

The background of the slide is a photograph of a fountain at night. The fountain has several jets of water spraying upwards and outwards, illuminated by warm lights. The water jets are set against a dark, textured stone wall. The overall scene is dark, with the primary light source being the fountain's illumination.

# Adult Social Care Charging Policy Consultation

## Full results summary

Data, Intelligence & Insight Team – November 2023



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# Introduction and Methodology



Southampton City Council undertook public consultation on the proposed changes to the Adult Social Care Charging Policy.

- The consultation took place between **25/09/2023 – 05/11/2023**.
- The aim of this consultation was to:
  - Communicate clearly to stakeholders, residents, and the public the proposed Adult Social Care Charging Policy.
  - Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have.
  - Allow participants to propose alternative suggestions for consideration which they feel could achieve the objective in a different way.
- This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.
- It is important to be mindful that a consultation is not a vote, it is an opportunity for stakeholders to express their views, concerns and alternatives to a proposal. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.



Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with *The Gunning Principles (considered to be the legal standard for consultations)*:

1. Proposals are still at a formative stage (a final decision has not yet been made)
2. There is sufficient information put forward in the proposals to allow 'intelligent consideration'
3. There is adequate time for consideration and response
4. Conscientious consideration must be given to the consultation responses before a decision is made



New Conversations 2.0  
LGA guide to engagement



## Rules: The Gunning Principles

They were coined by Stephen Sedley QC in a court case in 1985 relating to a school closure consultation (R v London Borough of Brent ex parte Gunning). Prior to this, very little consideration had been given to the laws of consultation. Sedley defined that a consultation is only legitimate when these four principles are met:

- 1. proposals are still at a formative stage**  
A final decision has not yet been made, or predetermined, by the decision makers
- 2. there is sufficient information to give 'intelligent consideration'**  
The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
- 3. there is adequate time for consideration and response**  
There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation,<sup>1</sup> despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
- 4. 'conscientious consideration' must be given to the consultation responses before a decision is made**  
Decision-makers should be able to provide evidence that they took consultation responses into account

These principles were reinforced in 2001 in the 'Coughlan Case (R v North and East Devon Health Authority ex parte Coughlan<sup>2</sup>)', which involved a health authority closure and confirmed that they applied to all consultations, and then in a Supreme Court case in 2014 (R ex parte Moseley v LB Haringey<sup>3</sup>), which endorsed the legal standing of the four principles. Since then, the Gunning Principles have formed a strong legal foundation from which the legitimacy of public consultations is assessed, and are frequently referred to as a legal basis for judicial review decisions.<sup>4</sup>

<sup>1</sup> In some local authorities, their local voluntary Compact agreement with the third sector may specify the length of time they are required to consult for. However, in many cases, the Compact is either inactive or has been cancelled so the consultation timeframe is open to debate

<sup>2</sup> BAILII, [England and Wales Court of Appeal \(Civil Decision\) Decisions](#), Accessed: 13 December 2016.

<sup>3</sup> BAILII, [United Kingdom Supreme Court](#), Accessed: 13 December 2016

<sup>4</sup> The information used to produce this document has been taken from the Law of Consultation training course provided by The Consultation Institute



- The agreed approach for this consultation was to use an online questionnaire as the main route for feedback. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents are aware of the background and detail of the proposals.
- Respondents could also write letters or emails to provide feedback on the proposals. Emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.
- The consultation was promoted in the following ways by:
  - Consultation events with at community hubs, social care settings and online
  - Letters sent to all existing customers, all Adult Social Care providers and community agencies and partners
  - Leaflets posted to Communicare members
  - Leaflets distributed by the Stronger Communities Team and handed out at public engagement meetings
  - Printed posters in SCC Housing Offices and libraries
  - Digital posters on library PC screensavers and in SCC Housing Offices
  - Southampton City Council website
  - Social media posts (including Facebook, LinkedIn Twitter, Next Door)
  - Southampton City Council e-bulletins
- All questionnaire results have been analysed and presented in graphs within this report. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme.



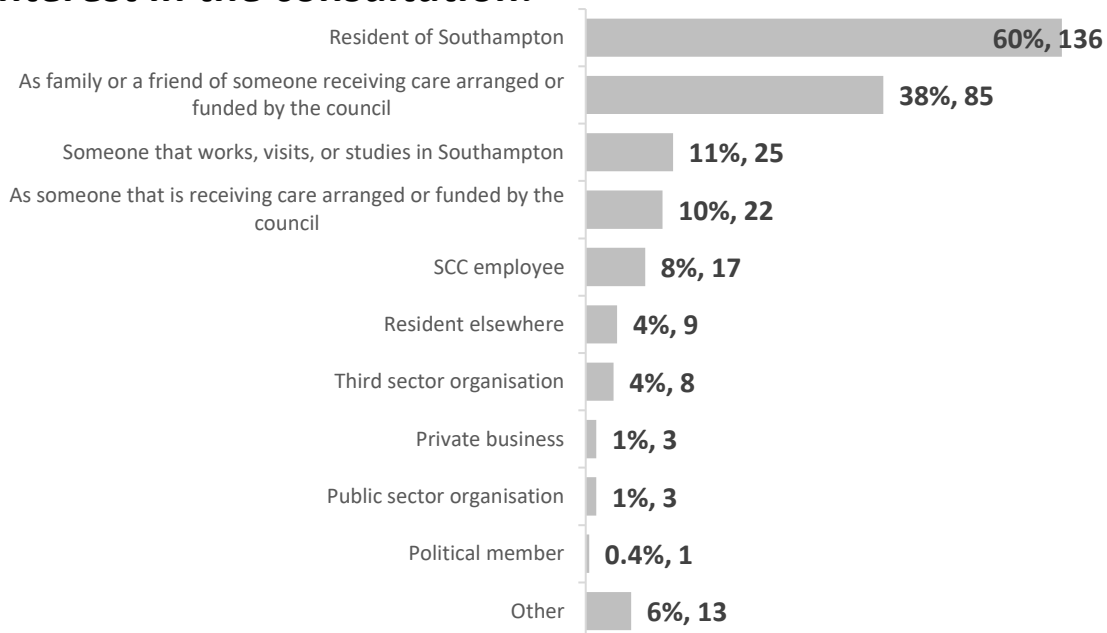
# Who were the respondents?

## Total respondents:

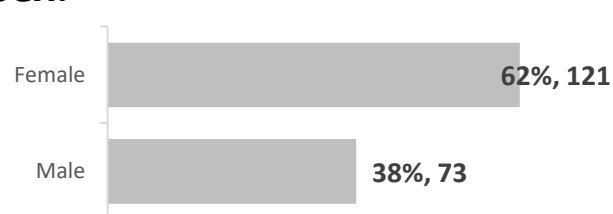
	Total number of responses
Questionnaire	227
Emails / letters	11
<b>Total</b>	<b>238</b>

*The following graphs are shown in respondent percentage and count.*

## Interest in the consultation:



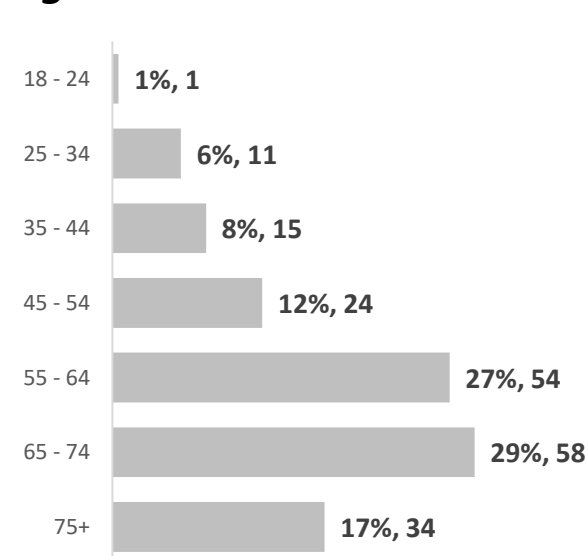
## Sex:



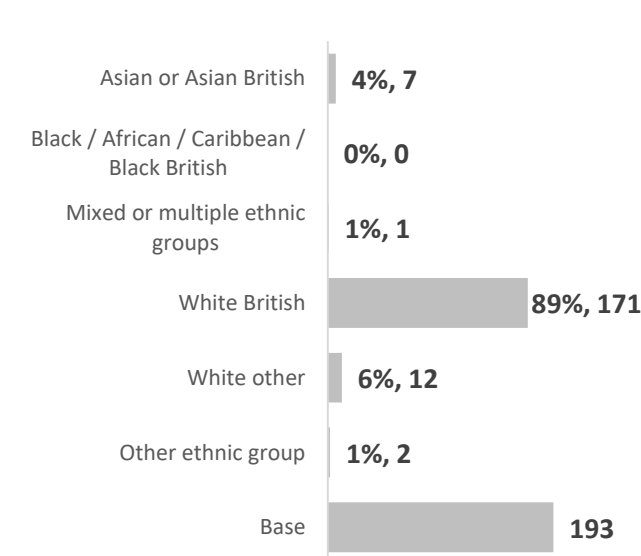
## Disability:



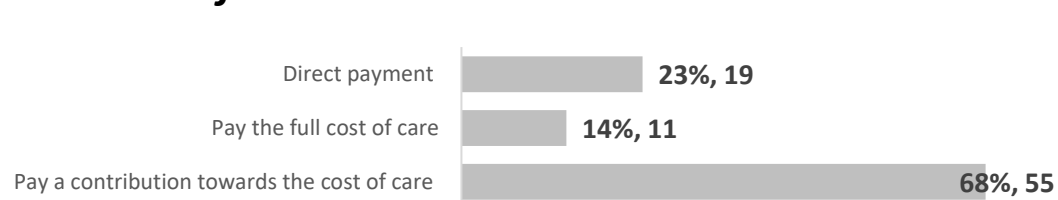
## Age:



## Ethnicity:



## How care is funded:





## Proposed changes





## The questionnaire outlined the following background information:

The Adult Social Care (ASC) provided by Southampton City Council is regulated by the Care Act 2014. This includes guidelines on how we charge for certain types of care.

The council has an Adult Social Care Charging Policy which sets out the details of these charges when arranging to meet a person's care and support needs, or a carer's support needs.

The Care Act 2014 requires that we do not charge anyone more than they can afford. The proposed changes to the policy do not change this.

When describing the proposed changes, potential impacts are often related to how care is funded. We refer to the following groups in the proposals:

- Paying a contribution: People being invoiced monthly, for a contribution towards the cost of their care
- Paying the full cost: People being invoiced monthly for the full cost of their care
- Direct Payment: People receiving a direct payment every 4 weeks, and arranging their own care



## The questionnaire outlined the following broad proposals:

We are proposing to make the following changes to the Adult Social Care Charging Policy:

1. Improvements to the process for managing people's disability-related expenses. (This does not apply those paying the full cost of their care, or people in long-term residential care).
2. Changes to the way we charge for care which is cancelled. In many cases charges will stop. Where charges do not stop, we will explain why.
3. Explaining how charges get going when care starts. If there is a delay in obtaining a person's financial data, we will explain how long we wait before we start charging the full cost.
4. Changing the method for calculating the cost of non-residential care, from an average rate to the actual cost. (Actual costs are already used for residential care charges).
5. Introducing charges for transport.
6. Increasing the administration charges for processing deferred payment loans. (This affects those paying the full cost of their care only).
7. Changing the "Minimum Income Guarantee" rate used for new customers aged between 60 and state pension age. This brings us back into line with government guidance.
8. Improvements to the general structure and accessibility of the ASC Charging Policy document. This includes:
  - simpler wording
  - changing the order of information in the document so that it reflects the order of events for a new customer
  - including more diagrams and examples
  - including a glossary to explain terms which people might not know
  - collecting all the rates and fees we use into one Rates Document.
  - explaining how these rates and fees are updated each year.



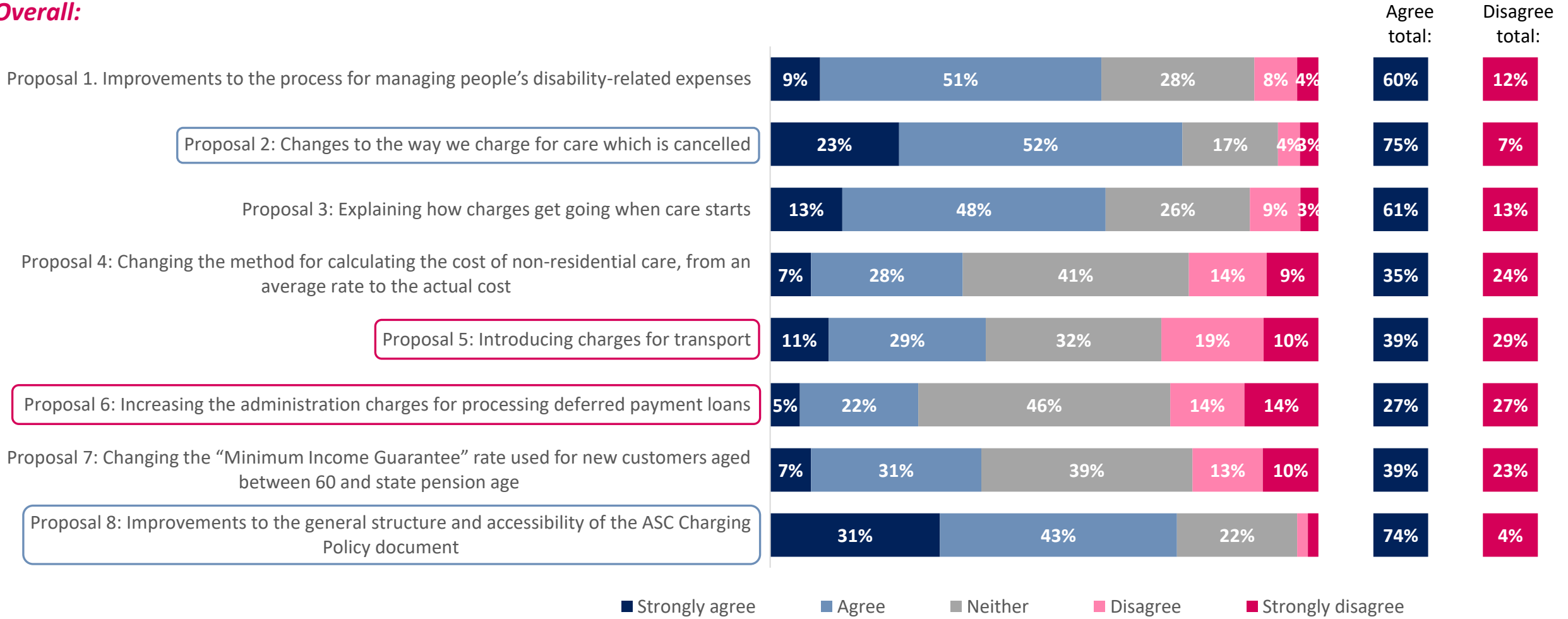
## Key findings



# Agreement levels with proposals

Question: To what extent do you agree or disagree with the following proposals?

**Overall:**



Proposals with the **highest levels of agreement** was proposal 2 and 8. Proposals with **highest levels of disagreement** was proposal 5 and 6.

Those who answered as a family, friend or someone who receives care arranged or funded by SCC agreed with the proposals to a similar amount as the average.



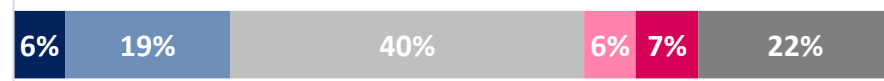
# Impact of proposals

Question: If these proposals were to go ahead, what impact do you feel it would have on the following?

**Overall:**

Positive total:      Negative total:

Proposal 1. Improvements to the process for managing people’s disability-related expenses



25%

13%

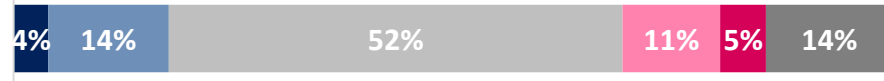
Proposal 2: Changes to the way we charge for care which is cancelled



37%

9%

Proposal 3: Explaining how charges get going when care starts



18%

16%

Proposal 4: Changing the method for calculating the cost of non-residential care, from an average rate to the actual cost



7%

24%

Proposal 5: Introducing charges for transport



9%

29%

Proposal 6: Increasing the administration charges for processing deferred payment loans



7%

22%

Proposal 7: Changing the “Minimum Income Guarantee” rate used for new customers aged between 60 and state pension age



7%

18%

Proposal 8: Improvements to the general structure and accessibility of the ASC Charging Policy document



47%

7%

■ A very positive impact ■ A fairly positive impact ■ No impact at all ■ A fairly negative impact ■ A very negative impact ■ Don't know

• Almost half of respondents (47%) told us that improvements to the general structure and accessibility of the ASC Charging Policy document may have a positive impact.

