but not that I'm aware because it does not fall under the financial contributions towards care. I know it's an issue nationally.
I'm concerned that 15 minutes is not enough time to wash and dress someone.	That is the point that is being made and I think councils are having to address what counts as adequate time for span of care.
Direct Payment schemes, how will the proposals affect those?	The banded contribution scheme applies equally to those getting commissioned services through the council and those in receipt of direct payments. The only difference is that where people are billed and making a contribution into the council if they are getting commissioned services. Those people getting a direct payment receive less of a payment because they are expected to put their contribution into the account where the payment sits. So it doesn't come to the council in order for us to give it back to you again that would be silly. We give you the amount of direct payment net of the contribution which is exactly the same contribution that other people make for a commissioned service.
He was told about the FAF2 by his Social Worker.	I do think that in the main Social Workers are aware of it and inform them, but I still will take back because there are clearly some that have missed that out so I will take that back.
If the person that you care for is in Band B or Band D, are they changing or are they staying in that band for now?	People will stay in the same band; the only time that will change is if their financial circumstances change.

Correspondence/feedback forms

Out of the 106 items of correspondence received 58 opposed the charges outright, eleven supported the increases and said that they were happy to pay, four items were blank or illegible, and five were of the opinion that the decision had already been made or were complaining about the consultation process. Four people complained that consultation letters were received after the date of the consultation meetings had passed.



Views and Comments: Non-residential Care Contributions Consultations 2014

Number	Person commenting	Comments
1	Relative	Think we pay enough already, should not keep being increased
2	Service user	If I don't attend Beacon Centre for the Blind one day per week I wouldn't leave the house. I'm not happy with the price increase
3	Relative	I am aware that cuts in public sector funding affect the costs of this service, however the service is provided for one of the most vulnerable groups of society, who have little means of paying additional monies. The costs have risen regularly over the last few years and therefore seems to determine an ongoing pattern. I have heard of several users

		who have stopped accessing the service due to costs, however these people are in definite need of the service. Even though costs do rise is it a false economy; the service helps users integrate and also acts as a support system. Therefore if it is taken away, does it result in more costs in the long run; eg older people needing the full time care of a care home? Even though the council has no control over funding, should the overall picture be looked at – if costs continue to rise and people stop using the service, what are the consequences; social and cost wise? This is a growing problem.
4	Service user	I could not afford any increase so would be unable to use the service, should the charges increase.
5	Relative	<ol style="list-style-type: none"> 1. The carers are very good. The organisation (name supplied if required) could be a lot better. 2. If my wife was in hospital it would be free for us, but cost the NHS a lot more. 3. One of the disadvantages of paying into a pension fund and NHS contribution is to disqualify one for benefits later on?!!
6	Relative	The proposed increase for non-residential support is an utter disgrace. Where is the non-residential support user expected to get the proposed increase in money from – The benefits rise by about £2.50 per month but you are proposing an almost £30.00 increase - leaving a shortfall of around £27.50 to be found should this increase be forthcoming. Wolverhampton will have no option but to find me residential care. I would not be able to continue to live independently.
7	Relative	I care for my mother who has dementia. The care afforded to her by myself is above and beyond the amount of money she receives. Her needs are becoming much worse. I attend at least four times a day. Cutting her services or asking her to contribute more would definitely impact on the money that could be afforded to her. It is not fair! More money should be put into those who have senile dementia.
8	Service User	We accept the increase as there is no point arguing as it will increase whether we like it or not.
9	Service User	Thank you for asking me for my input, the money I'm currently getting is to meet basic needs, I worry about money all the time. My honest option is there are lots of ways the council could save money but choose not to i.e taking me to court for non-payment of council tax when I had already agreed a payment plan and kept to it. But they chose to go to court and get a liability order thus costing the council money it could have saved instead of wasting money. Why if I was sent to prison the cost don't come into it. But when I need help I'm made to feel cheap and disposable. I feel it's good to have a public consultation, Wolverhampton Council are good at taking money but when they are given the job of looking after people like me who have been born, worked and paid all their taxes in Wolverhampton. I applied in Feb 2013 for help, I was not assessed until May 2013, I did not receive a payment until Sept 2013 and then it was only backdated until May. How can this be looking after people who need care and help, leaving them 7 months to look after themselves, without help from family and friends I would have been a bed blocker in hospital. Good luck with consultation and your penny pinching of vulnerable people like me. One last tip on saving money: Get rid of incompetent people who feel the money they give out should not be given and stop council workers wasting time

		chasing money that has been paid.
10	Relative	Pay enough already
11	Service User	Being an old age pensioner and only living on my small amount of money how can I carry on with all the payments going up all the while. I am really worried it's not fair.
12	Relative	I am satisfied with the support given.
13	Relative	Every time there is an increase we just have to pay. My daughter is in band D at the moment. We are expected to manage on less and support her.
14	Relative	I find the allowance to be fair plus I find any personal query that I have are very helpful.
15		Blank
16	Service User	Once again you are penalising the most needy and vulnerable section of society because they are so disabled and have extra expenditure because of this. That is why they receive it not so that the council can keep chipping away at it annually. Then by some cockeyed logic you offer the same back to us as a pipe dream separate: 7.3 knowing full well you would find some reason not to implement this. Why do you waste money on these useless questionnaires, other than to prove you offered consultation and public opinion when you and most of us know it's only a token and you will carry out your proposals as the decision has already been made. I am disgusted with this farce.
17	Relative	I would <u>not</u> be in favour of my sisters contributions towards her non-residential support being increased. She currently receives only approx. £77.00 per week DLA care of which you have already assessed her contribution as £58.25 – The small amount remaining from her DLA i.e. approx. £18.75 is used to pay for someone to do her cleaning and also her weekly shopping. If you take higher contributions for her 'care and support' she will not be able to keep her home clean or have a shopper – these are essential tasks which physically and mentally she cannot do for herself. You need to take these things into consideration when assessing peoples essential needs.
18	Service User	I agree it's nice to see that the wages of carers a good well done social services. I also get help 16 hours per week and need it. Some days I feel reasonably ok other days I can't even get out of bed without help. SS really have looked after me, in fact the whole council – lovely adapted prefab, shower room etc. and it really is appreciated. Thanks to all of you.
19	Relative	John has learning disabilities and doesn't understand the consequences of increased contributions of payments.
20	Service User	All I have to say I pay for my care, my health is no better. I cannot walk , I cannot stand on my own. I've had strokes, my daughter does my shopping, the nurse visits. I am happy with my carers. I don't go anywhere, my doctor comes to me, we pay our rent and council tax, that's all I have to say.
21	Service User	I am happy to pay the full cost but if the was amount was stated, the same as the proposed new contributions are it would be most helpful. I have now telephoned the response line about the amount involved and received the answer to my query.