• Around a quarter of respondents told us that changing the method for calculating the cost of non-residential care (24%) and introducing charges for transport (29%) may have a negative impact.



# Proposal 1 – Improvements to the process for managing people’s disability-related expenses.



## The questionnaire outlined the following information on proposal 1:

This will affect customers who pay a contribution and use Direct Payments. This will not affect customers who pay the full cost.

You can claim disability-related expenses (DREs) if you receive disability benefits and have extra living expenses due to your disability, which are not covered by the normal living allowance. DREs reduce what you pay towards your care.

We are now proposing to assess your DRE claim as part of your financial assessment, so you will get a decision more quickly.

The draft policy also explains more clearly what typical DREs look like and how we decide what is reasonable. Wherever possible we propose to base this on national data sets to make sure our decisions are fair and consistent.



## The questionnaire outlined the following more detailed information on proposal 1, for those who wanted to read :

### What is being proposed?

The process for assessing how much a person can afford to pay toward the cost of their care is:

- a) work out the person's income (the Care Act statutory guidance tells us which types of income are included and which are ignored)
- b) subtract an amount that represents what the person needs to live on. This is called the "Minimum Income Guarantee" and is set by the government annually. It varies by age, circumstances and level of need.
- c) the balance is "net disposable income" which we are entitled to ask the person to pay towards the cost of their care.

If a person receives non-residential care, and is in receipt of a disability benefit, they are entitled to ask the council to take into account any extra day-to-day living expenses they incur due to their disability. These are called disability-related expenses, or DREs. Once DREs are approved they reduce the amount a person is charged towards the cost of their care.

We are proposing to change the process for dealing with DRE applications in a number of ways:

- a) The DREs would be assessed as part of the financial assessment. Currently they are dealt with after the financial assessment is completed. Instead, this means that people's charges would take account of DREs from the outset. The online financial assessment would be amended to allow DREs to be recorded alongside other financial data. The indicative charges provided by that online system would be subject to a review of the DREs being claimed. Appeals against DRE decisions would follow the same process as appeals against financial assessment outcomes.
- b) The proposed policy and the rates document explain more about the reasonable checks we would apply to DRE requests. This is done in the interests of transparency and to reduce the number of unrealistic requests we receive.
- c) The list of expenses considered in the draft policy has been shortened to remove those which are rarely used. However, there is always an "other" option for individual cases.
- d) The list of expenses in the draft policy has been enhanced to show which costs we typically accept, which costs are excluded and what evidence we need.
- e) We are proposing to use standard rates for DREs where possible. This ensures consistency and speeds up the decision-making process. To establish typical expenses for heating, food, laundry etc, we will use external sources including:
  - the Office for National Statistics
  - NAFAO (the National Association of Financial Assessment Officers). Annually updated NAFAO guidance is used by many councils to set the standard for DRE rates. This helps us to assess how much of a person's expenses are above the typical level. NAFAO also recommend standard rates, for example the cost of purchasing and maintaining different types of specialist equipment.
- f) The draft policy explains on what basis the rates will change annually.





## The questionnaire outlined the following more detailed information on proposal 1, for those who wanted to read :

### What would be the impact?

This change would apply to anyone who is paying a contribution towards the cost of their care, and is receiving care at home, or short stays in a care home.

On 4th May 2023, 378 people were claiming DREs. This is around 23% of our non-residential care customers. However, we know that 70% of non-residential customers are claiming a disability benefit. This suggests that the option to reduce charges by claiming DREs is under-used.

We hope that the proposed overhaul of the DRE process would have a positive impact by:

- a) raising awareness of DREs. We want to ensure that everyone who might be eligible for DREs knows how to make a claim. This may help people who are adversely impacted by other changes being proposed in the new policy
- b) making it clear which kinds of expense are eligible, and how much we consider is reasonable. Customers can then assess for themselves what DREs they are likely to be granted
- c) demonstrating that all customers are treated fairly and consistently
- d) ensuring that DREs are built-in to the person's charges from the outset, instead of charging them a higher amount and having to adjust this down after the DRE application is processed.
- e) allowing customers to see (via the online financial assessment) their likely charge, including their DREs, at a much earlier stage of the process.
- f) maintaining a route for individual cases to be considered outside of the stated rates and guidelines
- g) merging the DRE appeal process with the financial assessment appeal process so that all concerns can be addressed together.

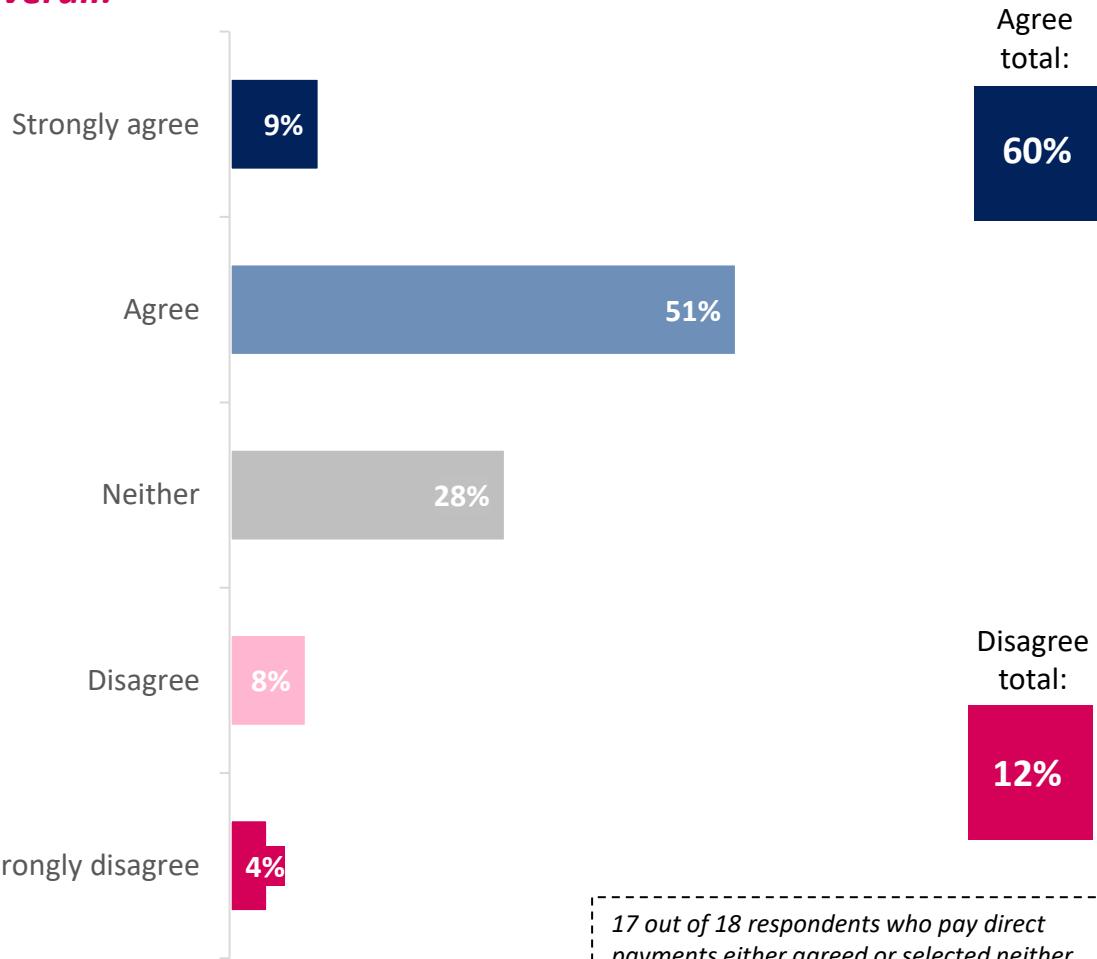
Staff guidelines relating to DREs would also be overhauled to ensure that customers receive consistent and correct advice about DREs.



# Agreement and impact levels with proposal 1

Question: What extent do you agree or disagree with the proposed changes?

Overall:



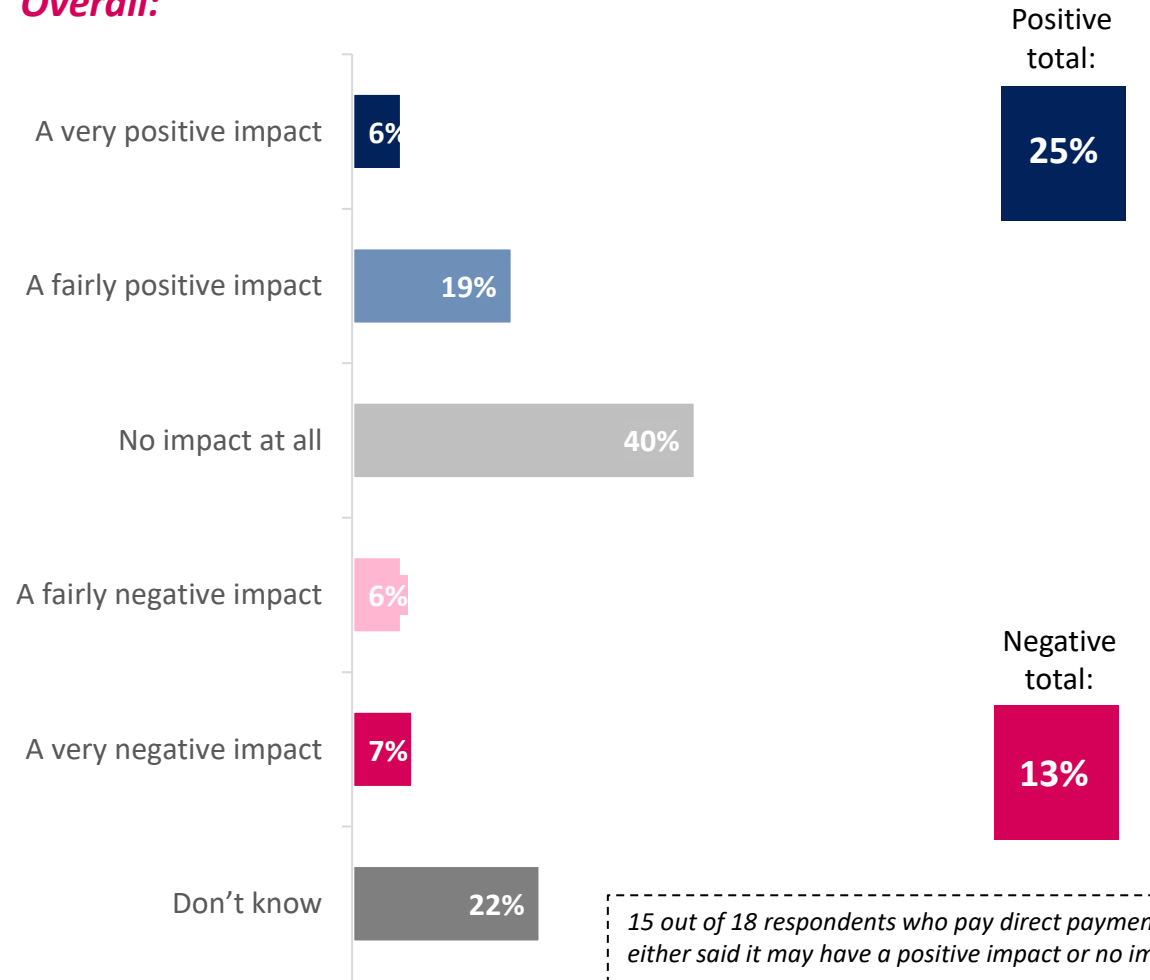
17 out of 18 respondents who pay direct payments either agreed or selected neither.

41 out of 46 respondents who pay a contribution either agreed or selected neither.

Base respondents: 154

Question: What impact do you feel this may have on you or your family?

Overall:



15 out of 18 respondents who pay direct payments either said it may have a positive impact or no impact.

42 out of 46 respondents who pay a contribution either said it may have a positive impact or no impact.

Base respondents: 154



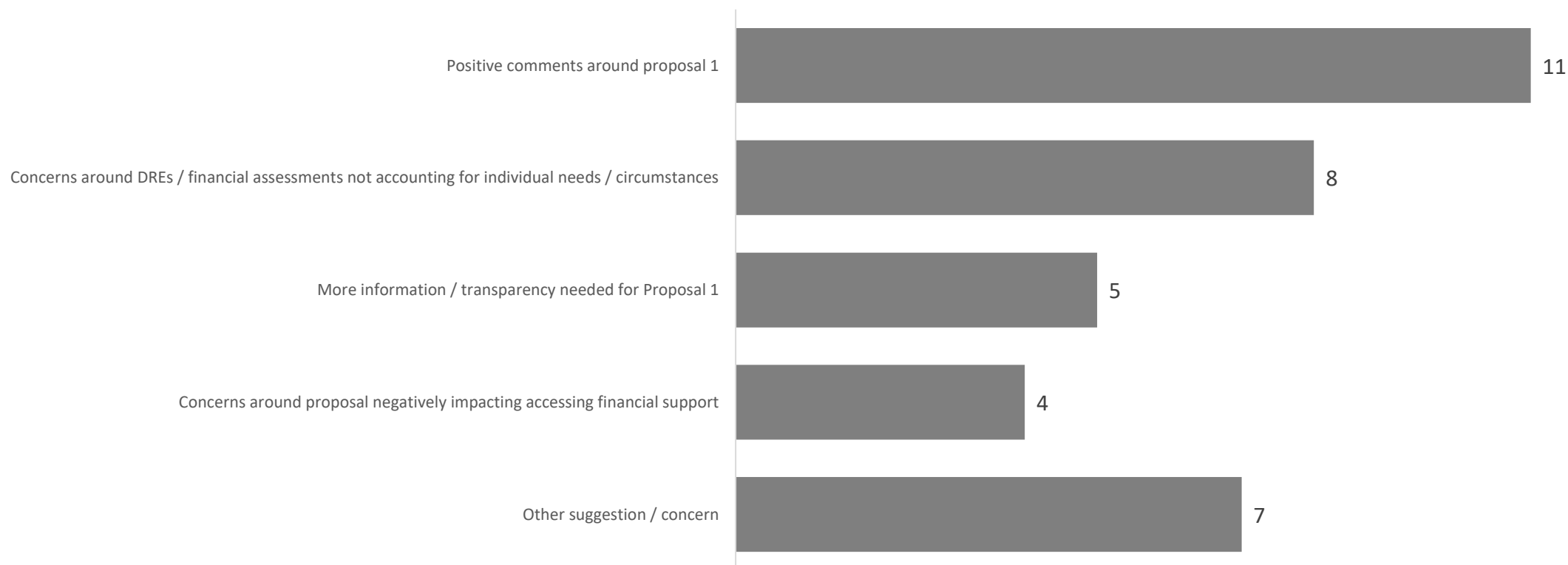
# Proposal 1 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





## Proposal 2 – Changes to the way we charge for care which is cancelled.



## The questionnaire outlined the following information on proposal 2:

This will affect customers paying a contribution and those paying the full cost. This will not affect customers who use Direct Payment.

In the draft policy, we are proposing to clarify what happens if you need to cancel your care, for example if you go into hospital.

Currently, if you normally receive care at home and it has to be cancelled, you may continue to be charged. In the new draft policy, we propose you will not be charged.

We may carry on charging you for anything which the provider continues to charge us for. This is usually because they are holding your place open until you return.



## The questionnaire outlined the following more detailed information on proposal 2, for those who wanted to read :

### What is being proposed?

We only charge for cancelled care if we incur costs. Recent changes in our provider terms and conditions allow us to simplify the way this is explained in the draft policy, and provide clearer examples of when someone may likely be charged. Key points are:

- a) We propose not to charge for care which is cancelled because people are unexpectedly admitted to hospital, if the care is:
- home care
  - day care
  - supported living
  - miscellaneous services (for example, transport)

This is a change from the existing policy when people could be charged for up to 7 days.

- b) People who cancel their home care, day care or miscellaneous services for reasons other than an unexpected hospital stay, without giving 24 hours' notice to the provider, may still be charged for one day. This will only apply if we have to pay for the cost of staff who could not be re-allocated.
- c) People who are away from care settings which the council continues to pay for during their absence, would still be charged for their care. This is usually because we need to keep their facilities open, for example placements in care homes, residential educational placements and Shared Lives.



## The questionnaire outlined the following more detailed information on proposal 2, for those who wanted to read :

### What would be the impact?

This proposed change affects all customers but is most relevant to people receiving home care. This is because home care visits are most likely to be extended, cut short or cancelled, and generate a lot of invoicing queries.

During October, November and December 2022, 106 people had 1381 home care visits cancelled due to short spells in hospital of up to a week. These visits were charged for in many cases. In future, we propose they will not be.