22		I enjoy meeting friends at Beacon Centre for the Blind.
23	Service User	No comment – has no value- will not change proposal.
24	Service User	The cost is going up again yet DLA isn't going up the same to match the increase, in addition if you get the severe disability premium of income support you get charged more per week and this isn't mentioned on the website either which is unfair. The system is still unfair because even if you have just a few hours care you still pay the same amount regardless.
25	Relative	I'm happy with the service provided by housing 21 and realise they require funds to operate.
26	Relative	I do not mind contributing a small amount towards the care my son receives. We use direct payments for three days of his care (6 hours per day) and 5 hours on Saturday. Without this care our son would not leave the house, would not learn any skills, feel valued in the community, try to extend his independence for life on his own eventually. In order to keep these services I as a parent would be happy to contribute a small amount as I want the best possible outcome for my son.
27	Relative	Thank you for all the help you give and support and direct payments. Without you all I would be nothing.
28	Service User	I struggle to pay my contributions as my care/support always goes over my allowance. No 2 days are the same for me as I've got older things have become harder and there is not a day I don't have to call for help.
29	Service User	Not Happy with increase. "Give in one hand, take away with the other" But my opinion will make no difference and the increase will go ahead anyway. Increase is a foregone conclusion.
30	Service User	I have no comment to make rises in costs have to be made due to the economic situation.
31	Relative	My Grandmother values the help and care she has from her carers – she cannot afford the rise in cost however she would not be happy to lose the help and company she has every day from two very good carers.
32	Relative	Charges still a little too high. In some cases resulting in elderly people having to cut down their day care or stop it altogether. To hear of this is sad because it might be their only outing.
33		Blank Form
34	Relative	Thanks for reminding me about these proposals, after searching I found them. I have no objection whatever to the proposed increase, I think it is exceptional value.
35	Relative	We do not know what this means . Currently pay £6.02 for each half hour visit, twice a week, you give examples which mean nothing to us. If it goes up too much we will cancel, if its reasonable we will continue.
36	Service User	Not unexpected with all of the cuts it's just a shame that my band has the highest increase by some distance £5.95 per week, the next highest is £3.10 which seems a bit unfair.
37	Relative	I understand that there has to be an increase in non-residential care but as there is "no more or less care" in the time my mother has had to have carers, it is a big increase to her when she still has to pay for normal everyday expenses (gas, electric, food, clothes, toiletries, water rates)

38	Relative	I would support the increase in cost (band G/H) The support my mother receives is invaluable. It has allowed her to remain in her own home whilst suffering from dementia. I would hope that the increase In cost means that people can continue to be supported to live at home and there is no cut in the support they receive.
39	Relative	Correspondence about the non-residential care going up slightly and why you didn't let us know that the payment has gone up I had to find out from someone else.
40	Relative	It does not matter how many meetings you have it still does not stop the prices going up and the money having to be paid, I have put my views forward before but it still comes down to the same thing!!
41	Service user	I understand the reason for the increase but would like to say thank you for your support.
42	Service user	That this along with last year's increase will mean that more people will go into residential care homes costing far more money.
43	Relative	My husband's care costs increased by 29% last year and care is about to go up again by another 4%. Obviously we are not happy but we are a 'captive audience' We need his care and will have to budget harder. I only wish the council could do the same. Whilst I do appreciate all the council has done and continues to do for my husband, I do feel it could improve its own housekeeping in looking for cuts. Eg; Council staff should start and finish at the same time (no flexi time) and cut energy costs therefore. No surplus council premises. If not used sell them off or rent out. Could some benefit be gained by those on jobseekers allowance being asked to do council manual duties, such as litter picking etc. To save on council costs and earn their benefits as they do in other countries.
44	Relative	I try to help my brother with things he can't cope with anymore (paperwork, bills and his banking) He is paying full cost for his stay at Bridge Court because he has savings above £23,500. I have explained to him there will be a rise in April, as like everything else he will just have to pay as he is getting the care he needs.
45	Service user	Blank sheet
46	Service user	At the moment I pay £60.00 a week for non-residential support. I receive pension, pension credit and DLA however I have to pay for the care alongside household/utility bills which are expensive. I will have to cancel my care package if prices keep rising, I will really struggle if I have to do that.
47	Service user	Increases and cutbacks are always distasteful but cannot stop them.
48	Service user	If it keeps the service that we receive I am for the increase.
49	Relative	I am generally in agreement with proposals, give the current budget situation of the council. However I do feel it is time to review the savings threshold from the current £23,250 to perhaps £30,000 as this has not changed for some time to allow for current circumstances.
50	Relative	I agree £8.00 pw contribution to direct payments.
51		I believe that if the costs have to go up to keep with modern day prices, then that must be so. I am nearly 102.