We expect the impact to be positive because:

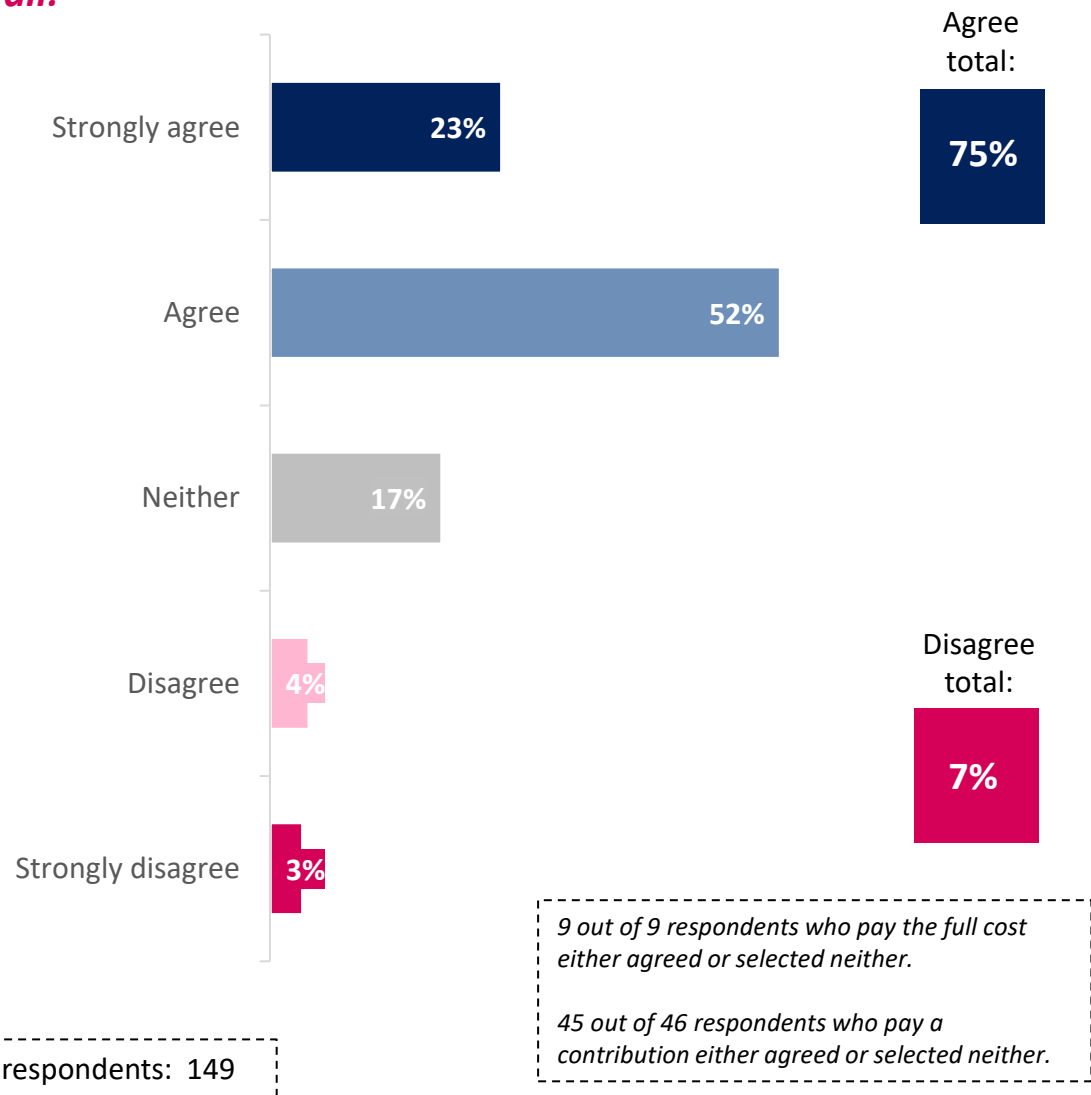
- a) Anyone being admitted unexpectedly to hospital could have peace of mind that they will not be charged for any non-residential care which they are missing.
- b) Non-residential customers would now understand that they need to give their provider 24 hours' notice, to avoid being charged when they cancel their own care.



# Agreement and impact levels with proposal 2

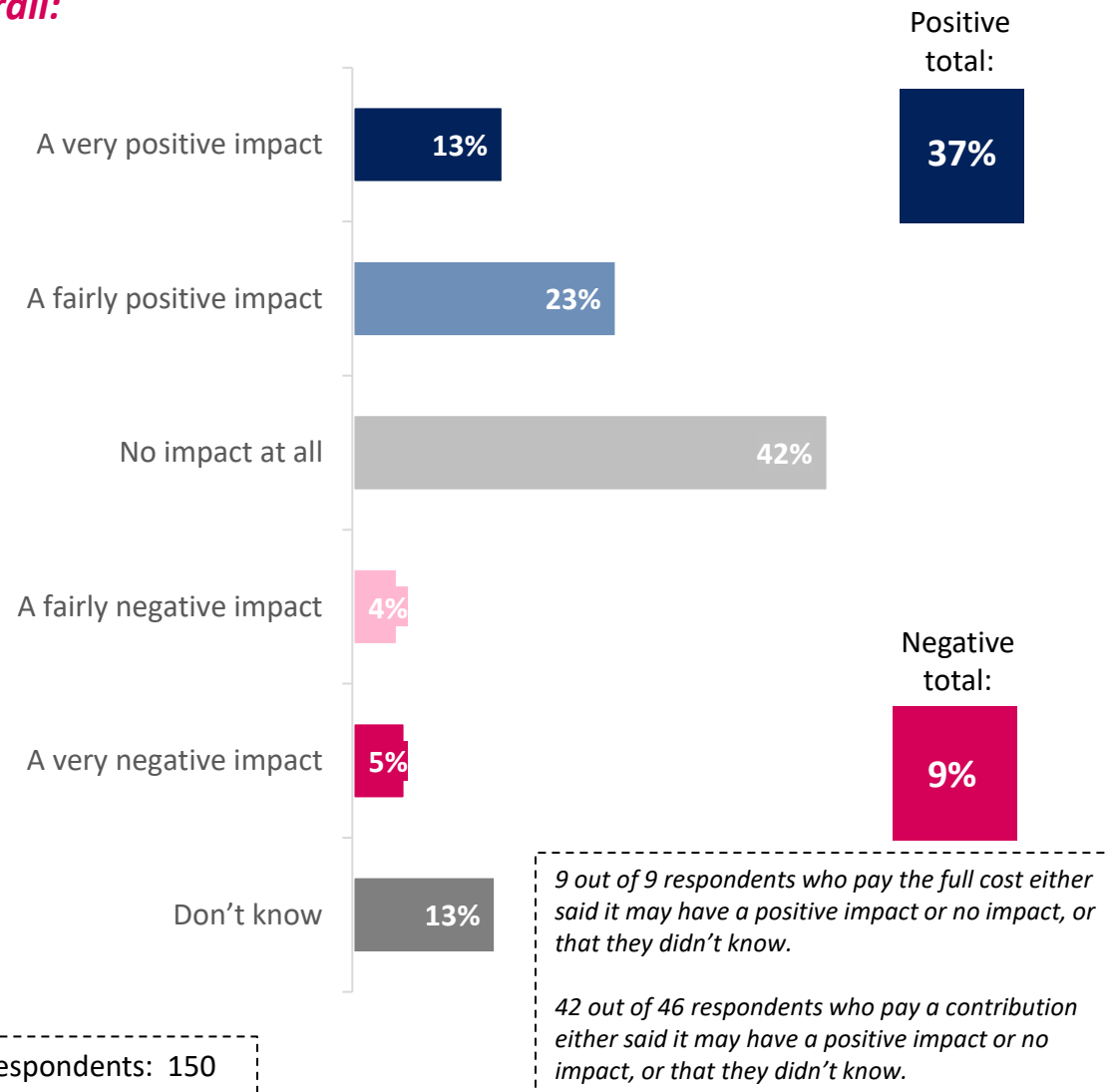
Question: What extent do you agree or disagree with the proposed changes?

Overall:



Question: What impact do you feel this may have on you or your family?

Overall:







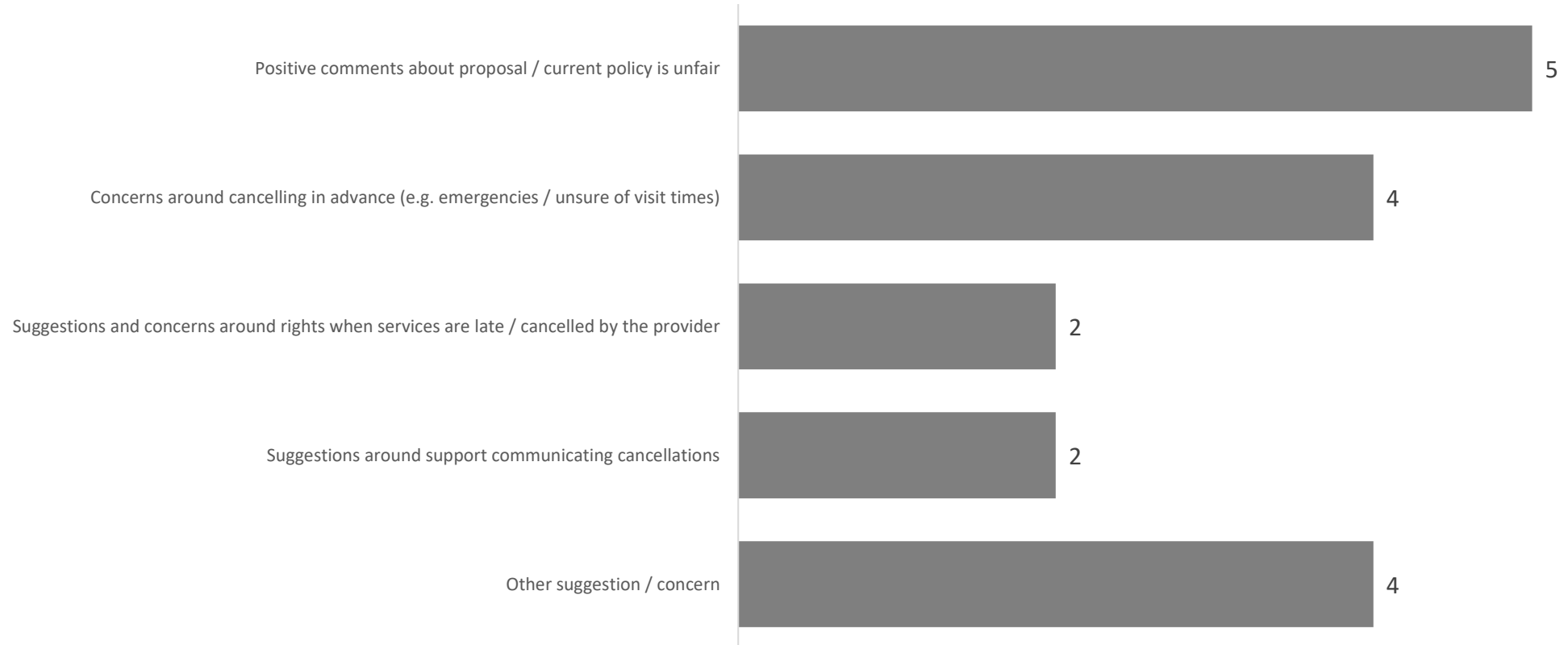
# Proposal 2 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





## Proposal 3 - Explaining how charges get going when care starts.



## The questionnaire outlined the following information on proposal 3:

This will affect customers paying a contribution and those paying the full cost. This will not affect customers who use Direct Payment.

If you need care, we will try and arrange it as quickly as possible. If you need to pay anything towards the cost of your care, charges will apply from your care start date.

However, there may be a delay issuing these charges. In order to work out what you can afford to pay towards your care, we need to complete a financial assessment. This cannot start until you supply your financial information.

We have proposed changes to the policy to explain what we will do while we wait:

- For residential care we will continue to invoice you with a temporary charge and rectify this when the financial assessment is done.
- For non-residential care, we cannot issue an invoice until the financial assessment is done, so as now, you may receive a back-dated invoice.
- If after 8 weeks you have not sent us your financial information, and have not been in touch to explain the problem, we would issue full-cost invoices. These could be rectified later if you send in your financial information, and it becomes clear that you can only afford to pay a contribution towards your care.



## The questionnaire outlined the following more detailed information on proposal 3, for those who wanted to read :

### What is being proposed?

In cases where council-arranged care is required, we aim to get the care in place as soon as possible. However, the financial assessment (which works out how much the person can afford to pay for their care) can take longer. It may be a few weeks after care started before we establish how much the person will be charged.

For residential care, we can charge a temporary, minimum amount while the financial assessment is taking place. However, this is not possible for non-residential care.

The main reason for delays in the financial assessment process is that people fail to provide the data we need. Work is underway to improve the support provided to help people understand what is needed and engage with the process. However, if no data is provided, we eventually have to start charging the full cost of the care.

We are proposing changes to the policy to make it simpler and clearer how this works. The key points are:

- a) If the financial assessment data is provided within 8 weeks of the council requesting it, we would complete the financial assessment. We would then issue charges dating back to the start date of the care.
- b) If 8 weeks have passed since the financial assessment data was requested, and we have not received the data or heard from the person explaining the delay, we would issue charges at the full cost of the care, dating back to the start date of the care. (Previously we only started charging from a maximum of 8 weeks before the financial assessment data was requested).
- c) After we start charging at full cost, if the person sends in their financial data, we would carry out the financial assessment. If this concludes that the person can only afford to pay a contribution to the full cost, we would adjust the charges already issued, back to the start of care, to reflect the new contribution amount. (This ensures that we do not leave any full-cost charges in place once we have established that the person cannot afford to pay them).



## The questionnaire outlined the following more detailed information on proposal 3, for those who wanted to read :

### What would be the impact?

We anticipate the impact of this change to be very small. Only a few customers are not financially assessed within 8 weeks of their care starting. This is usually because they have not provided the required information or explained the delay, even after several polite reminders have been issued.

In such cases, those customers would be issued with full cost charges, backdated to the start of their care. Previously charges would have been backdated by at most 8 weeks. However, there would be very few cases where this makes a material difference.

The more positive impact is that if a financial assessment is completed after we start charging at full cost, and shows that the customer cannot afford to pay the full cost, their charges will be corrected right back to the start of care. Previously, they would only have been corrected back by at most 8 weeks, potentially leaving some full cost invoices still to be paid.

### How can we mitigate the impact?

We now have an online financial assessment which offers two benefits relating to this policy change:

(i) Customers could get an indicative amount of their contribution very early on, so they would know what their charges are likely to be while they wait for the financial assessment to be finalised, and can budget accordingly, and

(ii) Customers could submit their data and documents online which speeds up the financial assessment process considerably.