52	Service user	Ways to save money: Council could reduce heating in all their public buildings. Rooms are overheated and get too hot. Reduction in unnecessary care assessments for those with long term illness they should automatically realise the need for continuity of care. Reduce or streamline health and safety as it is taken to the extreme. Fracking - councils will receive business profits. Reduce weekly bin collections to two weeks. Turn off street lights after 11pm. Abolish sweet biscuits at public and other meetings as they are unhealthy and contrary to combatting obesity, diabetes etc. Councils should charge 50p to all using public toilets
53	Relative	My wife receives non-residential care at a charge pf £7.66 per week. I am classed as her carer and get nothing. She had a stroke three years ago, I have to do everything, cooking, cleaning etc. So I don't agree politicians pay I don't think so. Two laws – one for the rich other for the poor. We are all in this together, Mr Cameron – don't make me laugh. Wolverhampton Council has wasted the money, they should be held to account. Not a happy bunny.
54	Relative	I am the relative/carer of one of your service users. I have taken into account your public consultation and I am not happy you state what is a non-residential support and direct payment should get in point 3.2 Home support; we get none of the listed things. In point 4.0 what are the current contributions arrangements and you state again on point 4.4; if a person is not exempt from making contributions they have assessed capital over £23,250 they will be expected to pay the full cost of support, we get no support and my mother does not have capital above £23,250. And the income she has after paying her gas, water, electric, respite, insurance she can barely make ends meet. How you expect a person of 82 with dementia without help to carry on living is beyond me but then again you don't care it's not your worry. You expect her to survive, I don't know how but then again you don't care. (Contact information not supplied)
55	Service user	I understand that the council has to make savings however this increase would put an additional strain on my already strained finances. The cost of living has already made a difference to my money and this increase would be an added pressure.
56	Relative	In current financial times these proposals are broadly fair. Benefit levels are to be considered along with other incomes – pension earned or saved as seems appropriate.
57	Relative	The additional costs will provide other difficulties.
58	Service user	Contributions are fair for band B/C
59	Relative	My mother has moderate/severe dementia with hallucinations. She relies on me for most of her needs and social life. I have 8¾ hours of care allocated to me which I make up to 9 hours. This is to give be a break from dealing with dementia and from falling ill myself. I also need to spend time with my family. I was hoping to increase the allocated hours as moms needs become greater. However the proposed changes on 8¾ hours per week take more of the attendance allowance. This is before I increase the amount of care she receives. I am struggling like many other carers to keep my mom independent, well and out of hospital. I am sure my actions save the state money. The proposed increases not only impact on my mom, but mainly on my mental health. Anyone who spends lots of time with dementia patients will know of the mental stress it can cause. I feel that I will need more help, not less as the condition worsens.

		Please reconsider the proposed cuts and the consequences they will have on the amount of care people can afford and the consequences of mental stress on tired carers.
60	Service user	We shouldn't have to suffer through the government cutting our benefits. We are paying quite a lot and things are very hard. There are lots of bills to be paid and every year it goes up higher. I just feel the money that we should pay has already risen why ask again. This won't change anything I suppose.
61		I am very happy with the direct payments/non-residential service I am in receipt of. Since I have been using direct payments my life has become more independent. I have four daughters who are very caring towards me; however, since I lost my husband I have been living on my own with direct payments. My family has peace of mind in regards to my care.

Views and Comments: Very Sheltered Housing/Supported Living

Number	Person commenting	Comments
1	Relative	This consultation does not give me any idea whether my daughter will have to pay more for her care. She has profound and multiple disabilities so her living costs are higher than a normal person. She receives incapacity benefit and higher rate care allowance if you take £64.50 per week she will starve. I am not sure incapacity is means tested currently but she has no other income but £8.00 would be ok – she pays more than this already.
2		I realise that costs for these types of services could increase annually and if the increase is not any more than the proposed amount suggested, and taking into account that April is the month that hopefully weekly benefits also increase, then I believe this is a fair amount to be expected. I can still remember when the day centre users with learning disabilities were <u>paid</u> a nominal £4.00 per week, which gave them a sense of worth and their own pocket money in their hand, opposed to in a bank, therefore the weekly payment will be equivalent to at least £12.00 per week and I shall always be aware of that and hope you are too when discussing these charges.
3	Service user	I currently pay for all my housing, bills and care needs following the sale of my house a few years ago – my money has nearly all gone and I am struggling to pay my charges which are approx. £1500 per month – I don't receive benefits.
4	Service user	I would be quite willing to pay the increase of £8.00 per week.
5	Relative	I think that it is appalling that people with special needs have to pay any more contributions, after all their lives are difficult enough. Comment made on immigration policy.
6	Service user	I don't mind paying more to continue getting the carers I do.
7	Service user	I think I already pay enough towards my care.

8	Service user	I'm on a low income and can't afford to contribute to any changes.
9		I feel that the government will keep taking from the disabled. Cutting services until we have nothing. They are not man enough to pick on people who can fight back. Why are these services provided as extra if you are taking part of their living expenses as well. Councils have dug themselves into deep holes taking big pay rises and wasting money and now they have to make cuts. Take it from the disabled again don't let them be out of pocket.
10		I do not think that your charges/what we pay should be increased. Not sure why I have received this form as I do not have any very sheltered housing of supported living. I do attend a day centre.
11	Carer	In reply to your letter I do not fully understand the new proposal changes for direct payments, that my daughter receives and the increase we will have to pay ourselves. We are allowed 28 hours care a week and also pay £7.00 ourselves. How much more will we have to pay if the new proposals are passed. My daughter is fully dependent on myself and her carer 24 hours a day since my husband died 12 months ago. Without this help she would have to go into care, which I do not want to happen. My husband and I looked after her for 35 years with no help financial or emotional, so I think it's unfair to keep increasing our contributions.
12	E mail	<p>I live at Thomas Pocklington trust and get care that is provided by you. I fund part of the costs however I disagree with the proposed increase in the cost of care</p> <p>I feel what I pay now is too much for what we get in terms of hours and with the possible increases in Council tax and other charges I have to pay I will simply not have any disposable income to fall back on for emergencies.</p> <p>I have a disability that requires urgent assistance in the night if my knee cap dislocates so I don't have anywhere else to move to apart from my mom's if there is no longer financial support and I don't want to be seen as going backward in my goal to be able to support myself with care assistance.</p> <p>It's not my problem that government has reduced your grants and why is it you hit people most in need of your help with these cuts??</p> <p>Not everyone is able to work and get off welfare and not all the money we get physically can go to help towards the cost of care did we choose to be born this way? Do you think it's nice we have to live on hand-outs? I think it's so wrong the way this government is treating it's citizens</p> <p>I look forward to the outcome even though this getting opinions off people is a waste of time because you have already made your minds up like you have in previous years.</p>
13	Relative	You have put up care slightly and you did not send us correspondence and let us know. It's not fair no wonder people can't afford their utility bills.
14	Relative	As number 13 plus; the whole system is wrong and shambles the government rip off whole of learning disabilities and the disabled and elderly.
15	Relative	My husband has recently been assessed for non-residential care. We are happy with the amount we are paying for one