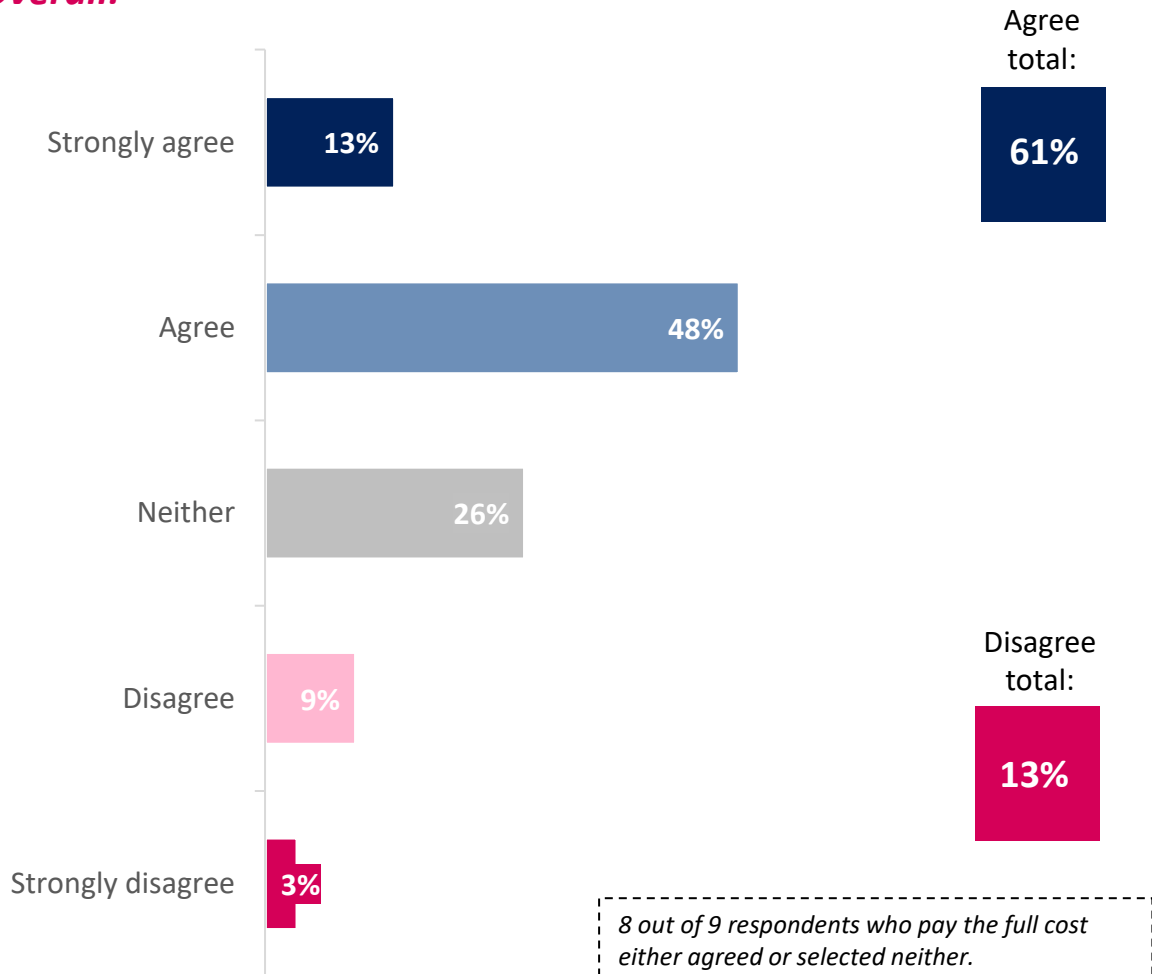
In addition, we plan to improve the level of support provided to people who seem to be unwilling or unable to take part in the financial assessment process. The FAB team and social workers will work together to provide help, guidance and reassurance, with the aim of reducing the number of people who are charged at full cost “by default” to as close to zero as possible.



# Agreement and impact levels with proposal 3

Question: What extent do you agree or disagree with the proposed changes?

Overall:



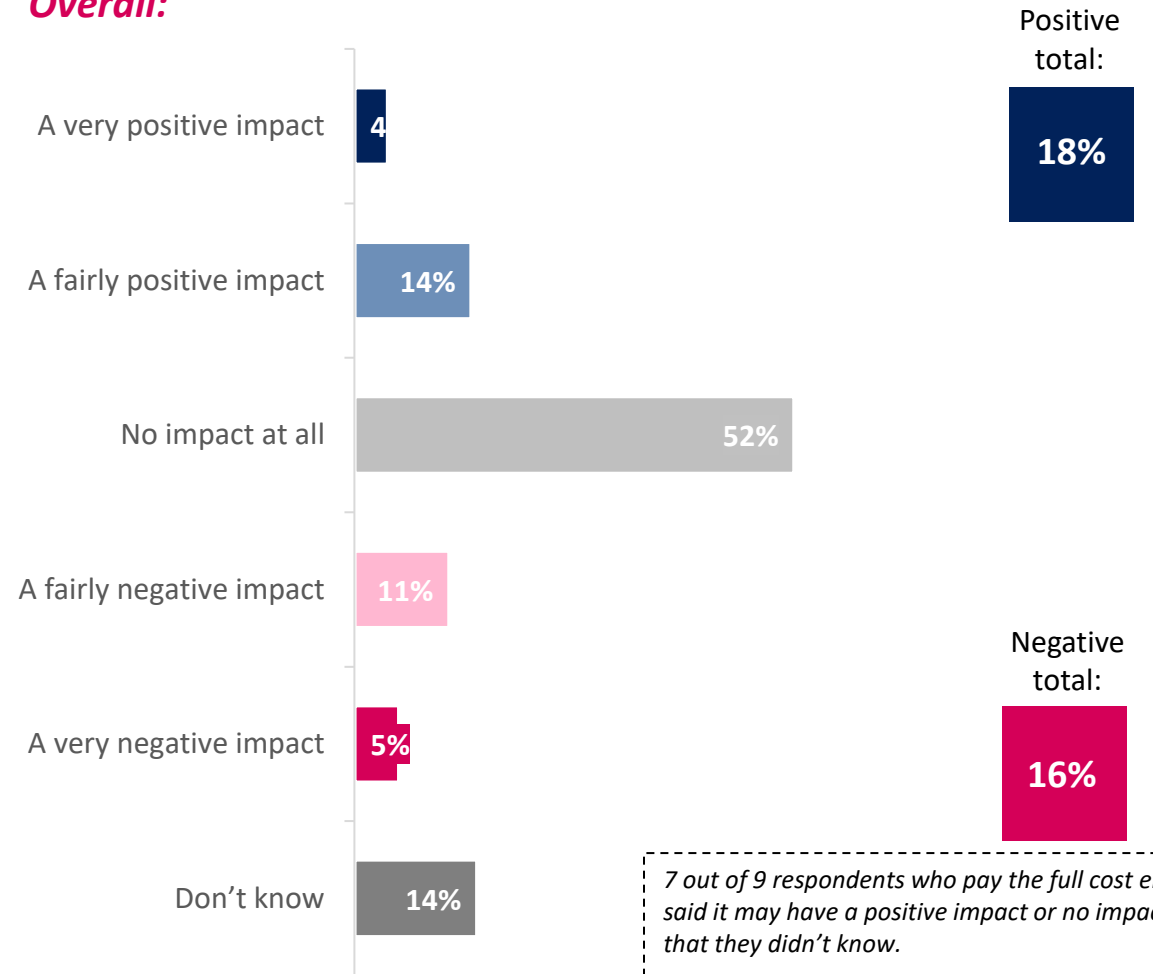
8 out of 9 respondents who pay the full cost either agreed or selected neither.

43 out of 45 respondents who pay a contribution either agreed or selected neither.

Base respondents: 152

Question: What impact do you feel this may have on you or your family?

Overall:



7 out of 9 respondents who pay the full cost either said it may have a positive impact or no impact, or that they didn't know.

41 out of 46 respondents who pay a contribution either said it may have a positive impact or no impact, or that they didn't know.

Base respondents: 153



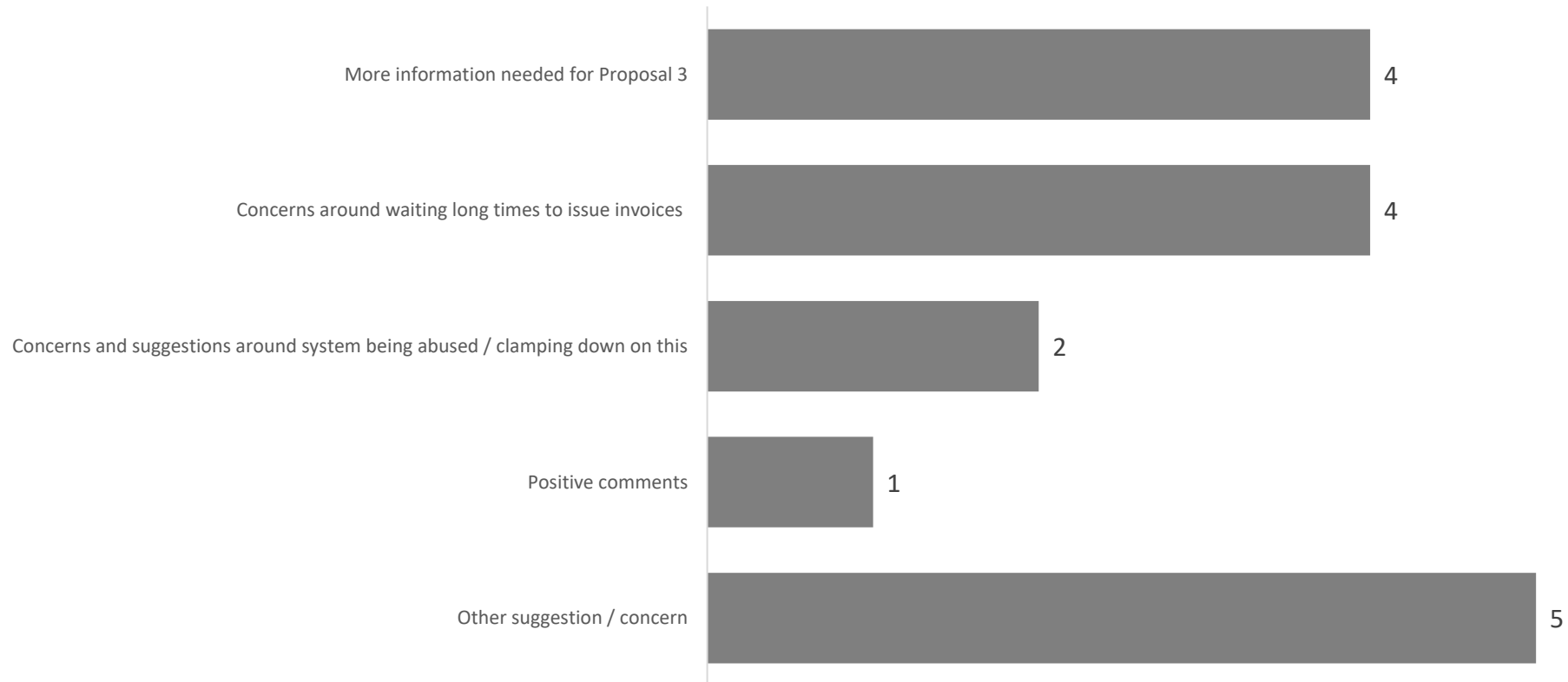
# Proposal 3 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





**Proposal 4 - Changing the method for calculating the cost of non-residential care,  
from an average rate to the actual cost.**





## The questionnaire outlined the following information on proposal 4:

This will affect customers who pay the full cost. This will not affect customers who pay a contribution or those using Direct Payment.

This proposed change applies to you if you are not in a care home, and either:

- a) You have been assessed as able to afford to pay the full cost of your care, or
- b) You are paying the full cost of your care because it is less than the amount we have assessed that you can afford to pay. This can happen with very small packages of care.

Up to now we have worked out the cost of your care using an average cost.

From April 2024 we propose to pass on the actual cost to you – this is the amount we pay the provider (excluding any VAT).

Some people's charges may go up as a result. But no-one would be charged more than they can afford.



## The questionnaire outlined the following more detailed information on proposal 4, for those who wanted to read :

### What is being proposed?

We are changing the way we define the cost of non-residential care. Currently, in any given week, the cost of care is calculated as the actual amount of care delivered, multiplied by an average rate.

From April 2024 we propose to use the actual cost, which is the amount we pay the provider (excluding any VAT). This is generally higher than the current average rate.

The aim of this proposed change is to remove an anomaly, where non-residential customers who can afford to pay the full cost of their care, are having some of their care costs paid for by the council. This would free up funds which can be spent on providing care for people who cannot afford to pay the full cost of their care.



## The questionnaire outlined the following more detailed information on proposal 4, for those who wanted to read :

### What would be the impact?

Residential care customers would not be affected, because residential care has been charged using the actual cost for many years.

Most non-residential care customers would not be affected because they are either exempt for charging, or are paying a contribution towards the cost of their care (the maximum amount they can afford, worked out by the financial assessment).

There are two groups of non-residential care customers who would be affected:

Group 1: People who are expected to pay the full cost of their care but have still asked the council to arrange their care. (These people will have assets over £23,250 or have chosen not to have a financial assessment). This is approximately 6% of our non-residential care customers, around 80-100 people.

Group 2: People who are paying the cost of the care because the cost is less than their assessed contribution (the maximum amount they can afford to pay, worked out by the financial assessment). This is approximately 16% of our non-residential care customers, around 220 people.

A detailed analysis has been carried out to assess the impact of this change on these two groups.

The full-cost customers in Group 1 would see an increase in their charges averaging 28%, although the range of increases is wide both in terms of amount and percentage. People in this group can afford to pay the full cost of their care, however due to the average charging method we have used up to now, they have not been charged the true full cost. This proposed change would rectify the situation and free up council funds to spend on care for people who cannot afford to pay for it.

The customers in Group 2 would see an increase in their charges averaging 19%. These people are being charged less than the maximum they can afford, and in most cases even after the charges are increased, they will still be charged less than the maximum they can afford. The worst case, for about 30 people, is that the cost of their care will now exceed their assessed contribution amount (from the financial assessment), so they would be charged their contribution from now on.

Both groups would, going forwards, be affected by any change in the rates we pay providers.



## The questionnaire outlined the following more detailed information on proposal 4, for those who wanted to read :

### How can the impact be mitigated?

We recognise that any sudden increase in charges (even within the range of what people can in theory afford to pay) may cause difficulty for some people. There are several ways the impact could be managed:

- a) Between now and 1st April 2024 we would review the care provisions for the full-cost customers with the highest charges and the biggest increase in charges. We would check that the provision is proportionate and not more than they need. We would also encourage them to complete a financial assessment if there is any possibility that this will reduce their charges.
- b) Customers could ask to be moved to a cheaper provider if they wish
- c) Full cost customers could decide to arrange their own care if they wish
- d) Customers paying the cost of their care because it is less than their maximum contribution, could ask for a direct payment instead and arrange their own care
- e) Temporary payment plans could be considered, to help people smooth out the impact of a large increase in their charges.
- f) In exceptional cases the council could agree to waive the whole cost of care if necessary

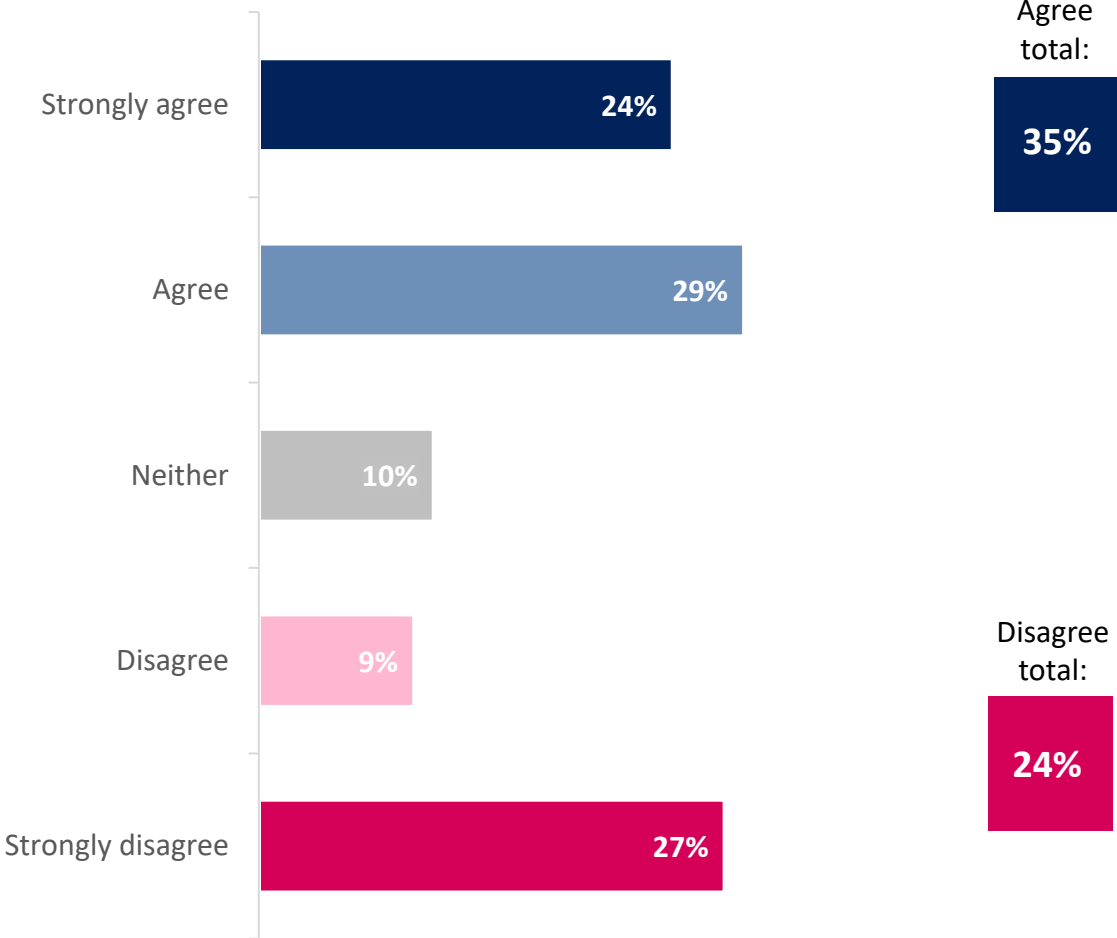
The impact of exposing non-residential customers to changes in our provider payment rates, would be eased by explaining how we manage provider rates, and annual increases, in the policy. In the case of home care, providers can only increase their rates annually, but can (and do) reduce their rates mid-year to be more competitive.