		day a week but sadly if the amount goes up we will not be able to afford it. He enjoys meeting other people and it would be a disaster if many of these day centres are closed for many old people.
16		I am very happy with the services provided.
17	Service user	I believe the contributions to be fair as long as I receive the care I need and want.
18	Relative	Why is it that every time the government makes cuts to the councils budget they then decide to claw the money back from the most vulnerable people in our city. These people need all the help they can get so they can try to lead a normal life. Once again Wolverhampton Council it will be to your everlasting shame.
19	Service user	I am happy with the service I receive.
20	Relative	Downes syndrome person with a weekly budget of £98.00 pw which is a mere pittance but looking at the current climate with all these savage cuts by the government to local councils we have to be grateful for small mercies. Whatever I think will have no bearing on this matter we shall just have to go along with it.
21	Relative	I am not very happy with this as the government I feel are hitting the most vulnerable in our society. Not the ones who were responsible for causing these problems i.e bankers. For a person who receives less than £200 pw. The government's fairer charging policy would leave very little money for them which could lead to them being more isolated.
22	Relative	My sister lives at Bushfield Court and I think Wolverhampton council are very fair in contributing towards her costs enabling her to live there. However I do think that taking 80% of her attendance allowance and 20% from her pension credit for approx. 9 and a half hours a week totalling £87.17 per week is maybe a little high. Although I appreciate that 24/7 care is available should she need it. After £87.17 and £34.00 is deducted from her total income she has to put aside money to pay for her dinner's, phone bill and weekly groceries etc. I may be completely wrong in my understanding of the above but you asked for opinions which I am giving and maybe she could be charged a little less for her care.
23		Husband goes to the day centre 3 days per week and pays £7.66 but if the council says £8 in April there's nothing we can do but pay because it's the council's decision and it's no comment from us.
24	Service user	No comment
25	Carer	I am very disappointed that there has been a mistake in sending out the original letters with regard to the above (mine was dated 14th January which I received on the 17th January) the additional meeting has again been arranged for 10 am and not in the evening. This means that a number of carers like myself who also have to work as well as act as chief carer for a relative have been excluded from the opportunity of attending these meetings. I already have difficulty in acquiring any support for myself since the carer support service is not open when I am not at work and they do not respond to emails. However with regard to the increase in charges, I do not see that there is any alternative to the increase given the dire straits the council has got itself into financially. We need the care and that is all there is to it. How we are to fund it

		remains to be seen. It is all very well saying that if someone is on the higher rate of attendance allowance they can afford the increase, but when meals on wheels are taken into consideration then they are already eating into their pension. With the increase in rent, services and fuel this is putting a lot of strain on people's resources and decisions have to be made on what to retain and what must go. I fear that there will be individuals who will not be able to afford the care or meals and will suffer as a result. I am sorry that the council was not able to organise this consultation properly. I hope lessons have been learned.
26		I have found the leaflet hard to understand, on p.6 the case studies confused me. My daughter attends a day centre and receives a good service. I'm sure most people/parents wouldn't mind paying a little more (NOT DOUBLE!) to keep our services and transport up and running as I wouldn't know what would/will happen if we were to lose these services.

Views and Comments Forms: Service not stated

Number	Person commenting	Comments
1	Relative	It is a shame it has to go up but I can understand it. It's an extra 34p.
2	Service user	I use the Beacon Centre, DLA lowest level currently pay nothing.
3	Service user	
4	Service user	I can't afford it, I live on my own, I only get pension.
5	Service user	I pay the full cost, what do the proposals mean for me? Will I pay more?
6	Service user	Currently pay £7.66 proposal from April up to £8.00: I don't mind it being put up, but there should be guidelines. The council already know what they are doing but don't listen. It's not fair for people with a LD, should go up at the same rate of inflation not more
7	Service user	Why raise it every year? I'm not working, not gaining any income. I have changed band and they put it up every year. Water rates/electricity/gas and the phone is very expensive. I still have to eat/drink. The utilities are going up. How will I live – it is hard. The rich will be richer the poor are poorer. Pay £233 every 4 weeks for the care. How will I manage? I can hardly buy anything to eat. Some days I can only afford to eat dry toast and boiled egg. The only money I have put aside is for my funeral. I will pray and leave it to God. I can't do anything for myself. I need the care and I have to also pay for a cleaner and the ironing. I am not happy with the quality/standard of care; they leave mess on my carpet. I am feeling it really hard. All I ate this morning was banana and a piece of dry toast.
8	Service user	Easy Read version – it is appalling, patronising and uninformative. Pictures irrelevant (calendar December but it ends in January) Don't do anything for anyone. Should say: at the moment you pay x amount for your care. As of April 1 st

		you will pay ... These are the reasons why. Bands are confusing – different % but no reasoning. Meetings badly attended, frightened. Don't see the point or understand. Need to do the legwork and some advocacy. Do not understand the philosophy of consultation or what they can influence it.
9	Relative	My son goes to a day-care centre and respite. For what he's getting, to me it's worth it because the staff they have got are really good. The staff are great. They always call me first before they do anything. I am really involved and happy with the care he receives and the drivers are very good too!
10		You are always picking on the old, vulnerable and disabled. The financial situation is not our fault. Tis started in America and we cop for it. It's not fair. I have lost my wife and my son; I have no relatives to help. I'm fed up of it all.
11	Service user	I feel it's fair and I understand the situation. I have no issues with the rise.
12		Consultation letter arrived a day late after the meeting had taken place.
13		I have received a letter re care charges. The letter is dated 10 th January it is date stamped 14 th January and is in a 2 nd class envelope. The meeting is on 15 th and the letter was received on the 16 th . Is this a deliberate attempt to prevent people having their say? I will go to the Express and Star.
14	Service user	Nothing I can do about it. If I have to pay I will pay, I can't do without the carers. I have Parkinson's and I am unable to do anything for myself anymore.
15	Relative	Not affected
16		Not affected – nil contribution
17	Service user	The contributions going up but DLA is not matching this increase. In my band it's an extra £30 per month. If they reduce the hours of care you still pay the same. If DLA increase matched it would be fine. My DLA has gone up by £1 per week I have had to cancel my care because of the cost PIP will pay the same. Had a FAF2, get disability premium of income support. They still charge the same. FAF2 makes no difference because of disability premium paid £131 pw for respite because of disability premium. Then you lose your DLA whilst in respite.