# Agreement and impact levels with proposal 4

Question: What extent do you agree or disagree with the proposed changes?

Overall:

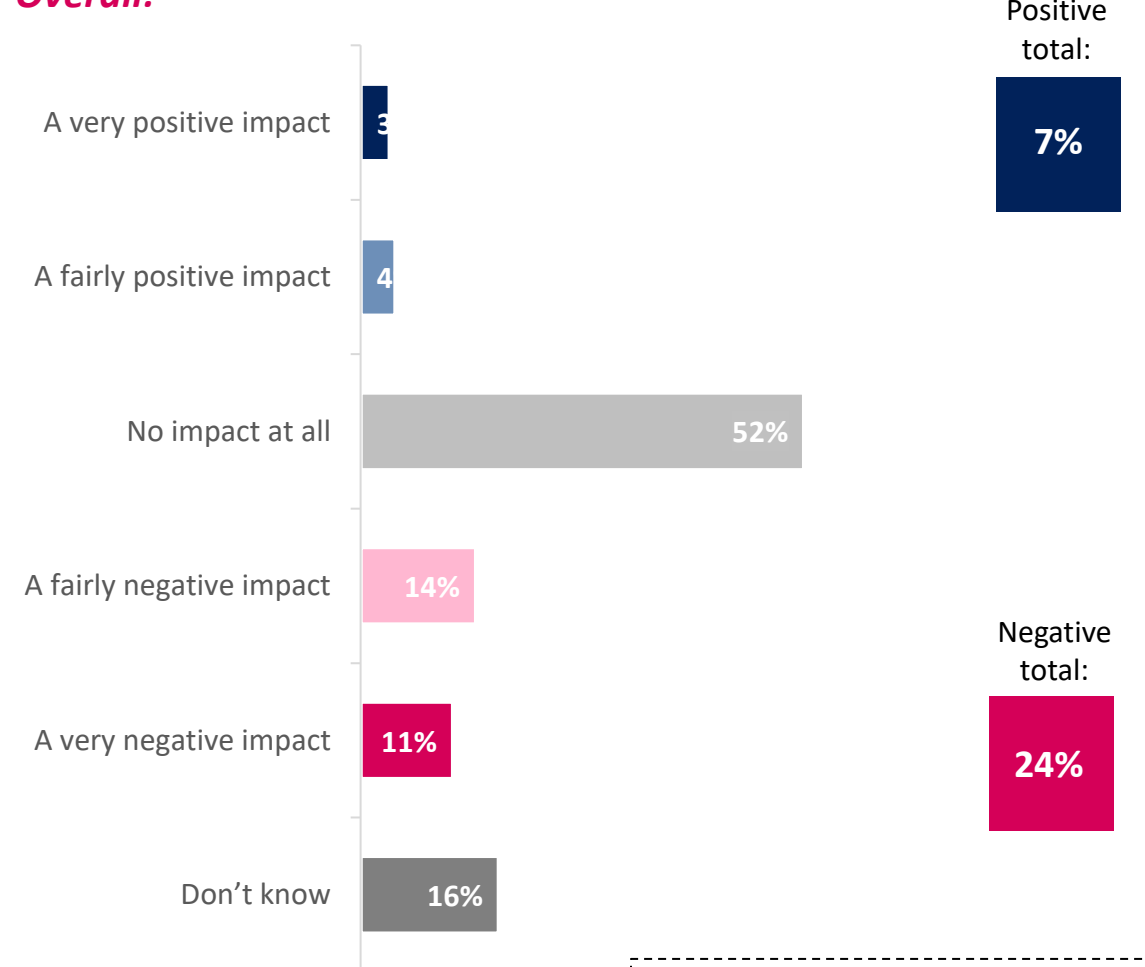


7 out of 9 respondents who pay the full cost either agreed or selected neither.

Base respondents: 148

Question: What impact do you feel this may have on you or your family?

Overall:



5 out of 9 respondents who pay the full cost either said it may have a positive impact or no impact, or that they didn't know.

Base respondents: 148



# Proposal 4 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





## Proposal 5 – Introducing charges for transport



## The questionnaire outlined the following information on proposal 5:

This will affect customers who pay the full cost. This will not affect customers who pay a contribution or those using Direct Payment.

Up to now, if we have arranged transport as part of packages of care, we have not charged for it at all. This is unusual – most councils charge for transport.

From April 2024, we propose to start charging for the cost of transport if we arrange it for you.





## The questionnaire outlined the following more detailed information on proposal 5, for those who wanted to read :

### What is being proposed?

Up to now, any transport services listed on people's support plans which have been arranged by the council, have been provided free of charge. We now propose to charge for transport at the actual cost. This would bring us into line with most other councils, where charging for transport is the norm. The most common use of transport is to take people to and from day care.

By asking people who can afford it, to pay for their transport, we have more funds for other care to be provided to people who cannot afford to pay for it.

It should be noted that we are one of the very few councils who do not currently charge for transport.



## The questionnaire outlined the following more detailed information on proposal 5, for those who wanted to read :

### What would be the impact?

People who only pay a contribution towards the cost of their care, or are exempt from charging, would not be affected by this change.

The people who would be affected, are in the same two groups as in change 4 above:

Group 1: People who are expected to pay the full cost of their care but have still asked the council to arrange their care. (These people will have assets over £23,250 or have chosen not to have a financial assessment). This is approximately 6% of our non-residential care customers, around 80-100 people.

Group 2: People who are paying the cost of the care because the cost is less than their assessed contribution (the maximum amount they can afford to pay, worked out by the financial assessment). This is approximately 16% of our non-residential care customers, around 220 people.

The number of existing transport customers in these two groups is very small – less than 10 people. The main purpose of the proposed change is to ensure that we charge transport to new customers, so long as the total cost of their care is still within the range of what they can afford (according to the financial assessment).

### How can we mitigate the impact?

Firstly, the support planning approach is being reviewed to ensure that we are consistent in the way we define the need for council-arranged transport. Many customers have other options.

Secondly, the way we commission transport services is also under review, to ensure that we can obtain services at a competitive rate.

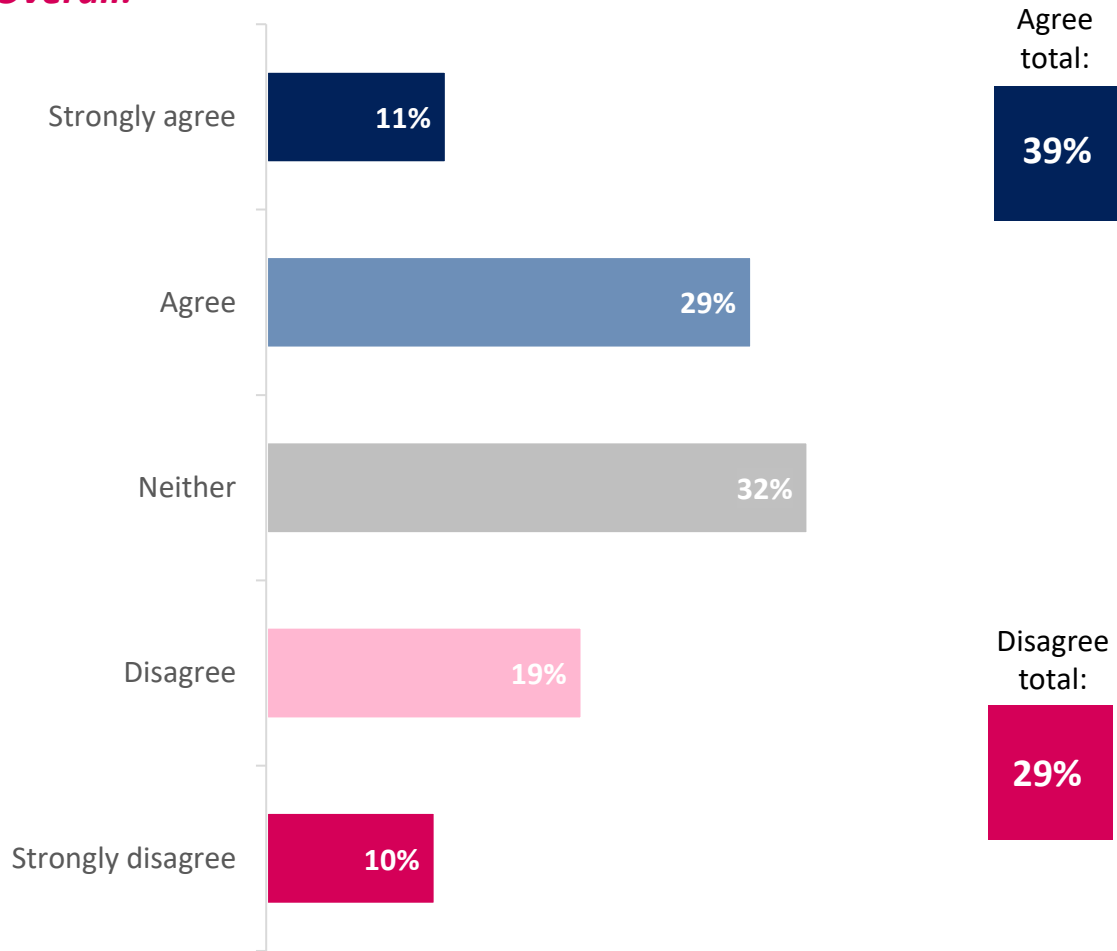
Finally, customers may choose to make use of friends / family / free community transport options to avoid having to pay these charges.



# Agreement and impact levels with proposal 5

Question: What extent do you agree or disagree with the proposed changes?

Overall:

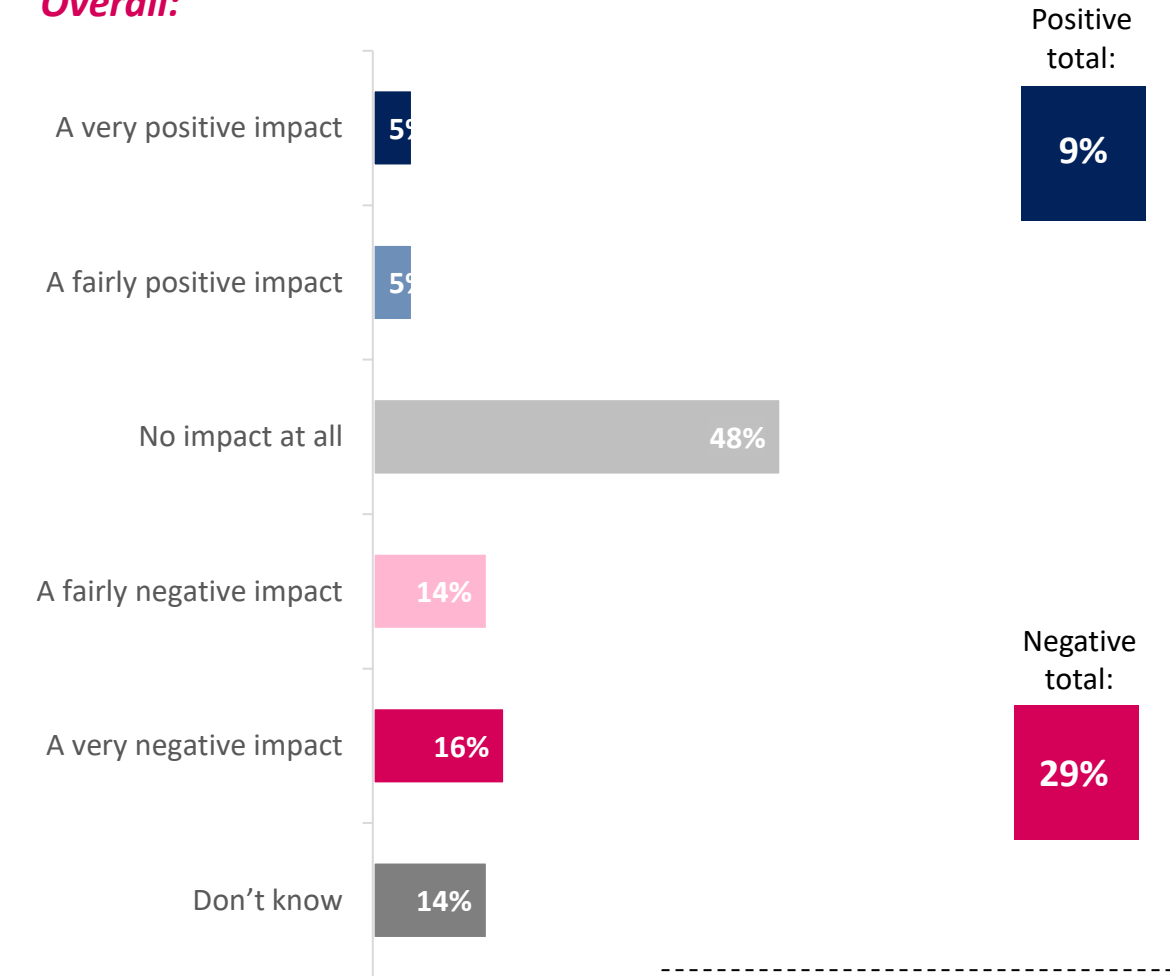


5 out of 9 respondents who pay the full cost either agreed or selected neither.

Base respondents: 150

Question: What impact do you feel this may have on you or your family?

Overall:



3 out of 9 respondents who pay the full cost either said it may have a positive impact or no impact, or that they didn't know.

Base respondents: 148



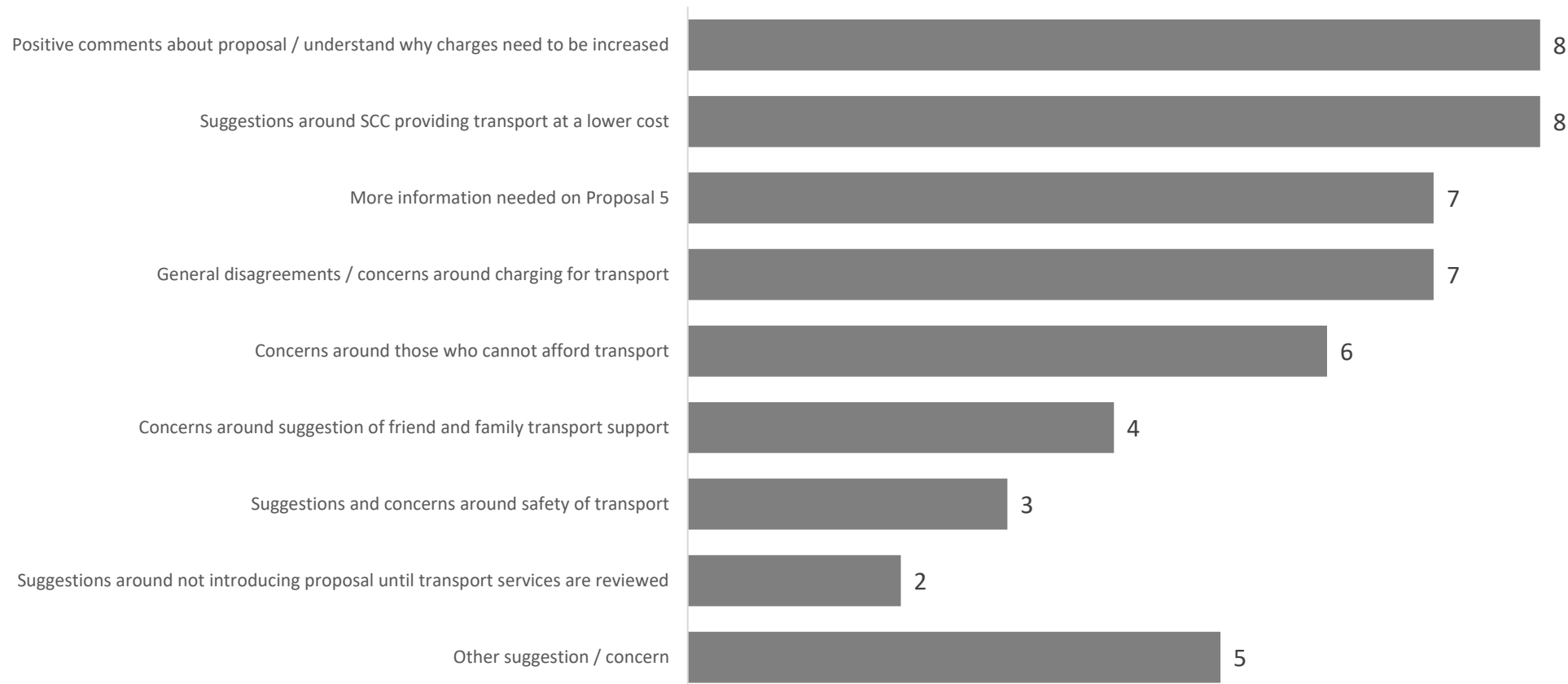
# Proposal 5 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





## Proposal 6 - Increasing the administration charges for processing deferred payment loans



## The questionnaire outlined the following information on proposal 6:

This will affect customers who pay the full cost. This will not affect customers who pay a contribution or those using Direct Payment.