Views and Comments Non-residential Pocklington Supported Living

Number	Person commenting	Comments
1	Relative	A – regarding lack of care I have to wait until carer is available to fill out forms or any other small jobs that need attending to – sometimes quite urgent- this is in addition to my regular calls. I understand that these small tasks were inclusive of my care package. B – There are no social activities which we rely on, none at all, Only a short time ago

		<p>there was at least various outings arranged and in-house get togethers. No explanation has been given other than staff shortages. C –Previously we contributed to the “tenant’s fund” and when all social activities ceased we asked for our refund. We were told that fund belonged to the other management so I wonder where the money has gone.</p>																																																		
2	Relative	<p>Consultation on Changes to Charges for Pocklington Supported Living We are writing on behalf of our daughter as our contribution to the subject consultation process in response to your letter dated 9th December 2013 and following the meeting held at Lord Street on the 21st January 2014.</p> <p>A Summary of Our Concerns</p> <p>We understand the position in which the Council finds itself and hence the requirement to increase the Care Charges for all clients in order to help fill a funding gap in the budget of £200,000. So, we accept that you need to apply an increase in charge over and above a cost of living increase. However, we would expect that the increase to be spread fairly across all service users. So our concerns are not so much about the need for extra charges above what was agreed last year but that the increases proposed for our daughters’ care are unfair relative to other clients of the Care Services. We are also concerned that, after a marked improvement last year, the Consultation Process was again poor this year. These concerns are detailed below.</p> <p>Concern about your Proposal</p> <table border="1" data-bbox="504 742 1675 1217"> <thead> <tr> <th>Band</th> <th>Current charge p.w.</th> <th>Planned charge from Apr14 p.w.</th> <th>Increase over Current p.w. £</th> <th>Increase over Current p.w. %</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Nil</td> <td>Nil</td> <td>£0.00</td> <td>0.0%</td> </tr> <tr> <td>B</td> <td>£7.66</td> <td>£8.00</td> <td>£0.34</td> <td>4.4%</td> </tr> <tr> <td>C</td> <td>£17.66</td> <td>£18.00</td> <td>£0.34</td> <td>1.9%</td> </tr> <tr> <td>D</td> <td>£58.25</td> <td>£64.20</td> <td>£5.95</td> <td>10.2%</td> </tr> <tr> <td>E</td> <td>£68.25</td> <td>£74.20</td> <td>£5.95</td> <td>8.7%</td> </tr> <tr> <td>F</td> <td>£51.10</td> <td>£54.20</td> <td>£3.10</td> <td>6.1%</td> </tr> <tr> <td>G</td> <td>£71.54</td> <td>£74.20</td> <td>£2.66</td> <td>3.7%</td> </tr> <tr> <td>H</td> <td>£81.54</td> <td>£84.20</td> <td>£2.66</td> <td>3.3%</td> </tr> <tr> <td>J</td> <td>Full Cost</td> <td>Full Cost</td> <td>£0.00</td> <td>0.0%</td> </tr> </tbody> </table> <p>Note: Some % calculations shown in your PowerPoint presentation were incorrect. The table above shows your proposed charges for each Band and analyses the relative increases in terms of £ and percentage. We were surprised to note that the increases were applied inconsistently over the Bands with the result that our daughter, who is in Band D, will have to pay the largest increase. During the consultation meeting on the 21st January we asked what formula had been applied to derive the increases. Helen Winfield explained that the increases</p>	Band	Current charge p.w.	Planned charge from Apr14 p.w.	Increase over Current p.w. £	Increase over Current p.w. %	A	Nil	Nil	£0.00	0.0%	B	£7.66	£8.00	£0.34	4.4%	C	£17.66	£18.00	£0.34	1.9%	D	£58.25	£64.20	£5.95	10.2%	E	£68.25	£74.20	£5.95	8.7%	F	£51.10	£54.20	£3.10	6.1%	G	£71.54	£74.20	£2.66	3.7%	H	£81.54	£84.20	£2.66	3.3%	J	Full Cost	Full Cost	£0.00	0.0%
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varied in accordance with the ability of the service user to pay i.e. those who receive more benefits should pay a higher charge.

However, this rationale is flawed since:

- The ability to pay more is relative to the current difference between income and expenditure.

Since all users, except those in Band J, have limited savings it follows that income and expenditure are finely balanced. So, with only a 2% increase in benefits due in April 2014 an increase of 10.2% is going to be harder to find than an increase of say 3.3%. Moreover, this increase is in addition to other increases in the pipeline due to the cuts, including extra Council Tax contribution due to reduction in Rebate and increased transport costs due to reduction (or loss) of the Ring and Ride service. So, the burden of the increase is unfairly distributed.

- The current banded charging scheme was put forward last year as taking account of the ability of service users to pay. Last year we were told that the charges in each Band were calculated to be fair. So why do you need to change the relative charges yet again?

- The increase in charge is not consistently applied in line with the stated objective.

Service users in Band C are being asked to pay a 1.9% increase which will be less than their increase in benefits.

The Bands were originally designed to take affordability into account so that, in general, the higher the Band the greater the contribution made. However, the proposed increases progressively reduce above Band D. Why?