This proposed change would only apply to you if you enter into a deferred payment loan agreement with the council from April 2024 onwards. Deferred payment loans are an option for people who need to move into a care home permanently, and have assets over £23,250 which are all tied up in a property which they do not want to sell. Deferred payment loans are only suitable for a very small number of people.

We charge administration fees to cover the cost of setting up and operating the deferred payment loan agreement. We are proposing to increase these fees for new deferred payment loan customers from April 2024.



## The questionnaire outlined the following more detailed information on proposal 6, for those who wanted to read :

### What is being proposed?

Deferred payment loans are an option for people who need to move into a care home permanently, and have assets over £23,250 which are all tied up in a property which they do not want to sell. They can apply for a deferred payment loan, and if approved, they will need to complete a deferred payment agreement. The council will pay for their care, having obtained a “first legal charge” on the property so that the council can recover the loan amount when the property is eventually sold.

Interest is charged at a small rate set by the government, and the Care Act 2014 permits the council to charge the customer for the administration costs of operating the loan.

We are proposing to increase the existing setup fee, introduce an annual fee and add other fees which will apply only when specific circumstances arise. In all cases these fees are simply covering our costs, and in all cases, they can be added to the loan if required.

We have taken note of other councils’ fees to ensure that our proposed fees are within a normal range and not excessive.

Specific changes being proposed are:

- a) The one-off setup fee of £730 is increased to £990. (This reflects a more systematic analysis of the workload and increases in staff hourly rates since 2019). An extra fee of £50 would be added if a discretionary meeting is required to discuss an applicant who does not meet the mandatory criteria (for example, if they already have a charge on the property).
- b) A new annual administration fee of £200, to cover the cost of regular maintenance work including producing statements.
- c) An extra fee of £200 for re-valuing the property when the loan amount reaches 80% of the original equity.
- d) Other variable legal fees charged as incurred, in rare cases
- e) All fixed fees would be listed in the rates document which accompanies the charging policy, and increased annually in line with latest costs
- f) Final invoice to attract interest of 4% over the base rate if not paid within 6 months of being issued



## The questionnaire outlined the following more detailed information on proposal 6, for those who wanted to read :

### What would be the impact?

People affected by this change would be the very small number of full-cost, residential customers who choose to enter a deferred payment agreement in the future. (Existing deferred payment customers would not be affected).

Typically, we have less than 10 new people per year who would experience the new, higher set up fee as well as the annual fees in due course.

Currently, the average weekly cost of care for the existing customers is £1008.37. Therefore, the new proposed fees, are small values compared with the annual cost of care.

In addition, customers have the option to defer payment of the fees by adding them to the loan.

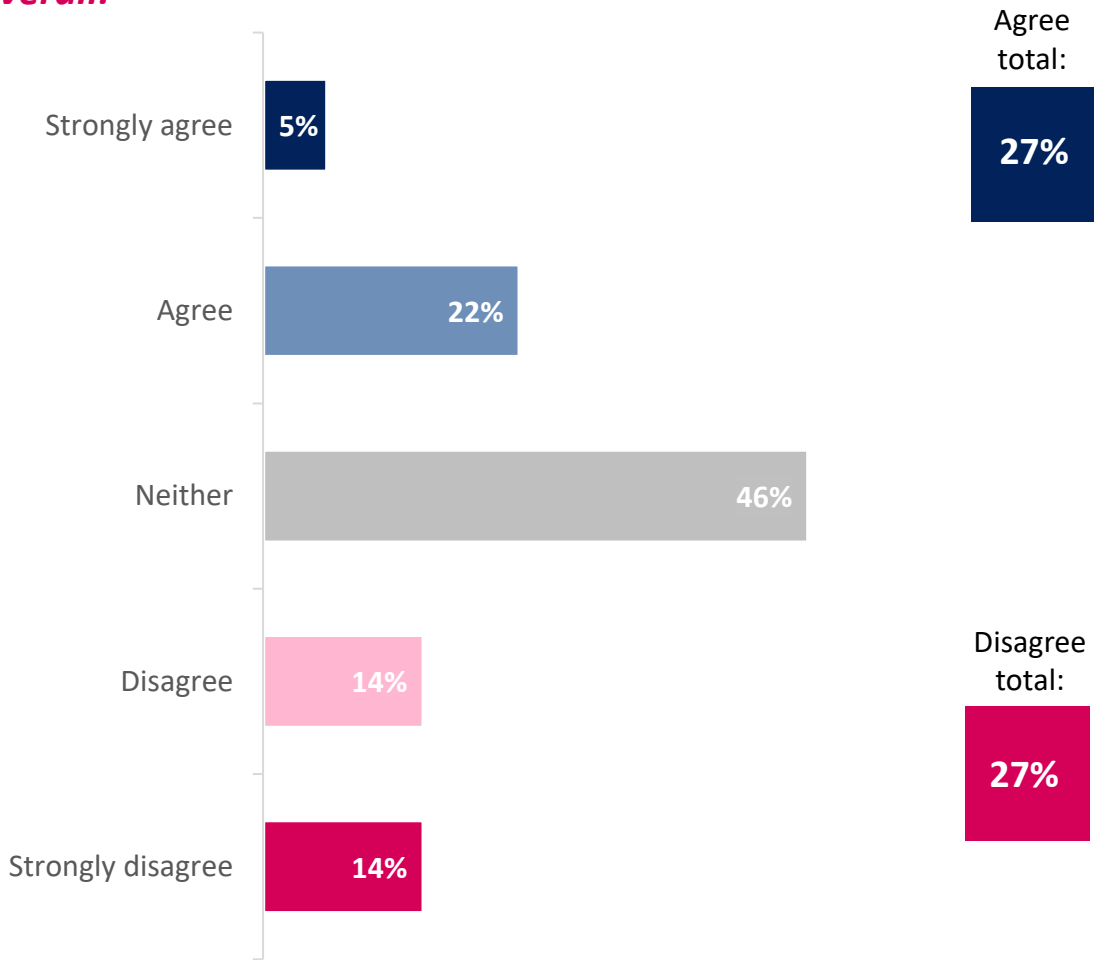




# Agreement and impact levels with proposal 6

Question: What extent do you agree or disagree with the proposed changes?

Overall:

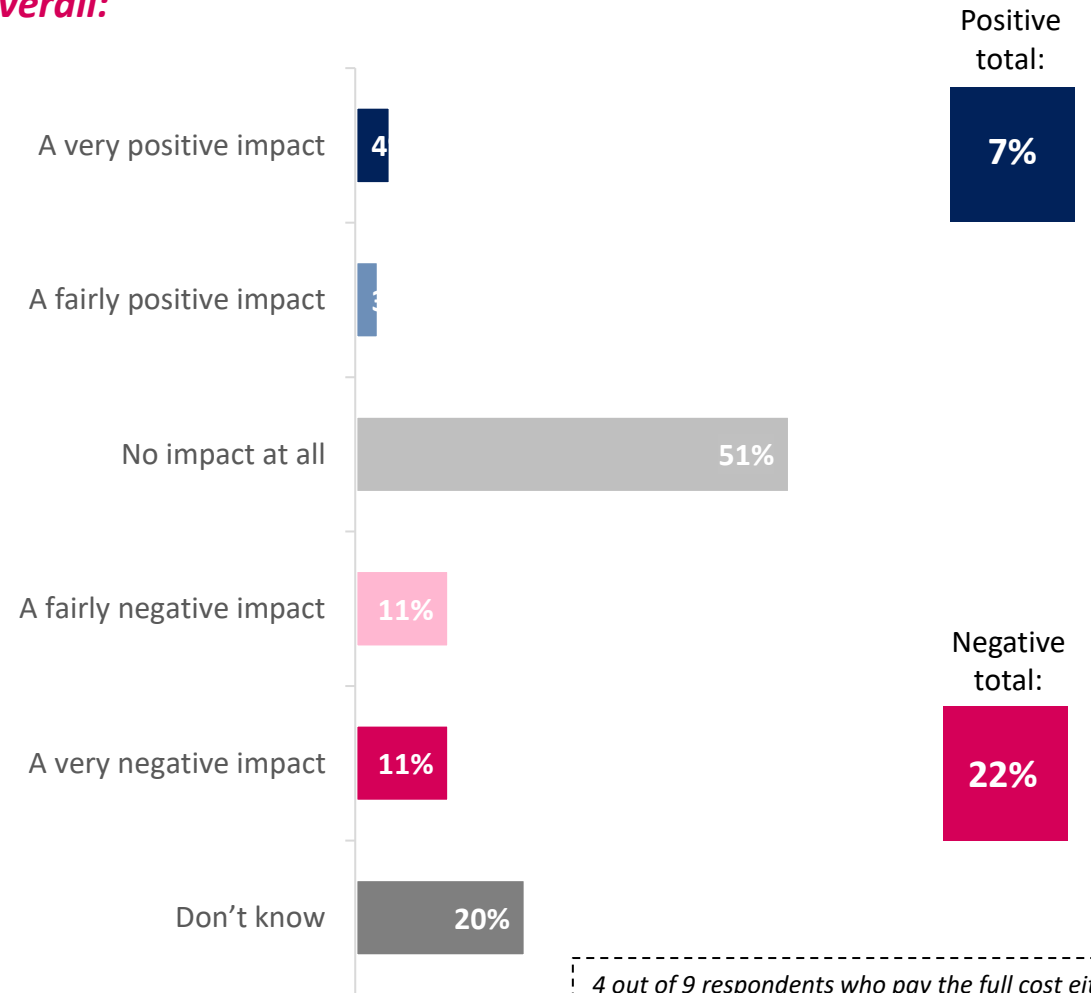


5 out of 9 respondents who the full cost either agreed or selected neither.

Base respondents: 148

Question: What impact do you feel this may have on you or your family?

Overall:



4 out of 9 respondents who pay the full cost either said it may have a positive impact or no impact, or that they didn't know.

Base respondents: 145



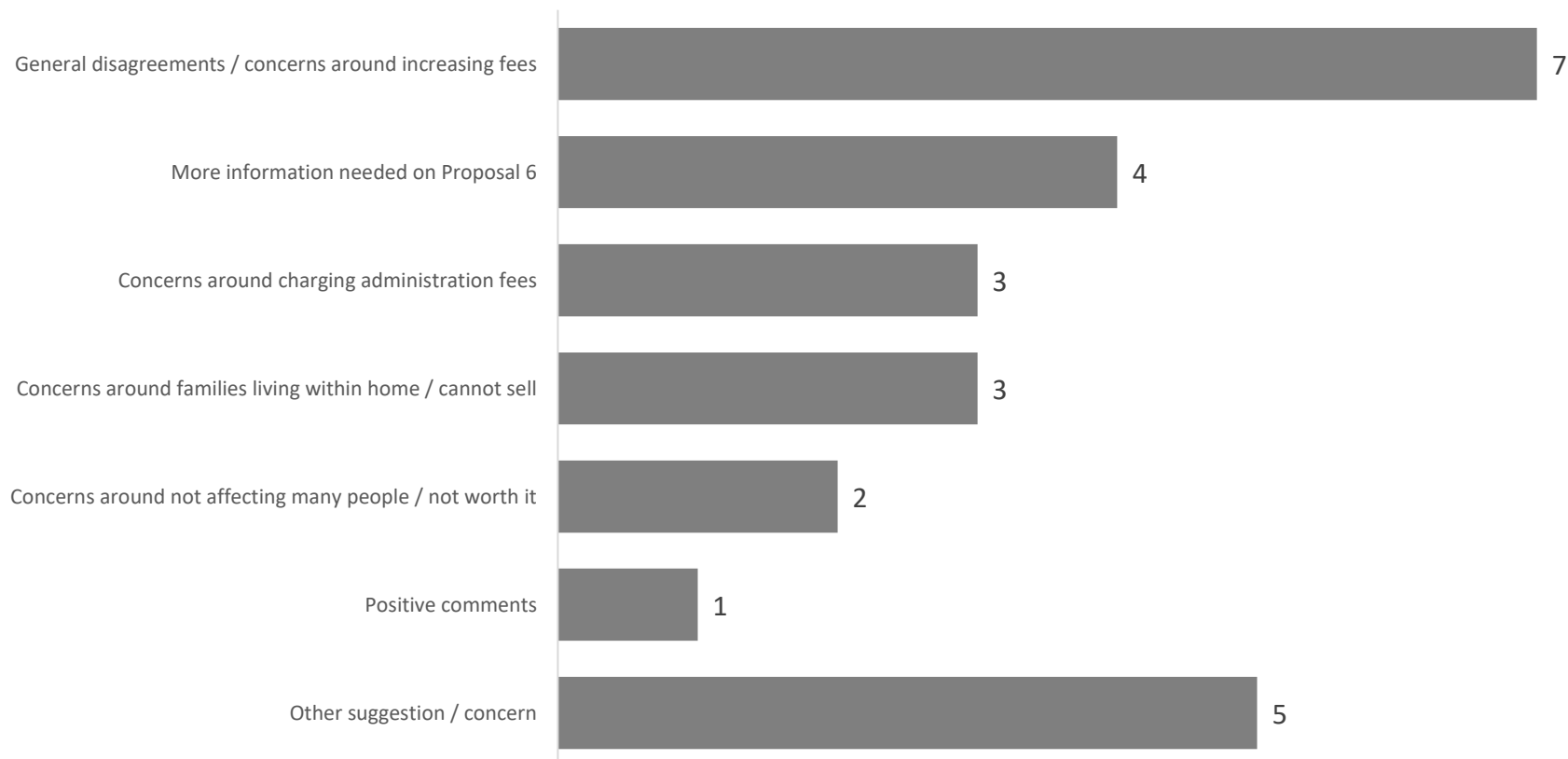
# Proposal 6 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





**Proposal 7 - Changing the “Minimum Income Guarantee” rate used for new customers aged between 60 and state pension age.**



## The questionnaire outlined the following information on proposal 7:

This will affect customers who pay a contribution and use Direct Payment. This will not affect customers who pay the full cost.

This proposed change would not apply to you if:

- a) You are in a care home, or
- b) You are aged 60 and over, and were financially assessed by Southampton City Council before April 2024

We carry out a financial assessment to work out what you can afford to pay towards the cost of your care. As part of that process, we have to make sure that you are left with a specific amount of money to cover your day-to-day living costs. This amount is set by the government and is called a “Minimum Income Guarantee” or MIG.

The MIG amount varies depending on your age group and the kind of benefits you receive. The highest MIG amount is for people of state pension age and over.

Up to now we have given the highest MIG amount to anyone aged 60 or over. From April 2024, we propose to revert to the normal age threshold. This means we would not apply the highest MIG amount until someone reaches state pension age, usually at the age of 66 or 67.



## The questionnaire outlined the following more detailed information on proposal 7, for those who wanted to read :

### What is being proposed?

When the financial assessment is carried out to assess how much someone can afford to pay for their non-residential care, a key element is the Minimum Income Guarantee, or MIG. This is the amount of a person's weekly income, which they need to keep for day-to-day living costs. It is set annually by the government, and takes into account the person's age and level of disability (based on the kind of benefits they are claiming).

The most generous MIG rate is reserved for people of state pension age and over. However, for many years the council has been using this rate for any customers aged 60 or over.

We propose that from April 2024, any new customers, and any existing customers aged 59 and under, would not be allocated the highest MIG rate until they reach state pension age, which will be at the age of 66 or 67. Instead they would be allocated the lower MIG rate for people aged 25+.

### What would be the impact?

Existing customers aged 60+ would not be impacted – we would continue to use the higher rate MIG they have already been allocated.

New customers aged 60-66 (there were 32 of these in 2022-23), and existing customers who turn 60 (there were 19 in 2022/23), would simply wait longer before they are allocated the higher MIG rate. This means their charges would be higher than they would have been without the proposed change, but would still be affordable, according to the government-set MIG rates.

No individual person would see any reduction in their MIG rate or increase in charges because of this proposed change.

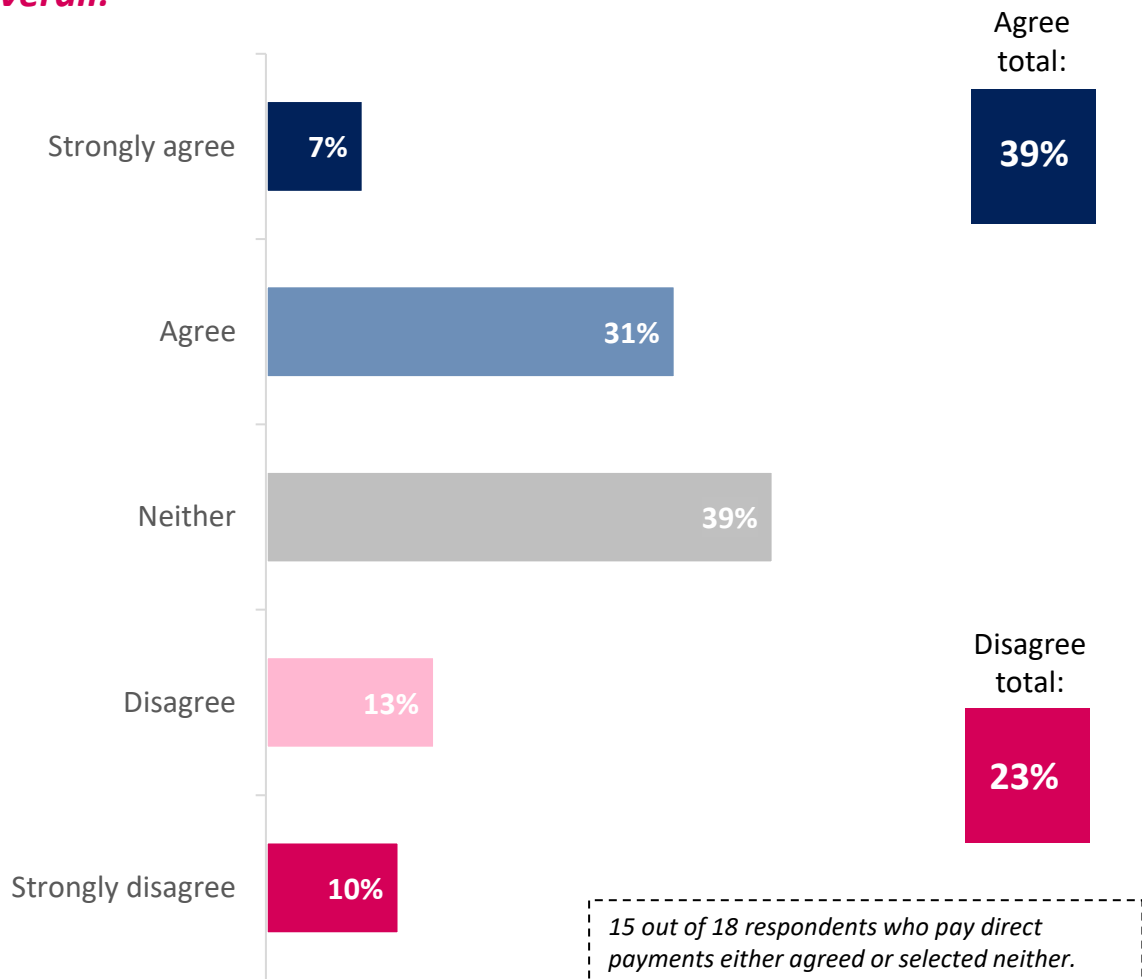
The increased income raised by this proposed change would help fund other care packages.



# Agreement and impact levels with proposal 7

Question: What extent do you agree or disagree with the proposed changes?

Overall:

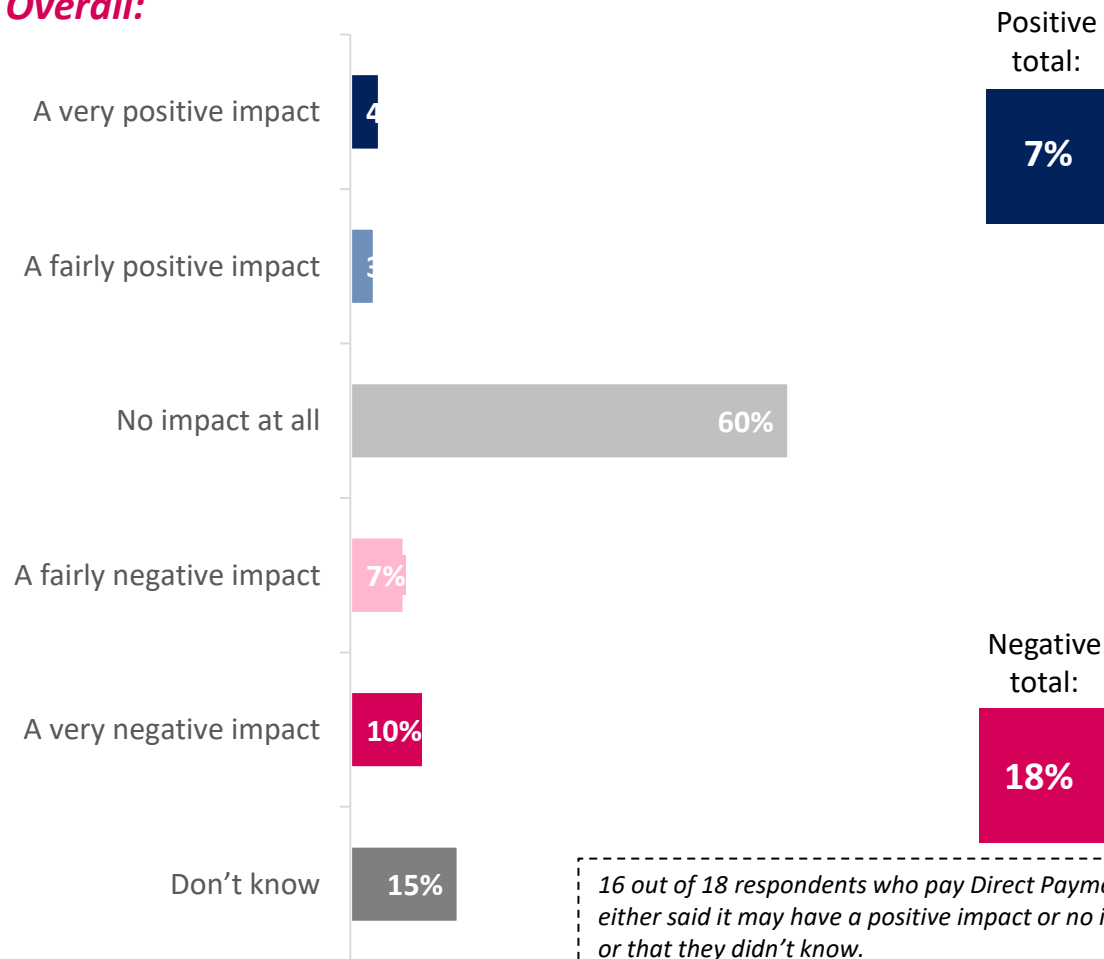


15 out of 18 respondents who pay direct payments either agreed or selected neither.

35 out of 43 respondents who pay a contribution either agreed or selected neither.

Question: What impact do you feel this may have on you or your family?

Overall:



16 out of 18 respondents who pay Direct Payments either said it may have a positive impact or no impact, or that they didn't know.

33 out of 42 respondents who pay a contribution either said it may have a positive impact or no impact, or that they didn't know.

Base respondents: 148

Base respondents: 148



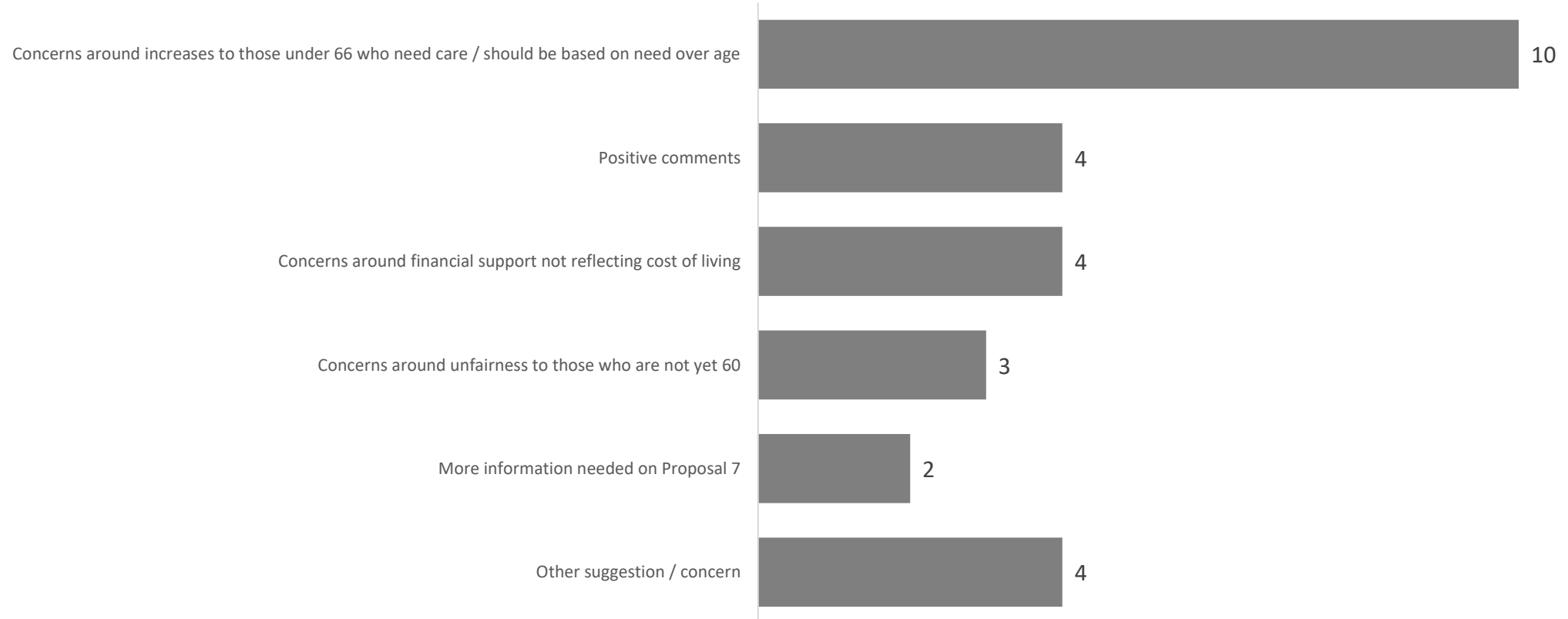
# Proposal 7 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





# Proposal 8 - Improvements to the general structure and accessibility of the ASC Charging Policy document





# Proposal 8

## The questionnaire outlined the following information on proposal 8:

This will affect customers paying a contribution, those paying the full cost and those using Direct Payment.

We have suggested edits to the ASC Charging Policy to make it easier to read and understand. By making the policy easier to read, we hope that customers have a better understanding of how we work out what they can afford to pay, and how we calculate the amount on their invoices.



## The questionnaire outlined the following more detailed information on proposal 8, for those who wanted to read:

### What is being proposed?

The charging policy is based on the Care Act 2014 regulations and statutory guidance, which means it can be challenging to read and understand.

The Council has suggested edits to the document to make it more accessible by:

- a) simplifying the wording
- b) changing the order of information in the document so that it reflects the order of events for a new customer
- c) including more diagrams and examples
- d) including a glossary to explain terms which some people might not know
- e) collecting all the rates and fees we use into one Rates Document.
- f) explaining how these rates and fees are updated each year.

### What would be the impact?

All adult social care customers are affected by the proposed changes. This includes people whose care is arranged by the council, people receiving a direct payment, and carers.

The intention is that by making the policy easier to read, customers have a better understanding of how we work out what they can afford to pay, and how we calculate the amount on their invoices.

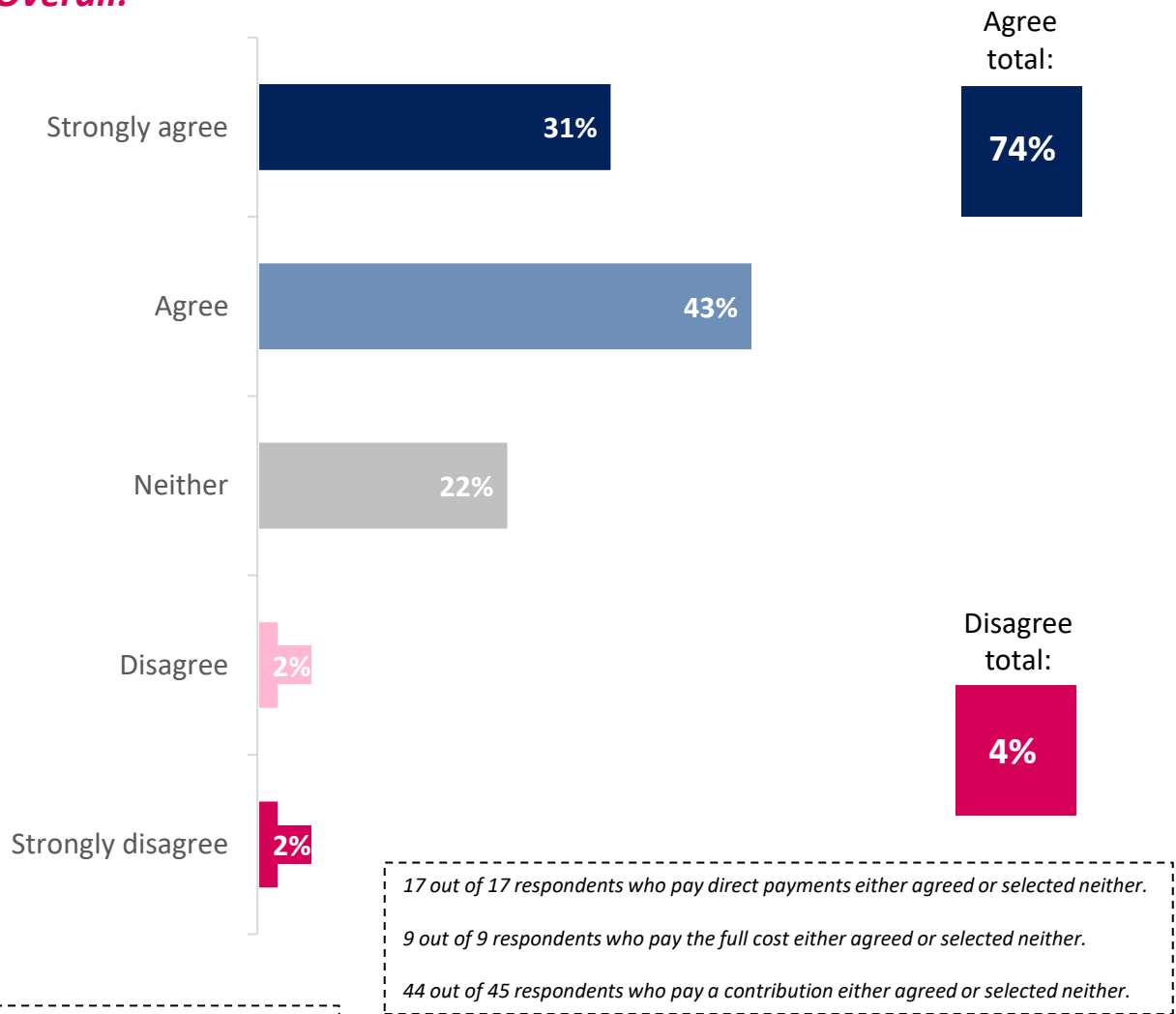
We would also produce an Easy-Read version of this description of the changes, to ensure that people with Learning Disabilities are not excluded from understanding how charging works.