The proposed increases for Bands B and C, Bands D and E, and Bands G and H are equal and yet for each pair of Bands the higher Band (Bands C, E and H) comprise those who receive DLA at the higher Rate i.e. have more income. So how can it be stated that the increases have been proposed in line with ability to pay?

Our Counter-Proposals

The simplest and fairest solution to the achievement of an above inflation increase in income to the Council is to apply the same above inflation increase in Care Charges to each Band e.g. ~6% across the board. The design of the Bands ensures that the actual extra charged will have similar affordability.

Alternatively you should, at least, modify your proposal to remove the obviously unfair discrepancy in the Band D increase. A reduction of the Band D increase to 6% or £3.50 would be a fairer and better aligned to your objective of charging more for those with higher incomes. It is expected that the small loss in income due to this reduction could be absorbed (Helen Winfield admitted at the Consultation Meeting that the proposals, if implemented, would lead to the budget target for extra income being exceeded). If so, this correction could be made without further consultation.

Our Concerns about the Consultation Process

1. We weren't consulted in a timely manner.

- a. We received a letter on the 19th December 2013 from Sarah Norman telling us that the Consultation on the Council's Proposal to increase non-residential Adult Social Care Contributions began on 23rd October 2013.

Accompanying the letter was an 'Easy to Read' version of the Consultation document only.

		<p>b. We eventually received the Consultation document on the 16th January 2014. The accompanying letter gave notice of the Consultation Meeting at Lord Street due to take place on 21st January i.e. only 5 days later.</p> <p>c. The end of Consultation is 31st January 2014 giving little opportunity to consider alternative proposals (a stated aim of the consultation)</p> <p>2. The Consultation documentation was not sent out in a form appropriate to the service user.</p> <p>a. The 'Easy to Read' version which was the only document originally provided, was not appropriate to us or our daughter not least because it is confusing. The pictures do not relate well to the text and in places the differences are misleading e.g. explaining that the deadline is 31st January alongside a picture of a calendar showing December. Short simple sentences should be used; one sentence had 60 words.</p> <p>b. We requested the official Consultation Document and a large print version. (Our daughter plus others at Pocklington are partially sighted and yet we have to make the request for large print for each consultation.) We had to chase up this request on a number of occasions before we finally received these documents on the 16th January 2014.</p> <p>3. The consultation Meeting at Lord Street was poor.</p> <p>a. The Meeting was led by Helen Winfield using a PowerPoint Presentation.</p> <p>i. The complex figures and percentages appeared to wash over the heads of the Lord Street tenants who were in attendance.</p> <p>ii. Some of the % increases given in the presentation were in fact incorrect e.g. Band D and E were said to both go up by the same % when they do not.</p> <p>iii. This approach was a step backwards from the approach used during the previous year's consultation, which did not use PowerPoint.</p> <p>b. The line taken by the Council representatives was defensive of the proposals rather than consultative. No alternatives were presented or discussed. Some answers to questions raised were in fact threatening in nature; indeed, one response to a tenant was that they had the option to leave Pocklington if they didn't like the charges.</p> <p>c. The number of officials from the Council at the Consultation Meeting was excessive, unnecessary and intimidating to the smaller number of tenants/representatives (9) in attendance. There were 8 officials from the Council (including Councillor Steve Evans) plus two managers from Pocklington. Given that this consultation was as a result of the need to make further cuts in services it was inappropriate to incur the expense in staffing costs of having so many attending. We believe that two Council representatives (a speaker plus a note-taker) would have been sufficient and would have provided a more relaxed atmosphere which would have facilitated a fruitful discussion.</p>
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Equality Analyses - Stage Two – Full Analysis (to be completed after Stage One)

What you are assessing? Increase in non-residential Adult Social Care services Contribution Rates (0055)

Step 4 – Collection and consideration of further information and data (steps 1 - 3 should have been completed in the initial analysis)

1. In Stage One, did you identify that you needed further information? If yes, what data and information would be useful?
The information used in this analysis has been gathered from: Wolverhampton in Profile; the Adult Social Care Demographic Dashboard; the Banding Information from CareFirst and the Public and Stakeholder Consultation
2. How will you obtain this data and information and who will be responsible for collecting it?
Data and information collected electronically from the sources above. Participation Officers collected and collated Consultation information.
3. Does the information gathering have to be built into the equality action plan or can the information be acquired quickly?
Information gathering completed.
4. If you have been able to gather further information, what does it tell you?
See below.

Step 5 Adverse Impact and Considering Alternatives

1. Using all the information gathered, consider what impact your proposal will have on the following groups.

	Neutral	Positive *	Adverse	Unknown
Sex Women/Men	X			
Gender Reassignment	X			
Race Asian/Black/Mixed/White/Other	X			
Disability Consider the full range of impairments			X	
Sexual orientation Lesbian/Gay Man/ Bisexual/Heterosexual	X			

Religion or belief Buddhism/Christianity/ Hinduism/Judaism/Islam/Si khism/Other/No religion	X			
Age Consider all age groups	X			
Pregnancy and Maternity	X			
Any other equality issues	X			

*Advances equality or fosters good relations

2. Have you identified an adverse impact on any group(s)?

Yes/No/Not Sure

If yes or not sure, please give details.

- There will be direct adverse equality implications for people with disabilities who are existing (or prospective) Adult Social Care chargeable non-residential service users because they are the directly affected target group, and because these proposals envisage that the majority of the target group will be expected to increase their financial contributions towards the cost of the services provided for them;
- There may be indirect adverse equality implications from the proposals affecting disabled chargeable non-residential care service users who are older people, women, or older "Asian", or "Black", because these groups may feature disproportionately highly amongst the profile of service users of chargeable Adult Social Care non-residential services;
- There will be direct positive equality implications arising from these proposals in that the corresponding Welfare Rights Service will continue to enable the Council to assist all the affected target group (including those persons with protected characteristics directly and indirectly adversely affected by the proposals to require an increased financial contribution towards the cost of their services) in maximising their incomes;
- There will be indirect positive equality implications arising from these proposals because they seek to balance the needs and interests of a relatively small number of Adult Social Care service users with the interests of the wider local population in an appropriate sharing of the responsibility for the costs of those services. By reducing the subsidy expected from the Council towards the cost of non-residential Adult Social Care and Supported Living services, the Council will be more assured of its capacity to provide the level and quality of services that vulnerable residents of Wolverhampton need without having to resource those services from a reduction in other services to, or an increase in funding by way of local taxation from, the local population at large. This will advantage the

population at large, and the population at large includes persons who also share the relevant equality characteristics.

- The proposals are unlikely to have any direct impact on any persons with any of the other relevant protected characteristics (i.e. religion or belief, sexual orientation, gender reassignment, marriage & civil partnership, or pregnancy & maternity). As there is insufficient data available to ascertain whether or not those characteristics feature disproportionately among the target group, it is not possible to conclude whether or not they may be indirectly disproportionately affected. However, there is no evidence or other reason to believe that they will be.
3. If a significant negative impact has been identified, can it be explained?
N/A
4. Could the proposal lead to **direct discrimination**?
Yes/**No**/Not Sure
Please explain.
5. Could the proposal lead to **indirect discrimination**?
Yes/**No**/Not Sure
Please explain.
6. Does or could, the proposal contribute to a specific duty in equality law?
- eliminate discrimination, harassment and victimisation
 - advance equality of opportunity between people from different groups
 - foster good relations between people from different groups.
- No**
7. If the analysis shows that the proposal is likely to have an adverse impact on some groups or could unlawfully discriminate, can you identify alternative ways of achieving the aims which will not result in an adverse impact or unlawful discrimination?
(Remember to ensure that any option that reduces adverse impact on one group does not create adverse impact on another group.)
- An adverse impact on disabled people cannot be avoided as they are the directly affected target group.**
8. If an adverse impact is unavoidable, are you satisfied that the decision to proceed can be justified, i.e.;
- it is essential in order to carry out our business;
 - there is no other way to achieve the aims;
 - **the means employed to achieve the aims of the policy are proportionate, necessary and appropriate;**
 - the benefits far outweigh any adverse effect.

Due to budgetary constraints it is necessary for Wolverhampton City Council to seek contributions service users towards the cost of their Non-residential Adult Social Care service. Where contributions are required the scheme must be administered in

accordance with 'Fairer Charging' statutory guidance. The Wolverhampton Contributions Policy is 'Fairer Charging' compliant but also seeks to mitigate against the harshest financial impact that can arise from the requirement to make financial contributions by adopting a banded contribution scheme which reduces the cost of administration; avoids individual intrusive financial questioning and helps keep contribution rates as low as possible. The 'Fairer Charging' banded contribution scheme was implemented following extensive consultation in 2002 which resulted in an overwhelming majority of service users expressing their preference for the simple banded system.

Step 6 - Formal consultation on the actual and likely impact of proposals

1. Who is directly affected by the proposal? (Groups, organisations, individuals)
Individuals who are provided with Adult Social Care non-residential services to meet their eligible assessed needs.
2. What relevant groups have a legitimate interest in the policy?
User representative groups for those individuals who are provided with Adult Social Care non-residential services to meet their eligible assessed needs.
3. How will we ensure that those affected or with a legitimate interest in the policy are consulted?
We have consulted with individuals and stakeholders affected by the proposals by post, email and in person at consultation meetings.
4. What methods of consultation will be used?
See above.
5. How will information be made available to those consulted?
In writing via a briefing document; via an 'easy to read' version of the briefing; verbally at meetings; verbally from the Consultation Response Line and electronically on the Council's website.
6. How can we ensure the information will be accessible to everyone?
See above.
7. Have previous attempts at consultation with particular groups been unsuccessful? If so, why, and what can be done to overcome any obstacles?
N/A
8. How will you report back to those you have consulted?
A Consultation Outcome Report will form part of the report to Cabinet. Notification letters will be sent to customers to advise them of the decision and how it affects them individually.

Step 7 – Re- assess proposal in light of consultation and, if appropriate, consider alternatives

1. What have you learnt from the consultation?

That the majority of people making a comment expected contributions to be increased although there was some concern expressed about the larger increase applied to Band D/E customers – those with Attendance Allowance/DLA care and an amount for severe disability.

2. Do you need to make any changes to the proposal as a result of the consultation?
No
3. If the consultation has shown that the proposal is likely to have an adverse impact on some groups or could unlawfully discriminate, can you identify alternative ways of achieving the aims which will not result in an adverse impact or unlawful discrimination? (Remember to ensure that any option that reduces adverse impact on one group does not create adverse impact on another group.)
An adverse impact on disabled people cannot be avoided as they are the directly affected target group.
4. If an adverse impact is unavoidable, are you satisfied that the decision to proceed can be justified, i.e;
 - it is essential in order to carry out our business;
 - there is no other way to achieve the aims;
 - **the means employed to achieve the aims of the policy are proportionate, necessary and appropriate;**
 - the benefits far outweigh any adverse effect.

These proposals acknowledge that they will have the adverse impacts described above, because those direct adverse impacts on people with disabilities are the unavoidable consequence of requiring increased financial contributions from people with disabilities who rely on the non-residential Adult Social Care services provided for them. Any indirect adverse impacts are the unavoidable consequence of the Council's duty to consistently apply the government's statutory "Fairer Charging" policy guidance, which does not allow for any difference of treatment between different equality groups (so that its contributions policy is "demonstrably fair as between different service users").

Nevertheless, these proposals will also have the positive equality impacts described above, including the provision of income maximisation services for all vulnerable individuals who depend on the Council's non-residential Adult Social Care services including those with the relevant protected characteristics, and will also take into account the need to balance the interests of a relatively small number of people with disabilities dependent on Council services with the interests of those people with disabilities and who share other protected characteristics but who do not depend on the same Council services.

Step 8 - Make a decision

- 1 Do you intend to adopt the proposal, and if so, will any changes be made as a result of this analysis and the available evidence collected, including consultation?
Yes, the proposal together with the Equality Analysis and the Consultation Outcome report will be submitted to Cabinet for a decision.

Step 9 – Setting equality objectives and targets

1. Please list any recommendations for action that you plan to take as a result of this equality analysis.
None
2. Who will have responsibility for the objectives and targets?
N/A
3. What are the timescales?
On-going monitoring with a review in November/December 2014.

Step 10 – Monitoring and review

1. What arrangements have you made to monitor the proposal once it is operational?
Monthly Xcelsius reports from CareFirst giving information on the breakdown by all available protected characteristics.
2. What analysis criteria will be used for monitoring the equal opportunity effects of the proposal?
The Council will continue to monitor the impact of its contributions policy on all affected service users, including those with the relevant protected characteristics. As the Council currently records and monitors data on Adult Social Care service usage only in respect of age, sex, race and disability, it is also considering ways of improving its recording and monitoring of the impact of its policies on the following protected characteristics:
 - **religion or belief;**
 - **sexual orientation;**
 - **gender reassignment;**
 - **marriage & civil partnership;**
 - **pregnancy & maternity**
3. Who will be responsible for monitoring including collecting data, producing reports and monitoring information, and deciding how targets will be revised to achieve continuous improvement?
Financial Support Services and Information Management ICT.
4. When will the proposal and the Equality Analysis be reviewed?
November/December 2014

Step 11 - Publish the results

Please complete the summary form and then send the complete Equality Analysis to the corporate Equalities function who will publish the summary on Wolverhampton City Council's website.

Officer(s) completing the analysis: Helen Winfield

Job Title: Acting Service Manager - Financial Support Services

Tel: x3353

Date: 6/2/2014

**Upon completion of this form please record the date sent to: Policy and Equalities
Manager, Polly Sharma, 6/2/2014**

Equality Analysis Summary Form

1. What is the name of the service/function/policy/procedure (proposal) you have assessed? **Increase in non-residential Adult Social Care services Contribution Rates (0055)**
2. Please give a brief description and explanation of the proposal. What needs or duties is it designed to meet? **To reduce the Council's contribution to the costs of non-residential, including Very Sheltered Housing and Supported Living, services by applying corresponding increases in individual service user contributions of between £0.34 (4.4%) and £5.95 (10.2%) from April 2014.**
3. Please explain how the proposal was assessed for its likely effects on different groups, with clear references to the information and research used. **By: using data reports generated from the Social Care electronic case recording system – CareFirst – and Wolverhampton in Profile statistics to compare the groups of people with protected characteristics in Wolverhampton generally with those receiving Adult Social Care services; by undertaking calculations to ensure that the proposed increases will comply with government guidance on 'Fairer Charging' leaving customers with at least the threshold amount of disposable income taking the amount of the proposed contribution and a reasonable amount for disability-related expenditure into account.**
4. Is there any evidence to suggest that the proposal could affect some groups of people differently? Is there an adverse impact? What are the reasons for this adverse impact? **There will be direct adverse equality implications for people with disabilities who are existing (or prospective) Adult Social Care chargeable non-residential service users because they are the directly affected target group, and because these proposals envisage that the majority of the target group will be expected to increase their financial contributions towards the cost of the services provided for them.**
5. If the service, function, policy or procedure does have an adverse impact, can that impact be justified? **These proposals acknowledge that they will have the adverse impacts described above, because those direct adverse impacts on people with disabilities are the unavoidable consequence of requiring increased financial contributions from people with disabilities who rely on the non-residential Adult Social Care services provided for them. Any indirect adverse impacts are the unavoidable consequence of the Council's duty to consistently apply the government's statutory "Fairer Charging" policy guidance, which does not allow for any difference of treatment between different equality groups (so that its contributions policy is "demonstrably fair as between different service users").**
6. If the impact cannot be justified, how do you intend to deal with it? **N/A**

Give a brief description of the consultation methods used (if appropriate), and a summary of the overall findings. **In writing via a briefing document; via an 'easy to read' version of the briefing; verbally at meetings; verbally from the Consultation Response Line and electronically on the Council's website. The majority of people making a comment expected contributions to be increased although there was**

some concern expressed about the larger increase applied to Band D/E customers – those with Attendance Allowance/DLA care and an amount for severe disability.

What conclusions were reached through the analysis and consultation as to the likely ability of the proposal to meet each part of the equality duty? **We have consciously considered the need to eliminate discrimination, advance equality of opportunity and foster good relations between different groups of people however; an adverse impact on disabled people cannot be avoided by this proposal as they are the directly affected target group.**

Due to budgetary constraints it is necessary for Wolverhampton City Council to seek contributions service users towards the cost of their Non-residential Adult Social Care service. Where contributions are required the scheme must be administered in accordance with 'Fairer Charging' statutory guidance. The Wolverhampton Contributions Policy is 'Fairer Charging' compliant but also seeks to mitigate against the harshest financial impact that can arise from the requirement to make financial contributions by adopting a banded contribution scheme which reduces the cost of administration; avoids individual intrusive financial questioning and helps keep contribution rates as low as possible. The 'Fairer Charging' banded contribution scheme was implemented following extensive consultation in 2002 which resulted in an overwhelming majority of service users expressing their preference for the simple banded system.

7. Were any modifications to the proposal introduced as a result of the analysis and consultation? **No**
8. Please explain of whether and how the adopted proposal differs from the original proposal. **N/A**
9. What equality actions have you identified? **None**
10. What plans do you have for monitoring the proposal when it is put into effect? **The Council will continue to monitor the impact of its contributions policy on all affected service users, including those with the relevant protected characteristics. As the Council currently records and monitors data on Adult Social Care service usage only in respect of age, sex, race and disability, it is also considering ways of improving its recording and monitoring of the impact of its policies on the following protected characteristics: religion or belief; sexual orientation; gender reassignment; marriage & civil partnership; pregnancy and maternity.**

Signature of the lead officer undertaking the analysis:

Full name: **Helen Winfield**

Position: **Acting Service Manager – Financial Support Services**

Dated: **6/2/2014**