# Agreement and impact levels with proposal 8

**Question: What extent do you agree or disagree with the proposed changes?**

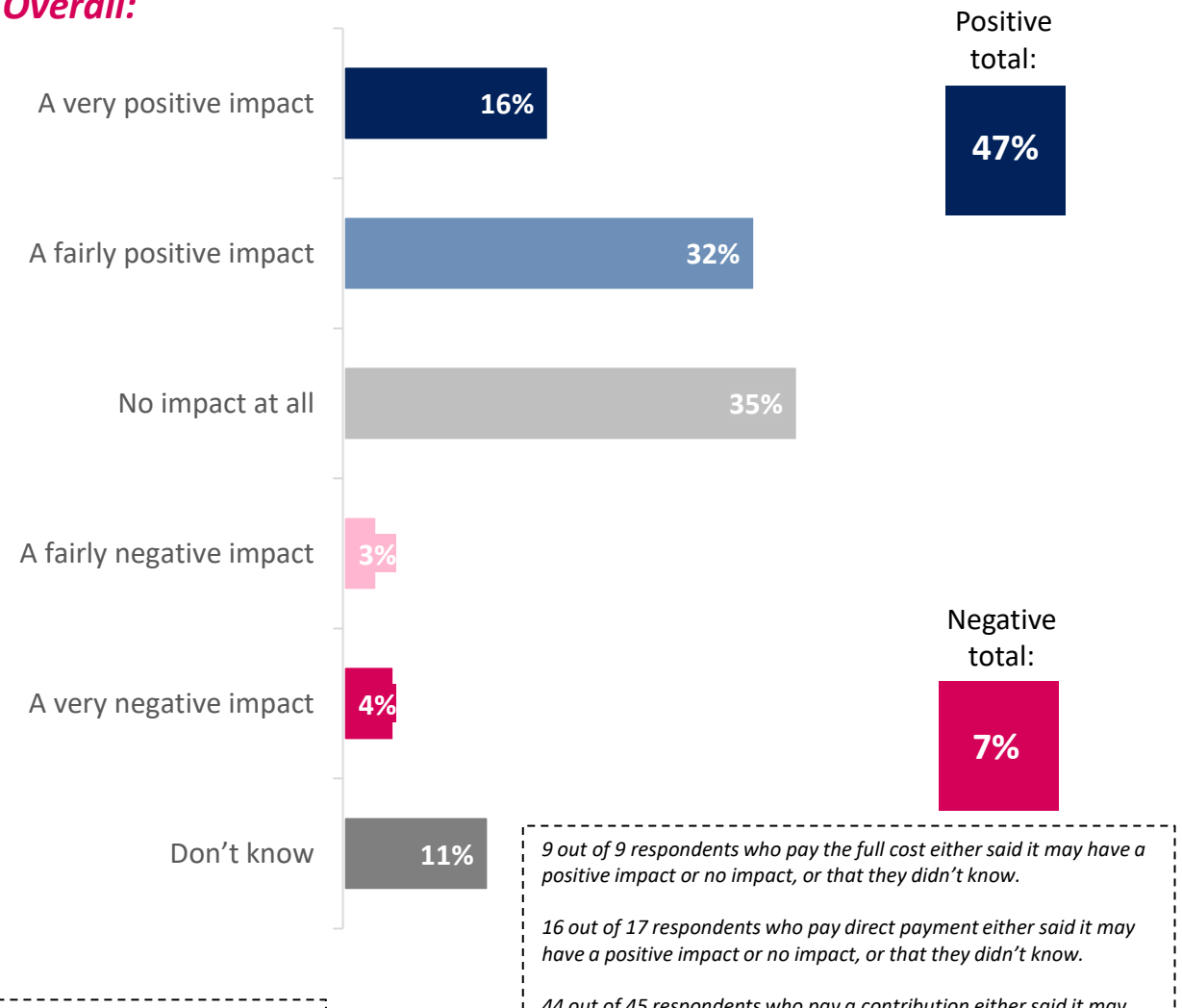
**Overall:**



Base respondents: 155

**Question: What impact do you feel this may have on you or your family?**

**Overall:**



Base respondents: 152



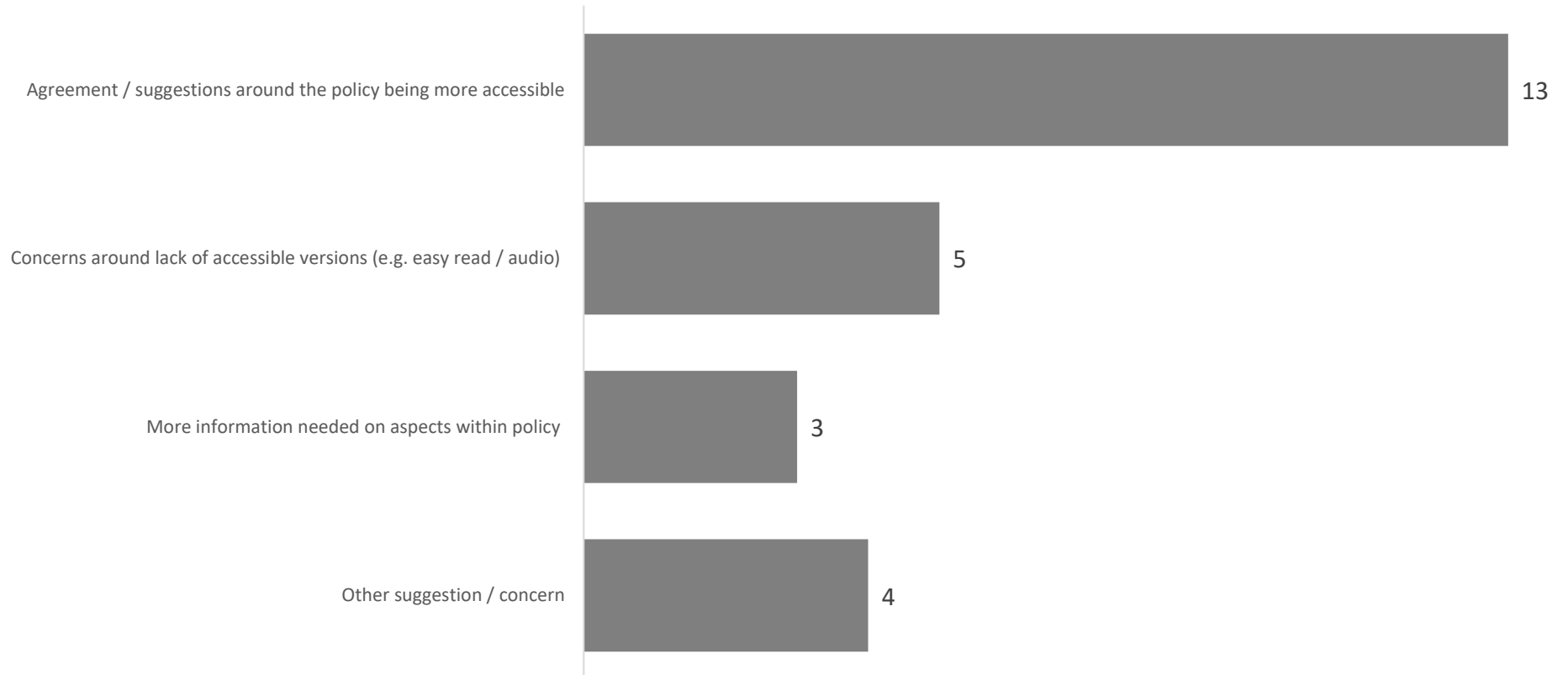
# Proposal 8 – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:





## Overall draft policy



# Overall Draft Policy

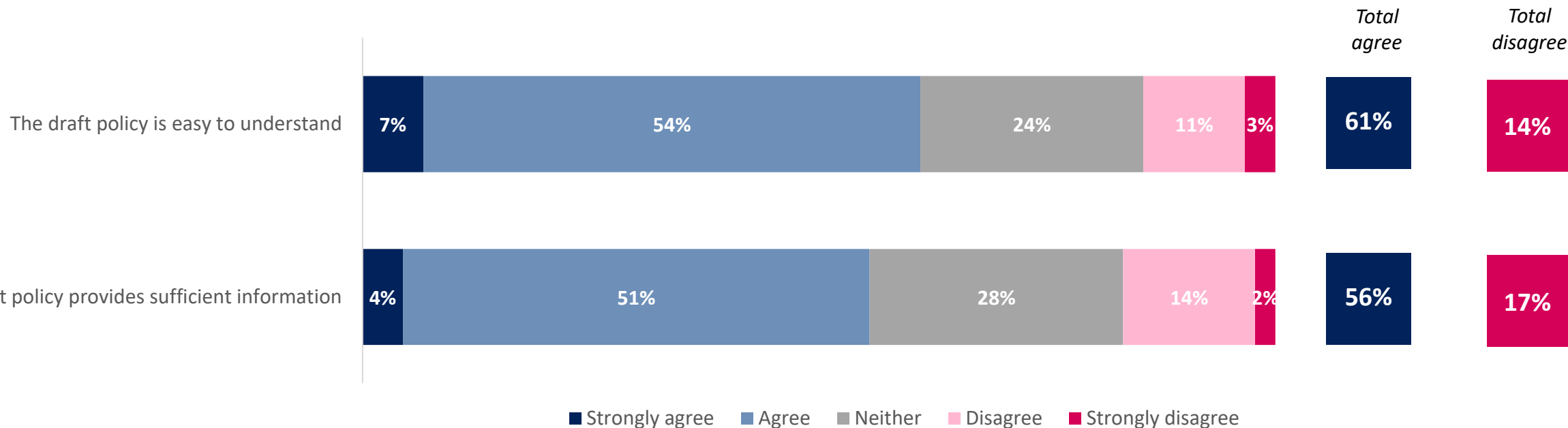
Have you read the proposed draft policy?

25% Yes, all of it

45% Yes, some of it

30% No

If you have read the proposed policy, to what extent do you agree or disagree with the following statements?

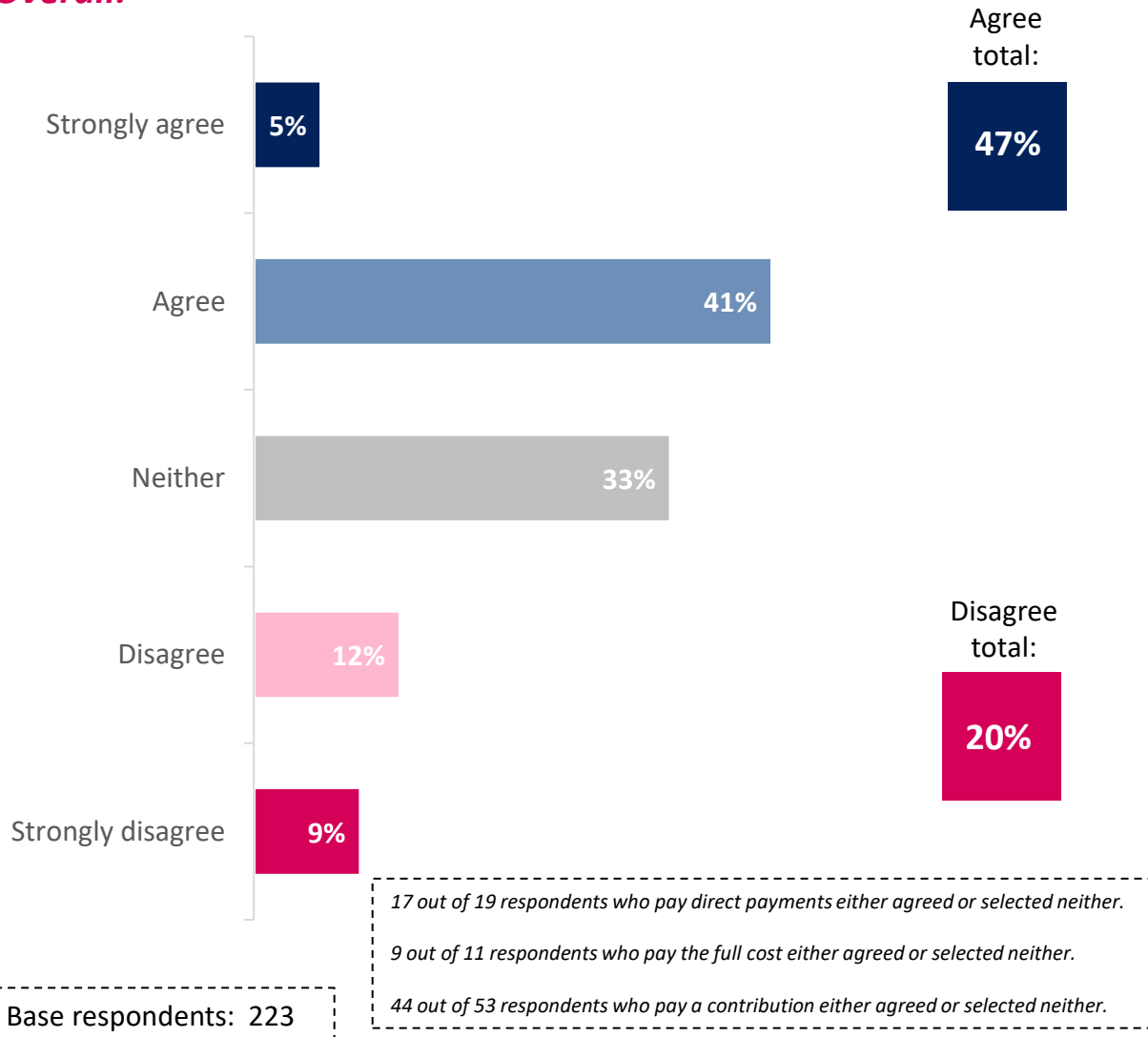




# Agreement and impact levels with proposed changes

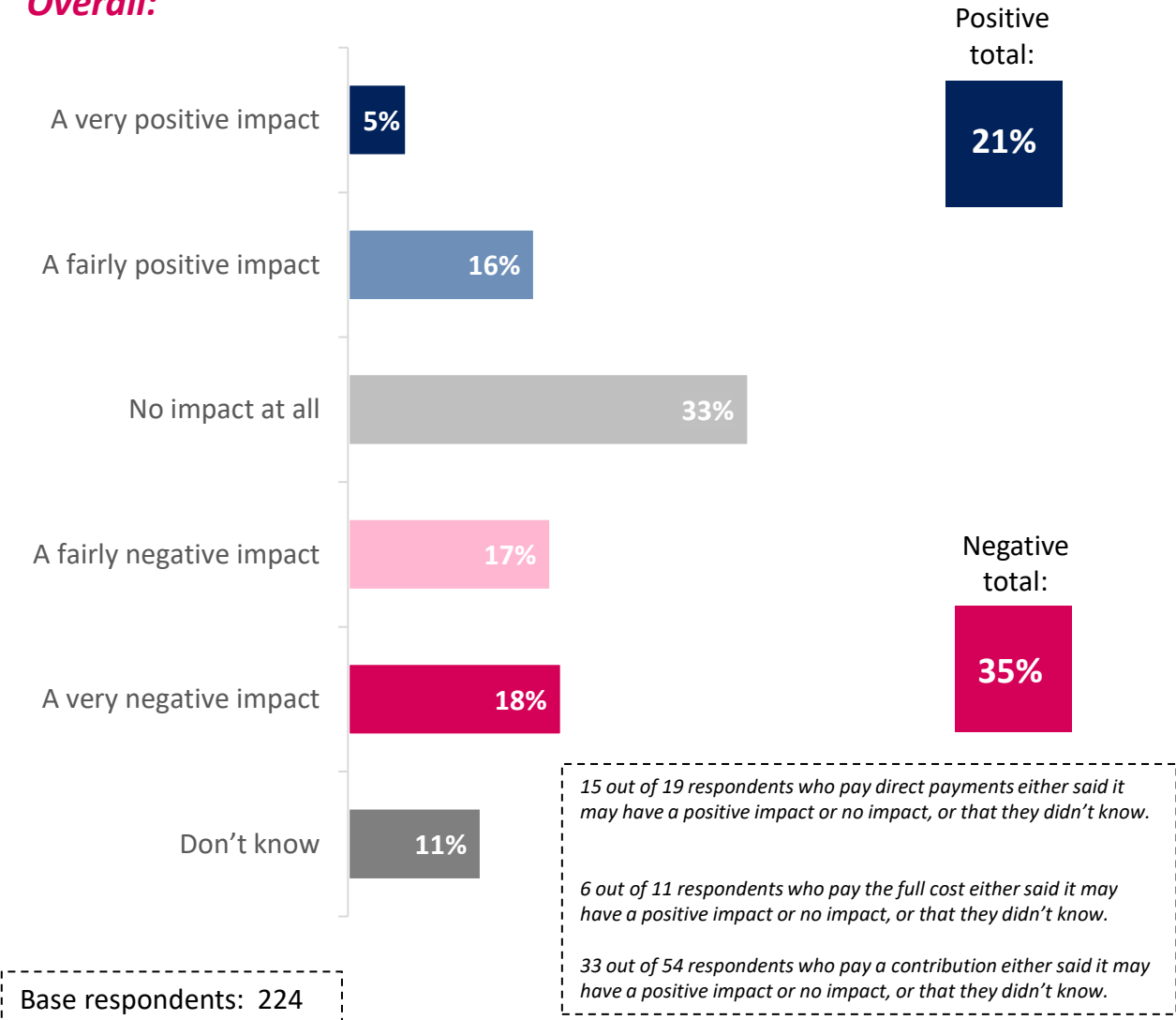
**Question: What extent do you agree or disagree with the proposed changes?**

**Overall:**



**Question: If the draft policy was to be implemented, what impact do you feel this may have on you or your family?**

**Overall:**





# Overall draft policy – Free text responses.

Within the questionnaire, respondents were given the opportunity to provide their own free text comments. Any email or letter responses were also analysed alongside free-text responses in the questionnaire.

The following graphs show the total number of respondents by each theme of comment.

*These graphs are in respondent count, rather than percentage.*

## Comments, impacts, suggests or alternatives:

