

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Public Health
<b>Date:</b>	27 January 2015
<b>Title:</b>	Implementation of the Care Act in April 2015
<b>Reference:</b>	6406
<b>Report From:</b>	Director of Adult Services

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### 1. Executive Summary

1.1. The purpose of this paper is to seek approval for a number of actions required to implement the first phase of the Care Act legislation from 1 April 2015.

1.2. This paper seeks to:

- Outline the areas where a decision is required.
- Set out a summary of the responses to an engagement exercise which was undertaken to obtain views on some of the proposals, which could affect how much people may have to pay when the local authority arranges care from April 2015.

### 2. Contextual information

2.1 The Care Act modernises existing social care law and brings a number of important new responsibilities for the County Council, some of which come into effect in 2015, the remainder in 2016. Adult Services has put in place a programme of work to ensure the changes are implemented in a timely and effective way, and that service users, carers, local stakeholder groups and the general public are kept well informed and are provided with information on the changes.

2.2 In outline, the main themes of the Care Act focus on:

- **Promoting wellbeing:** giving people greater choice and control to be independent and providing advice and support.
- **Keeping adults safe:** the Act provides the legislative framework for the safeguarding of adults from abuse or neglect.

- **Supporting carers:** carers will be entitled to receive support in their own right to help them with their caring role, if they meet new eligibility criteria.
- **Advocacy:** the requirement for the Council to provide independent advocacy to help individuals in certain circumstances as defined by the Act.
- **Cap on care costs:** there will be a limit to the amount people will have to pay for care in their lifetime (this will not come into force until April 2016).

2.3 Under the Care Act, adult social care authorities must comply with a range of statutory obligations, which are either set out in the Act itself or in accompanying Regulations and Statutory Guidance. However, the Government allows discretion in some cases, giving local authorities a 'power' rather than a 'duty' to undertake certain activities. The purpose of this report is, therefore, to set out the recommended course of action for the areas where decisions can be taken at local level.

2.4 The Department of Health has not provided guidance as to whether local authorities need to consult on proposed changes which the Care Act will introduce. However, in line with previous practice and to support robust decision making, the County Council has taken the view that it is important to engage with the public, particularly about any changes which could affect how much people may have to pay when the local authority arranges care from April 2015. Sections 3 to 5 of this report outline the proposed changes that were included in the recent public engagement exercise. Section 6 sets out decisions required to implement the Care Act that did not require consultation.

### **3. Proposed introduction of an arrangement fee for people who fund their own care who ask the council to arrange the care**

3.1 Some people with eligible care and support needs do not qualify for financial help from their council, because they have financial assets above the upper limit set by Government. The Care Act states that where an adult's needs for care and support meet the eligibility criteria but their financial resources are above the financial limit, the local authority must still meet the adult's needs if the adult asks the local authority to do so. From April 2015, local authorities are required to provide this service to all self funders who ask us to arrange non-residential care. The requirement for councils to broker residential and nursing care for self funders who ask them to do so is expected to be introduced in April 2016.

3.2 It is important to note that people who fund their own care can make their own care arrangements, and do not need to involve their council in organising care, should they not wish to do so. The County Council offers information and advice, the Care choice website, and well-regarded publications to help people find care independently. In addition, in order to support self funders find appropriate care, the County Council is planning to expand its 'Buy with Confidence Scheme'. From April 2015, 'Buy With Confidence Plus Care' will provide a list of businesses and/or individuals providing care and support services who have been successfully approved, demonstrating that they have undergone the appropriate training and met background checks. These

checks will be performed by Hampshire County Council's Adult Services Department and Trading Standards Service. Initially the scheme will provide a Buy With Confidence Plus Care-approved list of Domiciliary Care Agencies, but it is hoped that it will be expanded in due course to include other types of social care services. Finally, self funders also have the option of using care brokerage organisations in the private sector to help them organise care, if they wish.

- 3.3 If a self funder does make the decision that they want the council to help them organise care at home, the Care Act will allow the council to charge an arrangement fee to cover the cost incurred in arranging care, but the council must not make a profit. This can include the cost of negotiating and/or managing the care contract with a provider and covers any administration costs incurred. The Care Act Statutory Guidance suggests it may be appropriate to charge a flat rate fee for arranging non-residential care, in order to help ensure people have clarity about the costs they will face if they ask the council to arrange their care. It is estimated that the Hampshire County Council set-up fee for arranging care would be approximately £600, and thereafter there would be an annual fee of approximately £320 to cover additional routine finance administration. The £600 set-up fee includes care management brokerage, back-office finance support, paying invoices to the provider and invoicing the client. The £320 charge for subsequent years includes paying invoices to the provider and invoicing the client.
- 3.4 Hampshire County Council has sought feedback in the public engagement exercise on whether these would be acceptable charges, whether the charges should be lower, or whether the Council should not charge a fee.
- 3.5 Appendix C summarises the feedback from the public engagement survey. 34.7% of those who responded on this topic said that the council should not introduce a fee for arranging care. However, 65.3% thought a fee should be charged, and of these respondents the majority (55%) opted for the council's suggested fee structure of £600 for setting up care and £320 as an annual admin fee for subsequent years. Feedback from the public has indicated the importance of being clear what the fees would include so that the council can demonstrate it is only covering its costs in organising and maintaining an individual's care arrangements.

*Proposal: financial and demographic analysis indicates that demand for help with arranging care and support is likely to rise as a result both of the Care Act and the ageing population, so in order to cover the cost to the local authority of arranging care for self funders who choose to ask for help to arrange non-residential care, but without making a profit, it is proposed that the council should go ahead with introducing the charges of £600 (set-up) fee and £320 (admin fee for subsequent years). It is proposed that fees will be reviewed annually.*

## 4. Proposed changes to the Council's Deferred Payment Scheme

### 4.1 Background

Hampshire County Council has significant experience in operating a Deferred Payment Scheme using the current power to do so. Primarily, this scheme allows an individual who has less than £23,250 in savings not including the value of their home to use the value of their home to defer paying care home costs. The individual is still required to make a contribution towards the costs from their income and any savings, if they are assessed as financially able to do so. The care costs that are being deferred are paid by the council during the period of the Agreement and are then recovered when the property is sold. It is important that individuals considering a deferred payment are recommended to seek independent financial advice before making care funding decisions. The County Council will advise people to seek independent financial and legal advice.

Under the Care Act and associated Regulations, councils will from 1 April 2015:

- be able to charge an administration charge to cover their costs in putting in place and monitoring the agreement, but the council is not allowed to make a profit;
- be able to charge interest on the deferred amount which can include the administration charge;
- be required to offer a deferred payment agreement in certain situations; and
- have power to offer an agreement in many more situations.

### 4.2 Interest

4.2.1 Councils will have the power to charge interest from the start of a Deferred Payment Agreement but this is not a legal requirement and the Government is not specifying a particular interest rate that should be charged. Regulations do however specify that the maximum rate of interest will be set nationally and how it will be calculated<sup>1</sup>. At the current time, this maximum interest rate would equate to 2.6% and the interest is charged on a compound basis. The charging of interest is intended to cover the cost of lending and the risk to local authorities associated with lending, for example the risk of default.

4.2.2 Because there is discretion as to the rate that can be set, Hampshire County Council has sought views from the public and stakeholders on whether to charge interest and if so at what rate. Appendix C summarises the feedback from public engagement. 40.4% of those who gave feedback on

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<sup>1</sup> As set out in the *Care and Support Statutory Guidance (October 2014)*, the maximum interest will be based on the weighted average interest rate on conventional gilts plus 0.15% as published by the Office for Budget Responsibility. This interest rate will change every six months on 1 January and 1 June and local authorities must ensure that any changes to the national maximum interest rate are reflected within their authority and applied to any agreements they have entered into (unless they are already charging less than that national maximum).

this topic thought that the council should not charge interest. However, over half of the respondents (59.6%) thought that the Council should charge interest, with answers split between those who opted for the maximum rate set by Government (33.4% of respondents) and those who thought the council should charge a lesser rate (26.2% of respondents). Typically, those who thought the council should charge a lesser interest rate felt that the rate should be in line with the Bank of England base rate and/or no more than can be currently earned on a savings account (around 1 to 2%).

*Proposal: in order to cover the risk to the council of agreeing deferred payment loans, which ties up taxpayers' money that could otherwise be invested in other council services, it is proposed to charge the maximum interest rate stipulated by the Government.*

#### 4.3 Administration Charge

4.3.1 Similarly, councils are not required to charge an administration fee when they put in place a Deferred Payment Agreement. If they do so, the administration charge is limited to covering costs incurred in putting the arrangement in place and the ongoing management of the agreement. The administration fee would cover elements such as the cost of staff time in making the arrangements and paying for costs such as property valuations and Land Registry fees. Councils have a choice as to whether they charge an average amount for certain elements as defined or whether, for each individual case, they calculate the time spent by council staff and the disbursements and charge each individual accordingly. Hampshire County Council has therefore sought views from the public and stakeholders on whether to charge an administration fee and if so at what level. Preliminary financial estimates were that it would on average cost the council £1250 to put in place each agreement and then £580 per year during the period of the agreement. The set-up costs of £1250 included legal time and costs of placing a charge on the property, Adult Services set-up costs, back-office finance support, a property valuation fee, paying invoices to the provider, and invoicing the client. The £580 charge in subsequent years included paying invoices to the provider, invoicing the client, and periodic property revaluations.

4.3.2 Appendix C summarises the feedback from public engagement. The most common response on this topic in the survey was that the council should retain the current administration charge of £320 (43% of respondents). 32% of respondents thought the council should not charge people for putting in place a deferred payment, and only 25% thought that the council should charge the average cost of £1250 (set-up) and £580 (annual charge thereafter). There is recognition amongst the majority, therefore, that the council does need to charge for the administration of this scheme, so that it can be cost-neutral, although there was reluctance to accept the average costs that the council has estimated.

*Proposal: further work has now been carried out to calculate the costs that would be incurred. This has enabled some adjustments to lower the fees set*

*out in the engagement exercise. In order to cover the true cost to the council of administering Deferred Payment Agreements but without making a profit, as intended by the Government, it is proposed that from April 2015 the new fees for a routine deferred payment agreement should be a maximum of £1190 for set-up and £312 for administration of the loan agreement in subsequent years, except in a year where a further valuation of the property is required, in which case the annual fee would be £612. These figures are based on averaging costs where permitted plus the actual cost of such charges as valuations and Land Registry fees. Where there is, for example, a dispute as to the value of a property that requires a more detailed valuation the proposal is that the Council reserve the right to pass on the additional cost. It is proposed that costs will be reviewed annually. Information for the public will be written so that it is very clear what the fees would cover and the circumstances in which they would apply.*

## **5. Backdating of non-residential care charges**

- 5.1 Currently, in line with the Department of Health's Fairer Access to Care Services Statutory Guidance, the council has not made a charge for any period before an assessment of charges has been communicated to the service user. This means they may be receiving care services for some time before they start being charged for them. This is not replicated under the Care Act. Hampshire County Council has therefore taken the opportunity to propose that after April 2015 when new customers are billed, they will be charged from the first date the care service started. A question was included in the engagement exercise to seek public views about whether the council should make this change to its policy about backdating the charge.
- 5.2 Appendix C summarises the feedback from public engagement. Amongst those who responded to the survey, there was a very even split, but a small majority (56.5%) thought that the council should charge from the first date a service starts. Many people did, however, say that financial assessment needed to be faster so that people knew sooner what they would be expected to pay. Many also said that people should be told what they would need to pay, or at least get an estimated cost, before commencing payment.

*Proposal: whilst it is recognised that the financial assessment must be completed as soon as possible, the council proposes to begin charging people from the first date that a care service starts.*

## **6. Additional Care Act changes not included in the public engagement**

- 6.1 This section of the report sets out a number of decisions which need to be made in order to progress implementation but which relate to operational matters that did not need to be included in the public engagement exercise.

## **6.2 Transition from the existing to the new Deferred Payment Scheme from April 2015**

To ensure a smooth transition from the current to the new terms and conditions of the Deferred Payment Scheme, the council wants to put in place clear arrangements for briefing staff so they can advise individuals interested in considering a Deferred Payment Agreement about the potential for interest and administration fees to be charged from April 2015, subject to decisions outlined in Section 4 of this report. The Executive Member is asked to approve the following<sup>2</sup>:

- Where the end of the 12-week property disregard period/ commencement of the Deferred Payment Agreement is before 1 April 2015, this will be on current terms and conditions. This is not dependent on the application being received nor the agreement being signed before 1 April.
- If the end of the 12-week property disregard period/commencement of the Deferred Payment Agreement is after 1 April 2015, this will be on the new terms and conditions.

## **6.3 The power to charge for care and support services**

Section 14 of the Care Act gives local authorities a power rather than a duty to charge people for care and support services from April 2015. The current position is that councils on the one hand have a duty to charge people in respect of residential care, subject to a financial assessment of their ability to pay and on the other hand they have a power to charge for non-residential care services. The Act therefore permits greater flexibility about whether to charge than previous legislation. At present the County Council asks people to make a financial contribution, subject to a financial assessment of their ability to pay, for both residential and non-residential care services. Particularly in the current financial climate for the public sector, it is not considered viable to cease charging for any of these services. Any changes required under the Act as to how finances are assessed will be implemented and proposals for other specified charges are as set out in this report. In all other respects the Executive Member is asked to formally agree: to continue to financially assess and charge as at present for both residential and non-residential care; and that consequential amendments will be made to the policy framework.

## **6.4 Social care in prisons and approved premises**

Section 76 of the Care Act sets out the responsibility for councils to meet the eligible care and support needs of people in prisons and approved premises

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<sup>2</sup> The Department of Health is expected to publish regulations setting out the transition arrangement for measures in the Care Act, such as the timescales for moving to the new Deferred Payment Scheme. The regulations have not yet been released, so this recommendation is still subject to change, should the Department of Health require councils to put in place different timeframes from those suggested here.

within their local authority area, regardless of an individual's ordinary residence prior to detention. Section 17.37 of the Care Act Statutory Guidance states that those in custodial settings should be subject to a financial assessment to determine how much they may pay towards the cost of their care and support, as would happen in the community. The Executive Member is asked to note that often a light-touch financial assessment will be most appropriate as individuals may not be in a position to make a contribution towards their care costs.

## **7 Consultation**

7.1 In considering how to engage with the public prior to implementation of parts of the Care Act in April 2015, a distinction has been made between:

- changes that are stipulated in legislation over which the council has no influence, hence make it irrelevant to seek public opinion; and
- changes where there is some discretion about implementation at local level.

In addition, Adult Services' previous practice is to seek public views, particularly about any changes which could affect how much people may have to pay when the council arranges care and support services. Consequently, Adult Services has undertaken a short, intensive engagement exercise to seek views on some of the legislative changes where there is local discretion and where service users in future may be affected.

7.2 The engagement exercise was undertaken between 21 November and 22 December 2014 and sought views and feedback both on the additional charges relating to care and support that councils can charge from April 2015, as well as taking the opportunity to ask questions about how best to get information and advice about social care and support services out to the county's residents. [For information, the engagement exercise also sought public feedback about the proposal to create a pooled budget between Hampshire County Council and the five Hampshire Clinical Commissioning Groups, as part of the Better Care Fund. The Executive Member will receive a separate report about the pooled budget.]

7.3 A variety of engagement methods were used to reach as many people as possible including: an online survey; postal survey; a stakeholder event held on 28 November; raising awareness through existing forums and groups; media releases and word of mouth. The use of a postal survey to 5,000 random households in Hampshire targeted the wider public, and those who may personally require, or whose relatives may require, adult social care services in the future. The use of an online survey has meant that the views of partner and other stakeholder organisations, elected members, staff, and the voluntary and community sector have been sought. Surveys were offered in alternative formats to ensure that those with accessibility needs were not excluded from taking part.

7.4 647 responses to the survey were received from individuals and organisations. Three quarters (76%) were from members of the public. The

results of the engagement exercise have been collated and a summary of the findings, analysed by the Department's Research Manager, are attached at Appendix C.

## **8 Equalities**

- 8.1 It is for the Executive Member as decision maker to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.2 A screening Equality Impact Assessment (EIA) has been completed and it was identified that a full EIA was not needed to evaluate the recommendations outlined in this report. The screening EIA is summarised in Appendix B. An impact, albeit low, was identified for the protected characteristics of age and disability but this was primarily because people who have care and support needs, who may be affected by the proposed charging changes in the report, are more likely to be older people with a level of disability. However, people in these groups are not impacted as a direct result of their age or disability by the proposed changes outlined in the report. In addition, individuals are financially assessed to ascertain their ability to make a contribution towards the cost of any care, and are not asked to pay charges beyond the level they are assessed as able to afford.

## **9 Recommendations**

That the Executive Member for Adult Social Care and Public Health:

- 9.1 Approves the introduction of a care arrangement fee for self funders who ask the council to arrange non-residential care on their behalf with the level of the fee being £600 for the initial set-up costs, and £320 in subsequent years to cover ongoing administration costs with the level of fees to be reviewed annually;
- 9.2 Approves the charging of interest when the council enters into a Deferred Payment Agreement from April 2015 and that the rate of interest will be the maximum rate set by the Government for the relevant period, which is based on the weighted average interest rate on conventional gilts (as published by the Office for Budget Responsibility) plus 0.15%;
- 9.3 Approves the charging of an administration fee for Deferred Payment Agreements from April 2015 and that for a routine agreement the usual fee will be a maximum of £1190 for the initial set-up costs, and £312 in each subsequent year to cover ongoing administration costs (or £612 in a year where a valuation is due and is carried out by the Council) with the level of fees to be reviewed annually. The council will reserve the right to pass on any additional costs, for example, if a more complex and costly valuation of the property is required;

9.4 Agrees the transition arrangements for moving from the current terms and conditions for Deferred Payment Agreements to the new scheme, namely that:

- Where the end of the 12-week property disregard period/commencement of the Deferred Payment Agreement is before 1 April 2015, this will be on current terms and conditions. This is not dependent on the application being received nor the agreement being signed before 1 April.
- If the end of the 12-week property disregard period/commencement of the Deferred Payment Agreement is after 1 April 2015, this will be on the new terms and conditions.

9.5 Approves continuing to assess financial resources and charge for both residential and non-residential care on the same basis as prior to relevant provisions of the Care Act coming into force subject to any changes made by the Care Act; and agrees that consequential amendments will be made to the policy framework;

9.6 Notes that prisoners in receipt of social care services will be financially assessed to determine whether they are eligible to contribute towards their care costs; and

9.7 Delegates to the Director of Adult Services the final sign-off for the fees to be charged, should further Department of Health guidance or more detailed analysis require any minor adjustments prior to April 2015.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	no
<b>Maximising well-being:</b>	yes
<b>Enhancing our quality of place:</b>	no

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>		<u>Date</u>
Care Act 2014		May 2014
Care and Support Statutory Guidance, issued under the Care Act 2014		October 2014
Final Regulations under Part 1 of the Care Act		October 2014

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2 Equalities Impact Assessment:**

#### **Purpose for project/proposal**

The Care Act 2014 requires councils to comply with a range of statutory obligations, set out either in the Act or in accompanying Regulations or Statutory Guidance. However, in relation to some changes brought about by the Act, the Government allows councils some discretion about how to implement changes. The Executive Member will be asked on 27 January to make decisions about a number of discretionary changes, which relate to how much people pay for certain care and support services. The issues to be decided include: whether to introduce a care arrangement fee for self funders who ask HCC to organise their non-residential care; whether to charge interest from the start of a Deferred Payment Agreement and at what level; whether to increase the current admin fee for a Deferred Payment Agreement to cover costs; how to manage the transition between the old and the new Deferred Payment schemes; whether the council is going to continue asking people to make a contribution towards the cost of their care in future; and to include people in prison and approved premises in the existing Contribution Policy.

## **Consultation**

An engagement exercise to test public views was undertaken between 21 November and 22 December 2014 and sought views and feedback both on the additional charges relating to care and support that councils can charge from April 2015, as well as taking the opportunity to ask questions about how best to get information and advice about social care and support services out to the county's residents. A variety of engagement methods were used to reach as many people as possible including: an online survey; postal survey; a stakeholder event held on 28 November; raising awareness through existing forums and groups; media releases and word of mouth. The use of a postal survey to 5,000 random households in Hampshire targeted the wider public, and those who may personally require, or whose relatives may require, adult social care services in the future. The use of an online survey has meant that the views of partner and other stakeholder organisations, elected members, staff, and the voluntary and community sector have been sought. Surveys were offered in alternative formats to ensure that those with accessibility needs were not excluded from taking part.

## **Why do you consider that your project/proposal will have low or no impact?**

An impact, albeit low, has been identified for the protected characteristics of age and disability but this is simply because people who have care and support needs are more likely to be older people and people with a level of disability. However, people in these groups are not disadvantaged more than any other group of people would be by the proposed changes outlined in the report.

The main issues in the report that could affect people are: the proposal to charge self funders a fee for arranging their care if they ask the council to do this on their behalf; the proposal to charge interest from the start of a deferred payment loan which is new; and the proposal to increase the current admin fee for arranging a deferred payment so that it truly covers the costs to the council.

The reason why 'low' impact has been identified is that people have a financial assessment to assess whether they can afford to contribute to the costs of their care, so we would not ask people to pay if they could not afford to do so. As regards the self-funder arrangement fee, this is optional in that individuals can choose to make their own arrangements if they do not want to pay the fee. (Individuals who lack capacity and are unbefriended but who would be self-funding would not be required to pay the fee as it would not be possible for them to make their own care arrangements.) As stated above, people would only be required to self fund if they had the means to pay for their care (which would include having the means to pay the admin fee). As regards the proposed new arrangements for charging interest and higher admin fees for deferred payments, this is an optional scheme for people who will be self-funding because they have a property. Again, individuals would not be asked to pay more than they could afford to pay back, based on the available equity in their home. Also, the admin fee can be added to the loan so that it does not have to be paid upfront, although interest would be charged on the admin fee if it was added to the loan. This means that individuals can make a choice about whether they wish to participate in the

council's deferred payment scheme, or whether they want to explore other options for paying for care.

Equality impacts have not been identified for the other recommendations in the report, which are the transition arrangements to the new deferred payment scheme, the backdating of charges to the start of care being delivered, the proposal to continue charging for both residential and nonresidential care (no change from existing policy), and asking people to make a contribution to their care costs in prison (but only if they have the means to make a contribution bringing people in prison in line with other people in the community who may have to pay for care). NB it is not expected that many people in prison would be likely to have to pay charges.

**2. Impact on Crime and Disorder:**

There is no anticipated negative impact on crime and disorder.

**3. Climate Change:**

The proposals will not have a bearing on climate change.

**Having your say about... information and advice on social care and support; what additional charges the Council might make from April 2015; working with the NHS.**

**Summary of survey responses**

**Feedback from an engagement event held on 28 November.**

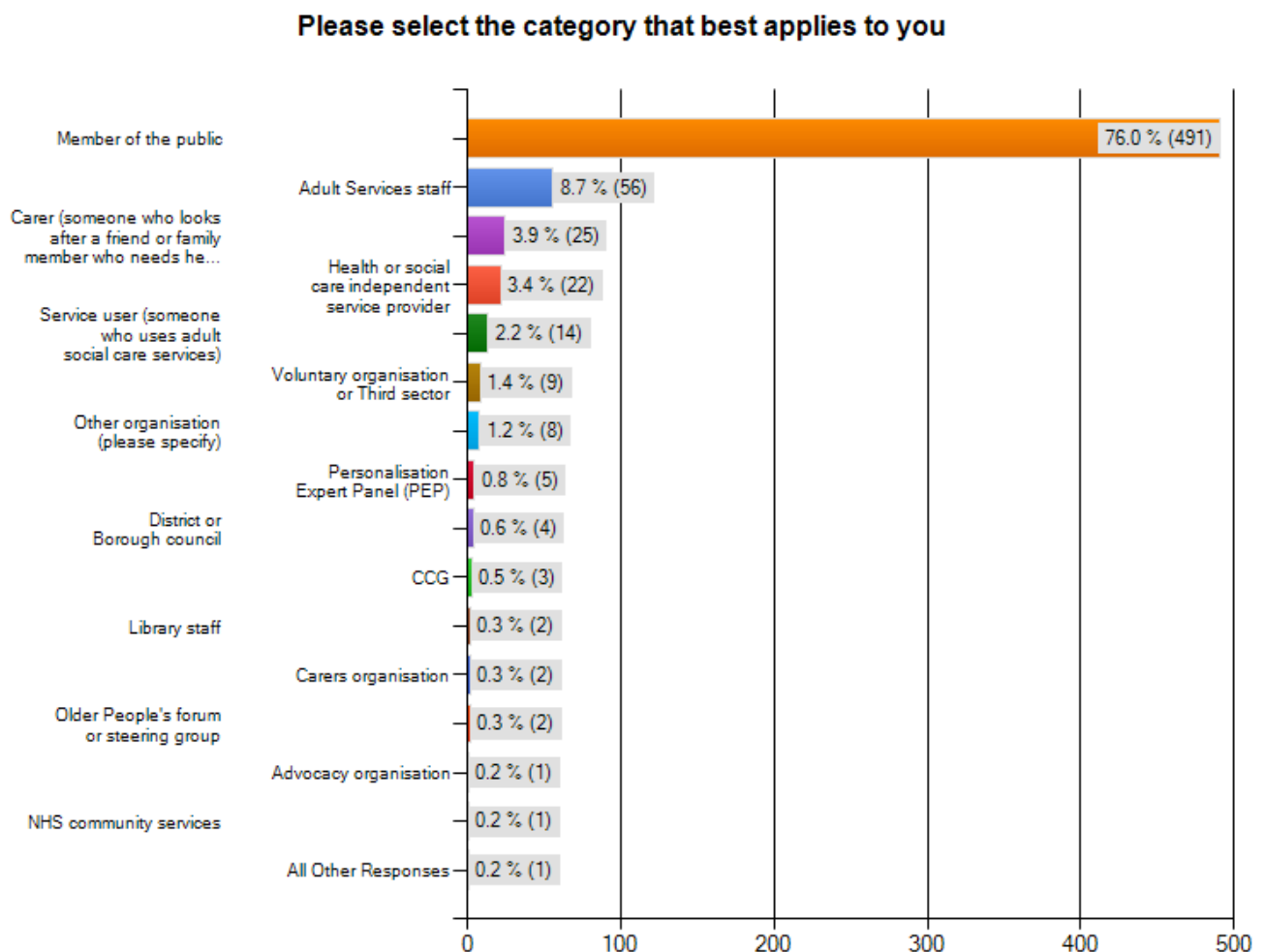
**Contents**

<a href="#"><u>Who responded?</u></a> .....	16
<a href="#"><u>Information and advice on social care and support: responses from staff and organisations</u></a> .....	25
<a href="#"><u>What additional charges the Council might make from April 2015</u></a> .....	31
<a href="#"><u>Working with the NHS</u></a> .....	36

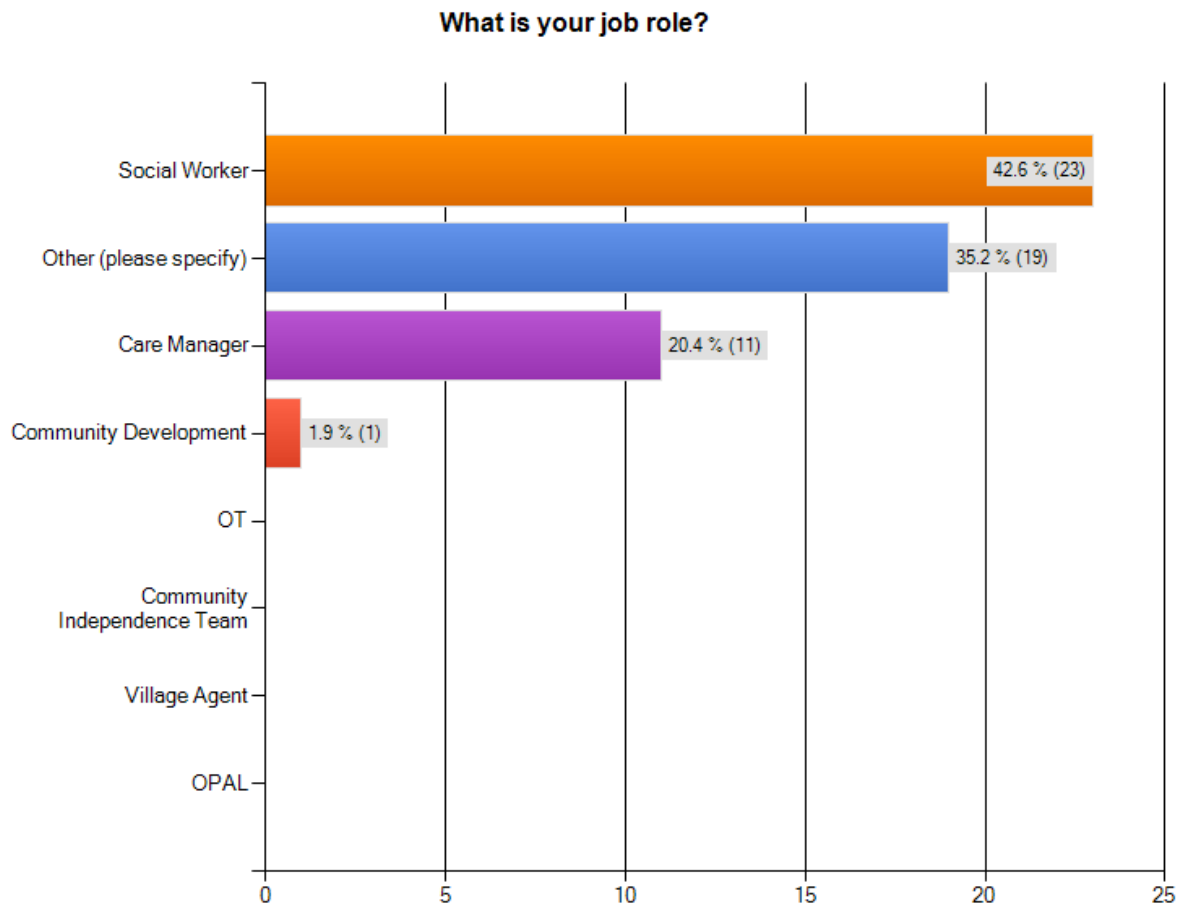
This summary report presents key findings from a survey on three subject areas related to social care: information and advice; proposals on charges connected to the Care Act 2014; and proposals for a pooled budget between the Council and Hampshire's five Clinical Commissioning Groups. Postal surveys were sent to a random sample of 5,000 households and a link to the online version of the survey was sent to all known stakeholders. The survey was also publicised at a range of engagement events and meetings during November 2014.

### Who responded?

647 responses were received from individuals and organisations. Three quarters (76%) were from members of the public. Six of the people who are counted as 'members of the public' were also members of an Older People's forum or steering group who were engaged with at meetings. Everyone who received the postal survey for residents has been counted as a 'member of the public'. It can be inferred from answers to the questions that a few of them were also carers or worked in health and social care. Organisations who responded and categorised themselves as 'Other' were Neighbourcare, Healthwatch, Portsmouth City Council, Citizens Advice Bureau and Alcoholics Anonymous. No respondent described themselves as a GP.

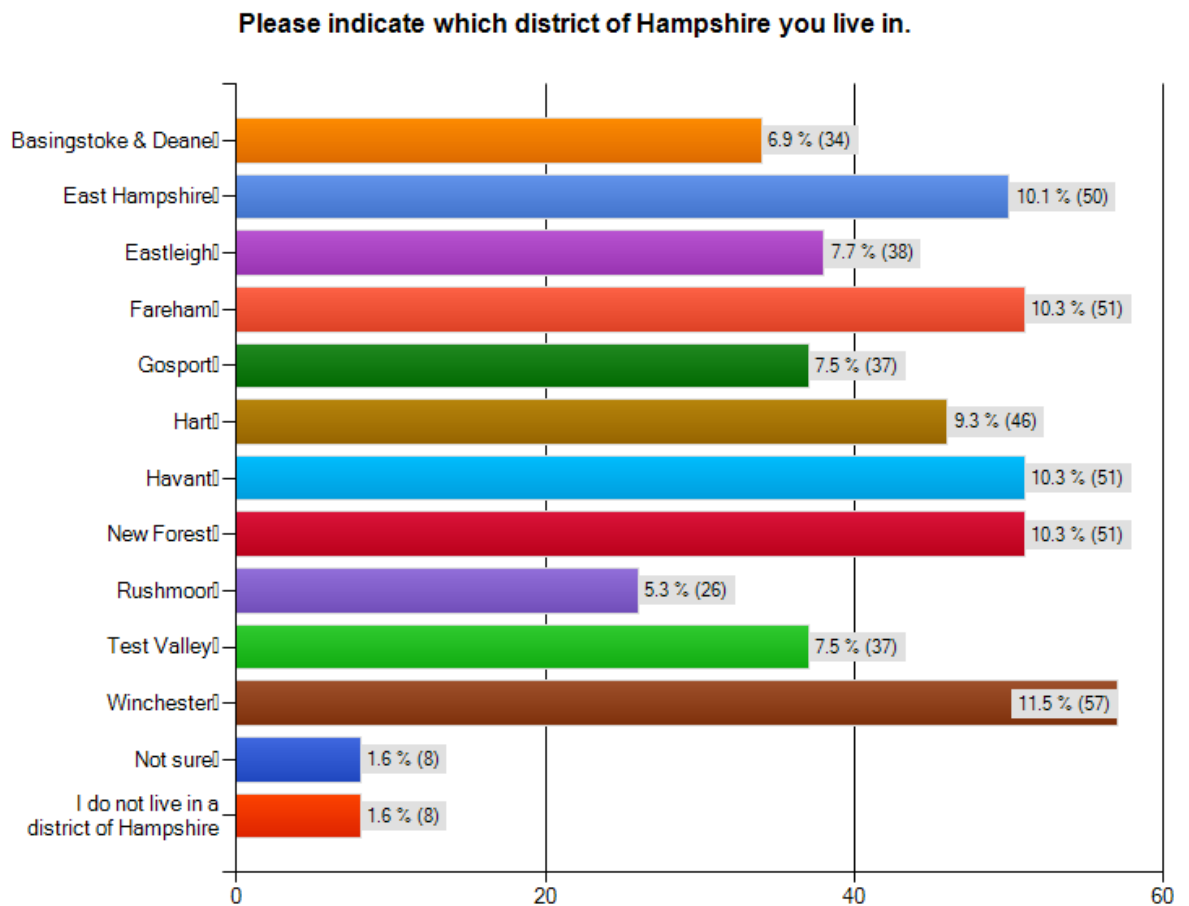


Amongst the 56 Adult Services staff who responded, over a third were Social Workers.



Most of the staff who picked 'Other' were team or project managers.

494 members of the public, service users and carers indicated which district they live in. All districts are represented, with the largest number of respondents living in Winchester.

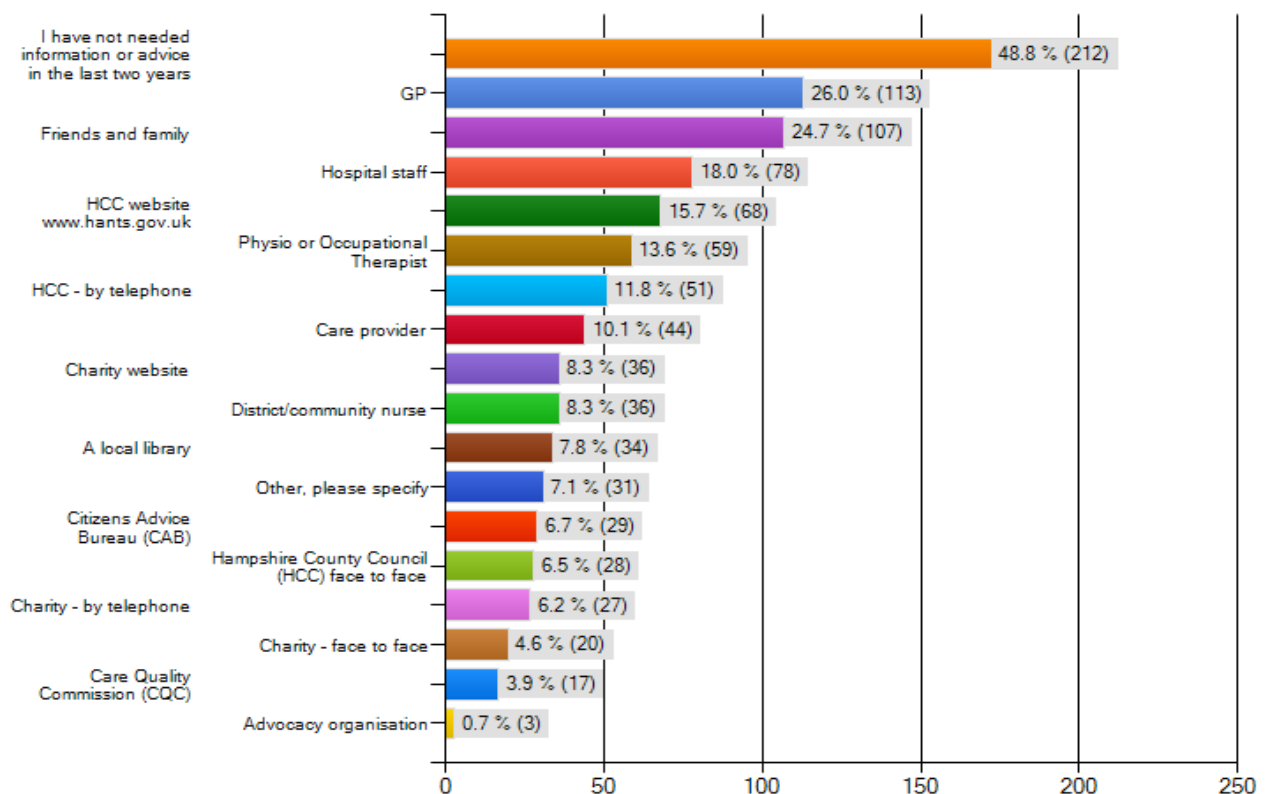


### Information and advice on social care and support: responses from members of the public, service users and carers<sup>3</sup>

#### Which, if any, of the following sources of information about social care and support have you used in the last two years? Please tick all that apply

434 people indicated which sources of information they had used in the last two years. Nearly half said they had not needed information or advice about social care and support in the last two years. The most popular sources of information used were GPs, with over a quarter (26%) using this source. Some sources of information people who picked 'Other' said they used were Mental Health services, Age Concern and Which?

#### Which, if any, of the following sources of information about social care and support have you used in the last two years? Please tick all that apply

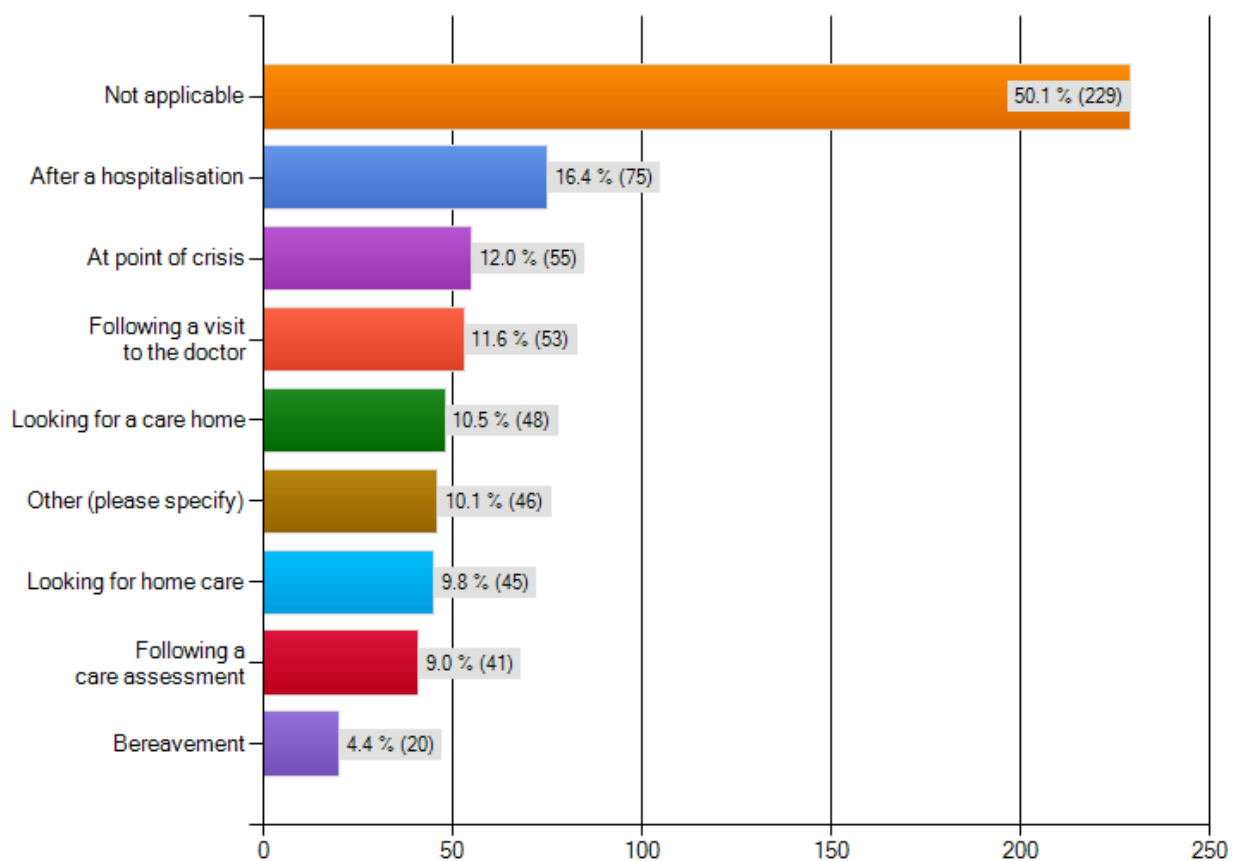


<sup>3</sup> Due to the good response rate from members of the public, we can be approximately 95% sure that, if we asked all Hampshire residents to answer the questions on information and advice, charges and the pooled budget, they would pick the answers chosen by respondents, with a +/- 4.5% margin of error. For example, if 50% of respondents answered 'yes' to a question, we could be 95% sure that the proportion of all Hampshire residents answering 'yes' would be in the range of 45.5% - 54.5%.

**Thinking about the last time you needed information and advice about social care and support, what were the circumstances? Please select all that apply**

457 people indicated the circumstances in which they last needed information and advice. Just over half had not previously needed information and advice. Information and advice was most often sought after a hospitalisation (16% of respondents). People who selected 'other' most commonly sought information or advice when their conditions worsened or were seeking information and advice with regards to an elderly friend or family member, or a friend's family member.

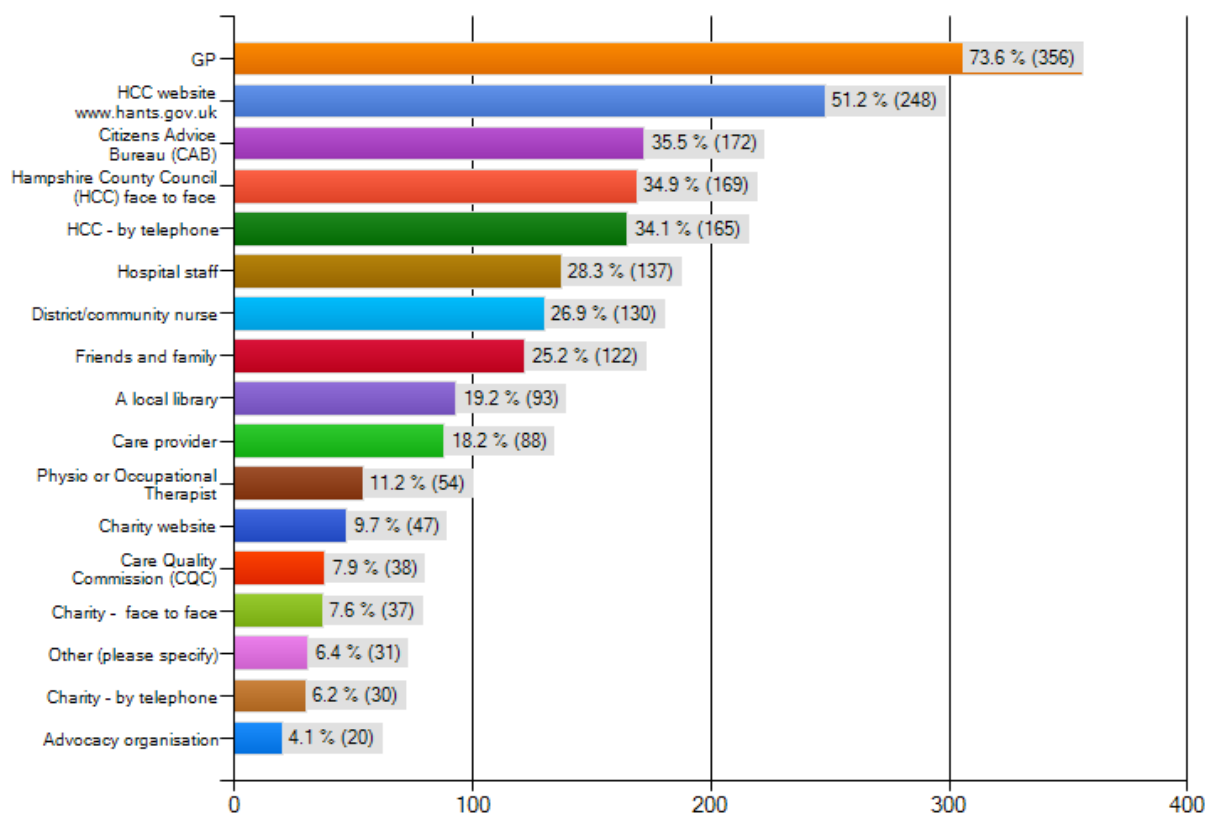
**Thinking about the last time you needed information and advice about social care and support, what were the circumstances? Please select all that apply**



**If you did need to find information and advice about social care and support, where would you want it to be available? Please tick up to five that you would prefer**

Asked to choose the top five places where they wanted information and advice to be available, 484 people responded. Almost three quarters (74%) wanted information and advice about social care and support to be available from their GP. Over half (51%) wanted it to be available from Hantsweb. 36% wanted information and advice to be available from the Citizens Advice Bureau. 35% wanted information and advice available face-to-face from Hampshire County Council and 34% wanted it available from the Council via telephone. It was clear that some people wanted information and advice from a very wide range of resources, holding the view that the more places information and advice is available, the better. Some of the places people who chose 'Other' wanted to obtain information and advice included Which?, supermarket notice boards, stands in shopping malls, care homes, council offices, charities with 'walk-in' facilities, adult mental health services, user-led organisations, Healthwatch, local councils, healthcare websites, support workers, a downloadable app, housing authorities and 'one inclusive dedicated website'.

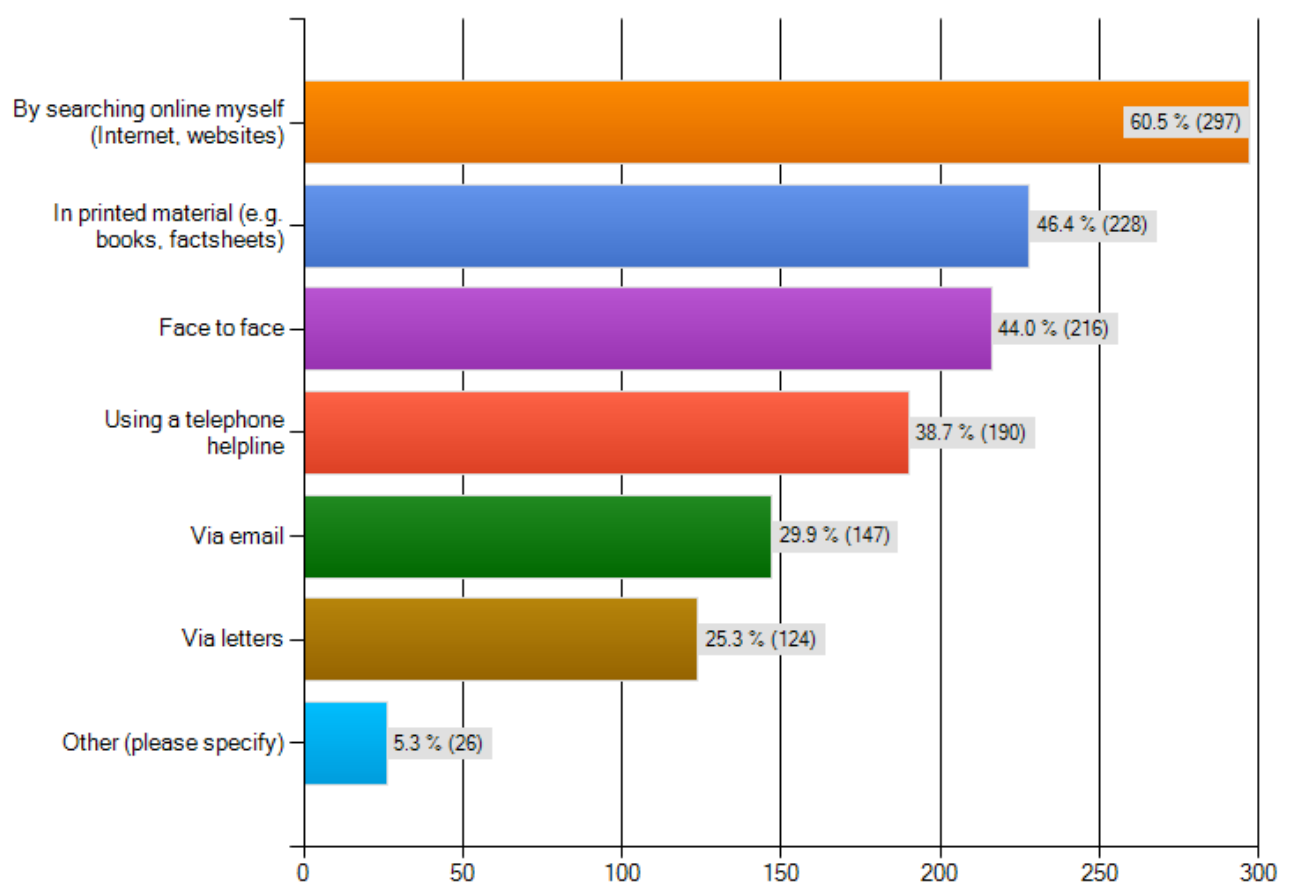
**If you did need to find information and advice about social care and support, where would you want it to be available? Please tick up to five that you would prefer**



**Ideally, how would you personally like to receive information about social care and support in the future? Please select all that apply**

491 people said how they would like to receive information and advice in the future. Over half wanted to search online themselves. Just under half (46%) wanted printed material. 44% wanted to obtain information or advice face-to-face. Many of the people who chose 'Other' said they wanted information and advice from their GP. Lists, walk-in centres, local libraries, text messages and apps were also mentioned.

**Ideally, how would you personally like to receive information about social care and support in the future? Please select all that apply**



**Any other comments about information and advice on social care and support?**

130 people commented. Many of the comments were about inaccessibility of information and advice. People spoke about the difficulty of knowing where to start online and some thought that Hantsweb was not easy to use. Some said existing information was difficult to understand. People spoke about lack of sufficiently specific personalised information online. Many described the difficulty

of finding out which professionals are responsible for different things and getting the correct telephone number/line needed. People had experienced being passed around on the telephone and never getting to someone who could actually give the specific advice needed. One mentioned lack of access to information outside office hours. Some people said that they had called or written to the Council but no one ever got back to them with the information needed. Inaccessibility of Adult Services offices was raised as a problem. People spoke about their lack of internet/computer access, and others raised this as an issue especially amongst the elderly. People spoke about lack of written information from social services, lack of communication between departments and conflicting advice on the internet and from NHS staff. Some said staff, including Hantsdirect staff, were not very well informed and did not always know everything that was available. Some people had found it frustrating that health professionals had not proactively offered them relevant information and advice about social care at first point of contact.

Some said that information is too piecemeal and not joined up enough. People thought that the types of support/services available, who can access it, how to access it and when should be better advertised. They also said that there was too little information available on what care is free and what the costs are, and one said letters about costs were unclear. Some asked for more information on specific issues, e.g. Direct Payments; how to access Supported Living. People suggested information should be more prominent in the community, e.g. leaflets in shopping centres and libraries, distribution via British Legions, phone numbers for social services in doctor's surgeries, and information at bus stops. Library staff offered to hold information and keep it up to date. People stressed the need to make information available in all formats and for information to be up-to-date. Some said they specifically needed printed information or letters in Large Print. Many said websites need to be made easier to use and navigate. Some wanted a 'one-stop-shop' or central portals for specific needs. Some stressed the need for face-to-face contact to get full information relevant to one's circumstances.

*"Most information available online seems designed to deter anyone seeking services for which adult social services would be financially liable, this means that information about actual social services help is very limited; the phone number given for adult services has call handlers who don't give out information merely take notes and pass it on to someone relevant who may or may not contact you back, again exhausting; written information is scarce and requires contact with the services detailed above."*

*"It seems to me to be very hit and miss when searching for support. It is difficult to find out which department and professionals are responsible for what elements of social care and support."*

*“Many people do not have the internet. I do not.”*

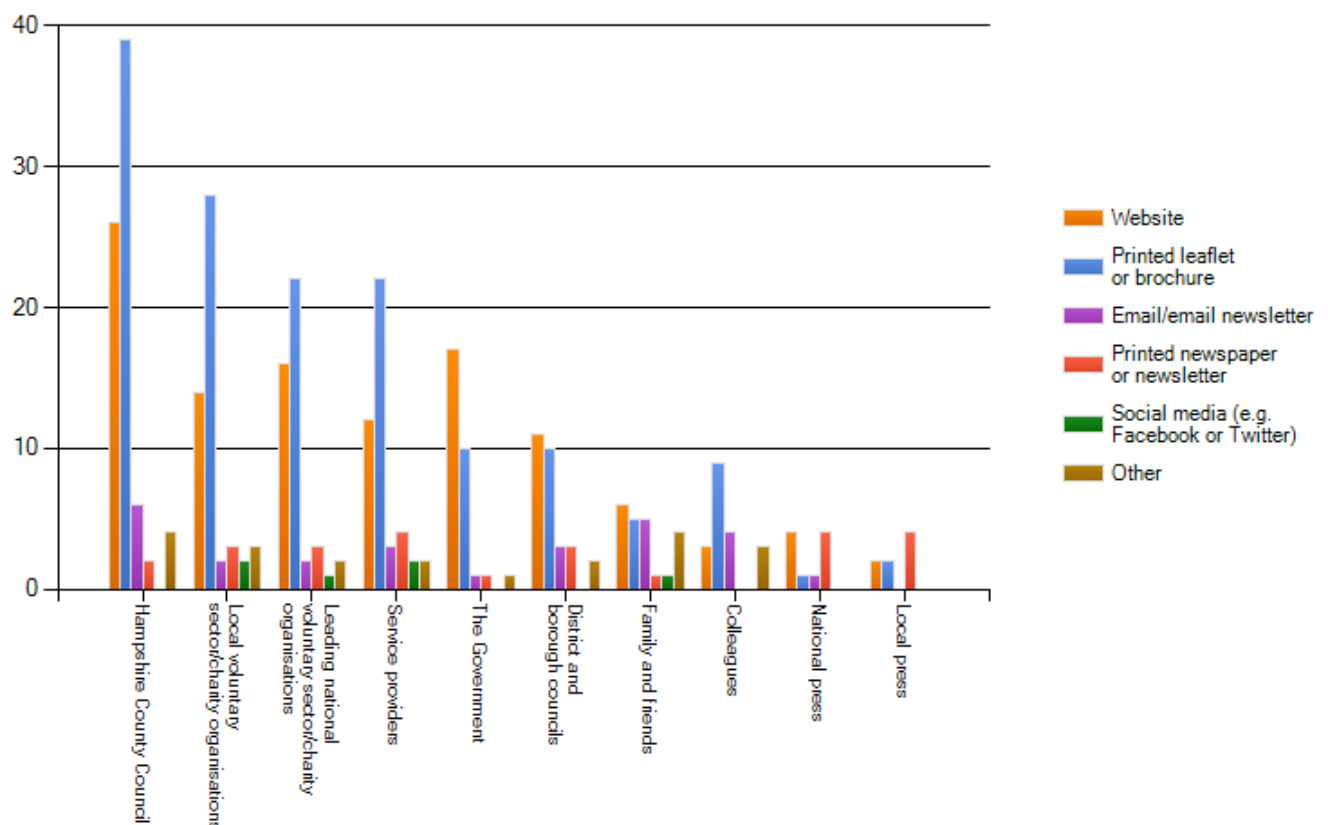
*“Information was not readily available in my situation (mobility issues which required blue badge) e.g. no one volunteered this to me (Dr/physician) during treatment and ongoing issues and I found out myself using the Internet at work. There do not seem to be any standard guidelines in place for giving out information at first points of contact, which is usually GP etc.”*

## Information and advice on social care and support: responses from staff and organisations

Many social care teams give service users packs of information or leaflets about care and support when they meet them for the first time. When you meet service users or the public for the first time, where does the information about care and support that you usually give them originate from and what format is it in? Please select all that apply

61 people answered this question. Giving printed leaflets or brochures was generally the most popular way of providing information from organisations. 39 people (77%) gave service users or the public Hampshire County Council printed leaflets or brochures. The most popular way of giving Government or district and borough council information was by giving a website address.

Many social care teams give service users packs of information or leaflets about care and support when they meet them for the first time. When you meet service users or the public for the first time, where does the information about care and support that you usually give them originate from and what format is it in?  
Please select all that apply



	Website	Printed leaflet or brochure	Email/email newsletter	Printed newspaper or newsletter	Social media (e.g. Facebook or Twitter)	Other
<b>The Government</b>	<b>85.0%</b> (17)	<b>50.0%</b> (10)	5.0% (1)	5.0% (1)	0.0% (0)	5.0% (1)
<b>Hampshire County Council</b>	51.0% (26)	<b>76.5%</b> (39)	11.8% (6)	3.9% (2)	0.0% (0)	7.8% (4)
<b>District and borough councils</b>	<b>52.4%</b> (11)	47.6% (10)	14.3% (3)	14.3% (3)	0.0% (0)	9.5% (2)
<b>Leading national voluntary sector/charity organisations</b>	48.5% (16)	<b>66.7%</b> (22)	6.1% (2)	9.1% (3)	3.0% (1)	6.1% (2)
<b>Local voluntary sector/charity organisations</b>	38.9% (14)	<b>77.8%</b> (28)	5.6% (2)	8.3% (3)	5.6% (2)	8.3% (3)
<b>Colleagues</b>	18.8% (3)	<b>56.3%</b> (9)	25.0% (4)	0.0% (0)	0.0% (0)	18.8% (3)
<b>Family and friends</b>	<b>40.0%</b> (6)	33.3% (5)	33.3% (5)	6.7% (1)	6.7% (1)	26.7% (4)
<b>Local press</b>	25.0% (2)	25.0% (2)	0.0% (0)	<b>50.0%</b> (4)	0.0% (0)	0.0% (0)
<b>National press</b>	<b>50.0%</b> (4)	12.5% (1)	12.5% (1)	<b>50.0%</b> (4)	0.0% (0)	0.0% (0)
<b>Service providers</b>	46.2% (12)	<b>84.6%</b> (22)	11.5% (3)	15.4% (4)	7.7% (2)	7.7% (2)

### **Any comments about the information about care and support you give service users or the public the first time you meet them?**

24 people answered this question. Some of the comments were around having insufficient printed material to give to service users. Some commented that that they gave information verbally and only printed information if requested. A few said that information initially given tended to be broad and generic. Some said people are given too much irrelevant information at first. People commented on the need to have more material in accessible, jargon-free language and Large Print or video. Some people said they emailed service users links to useful information.

**If there are there any pieces of information about care and support that people commonly ask for or need, but are difficult for you to source, please list them below.**

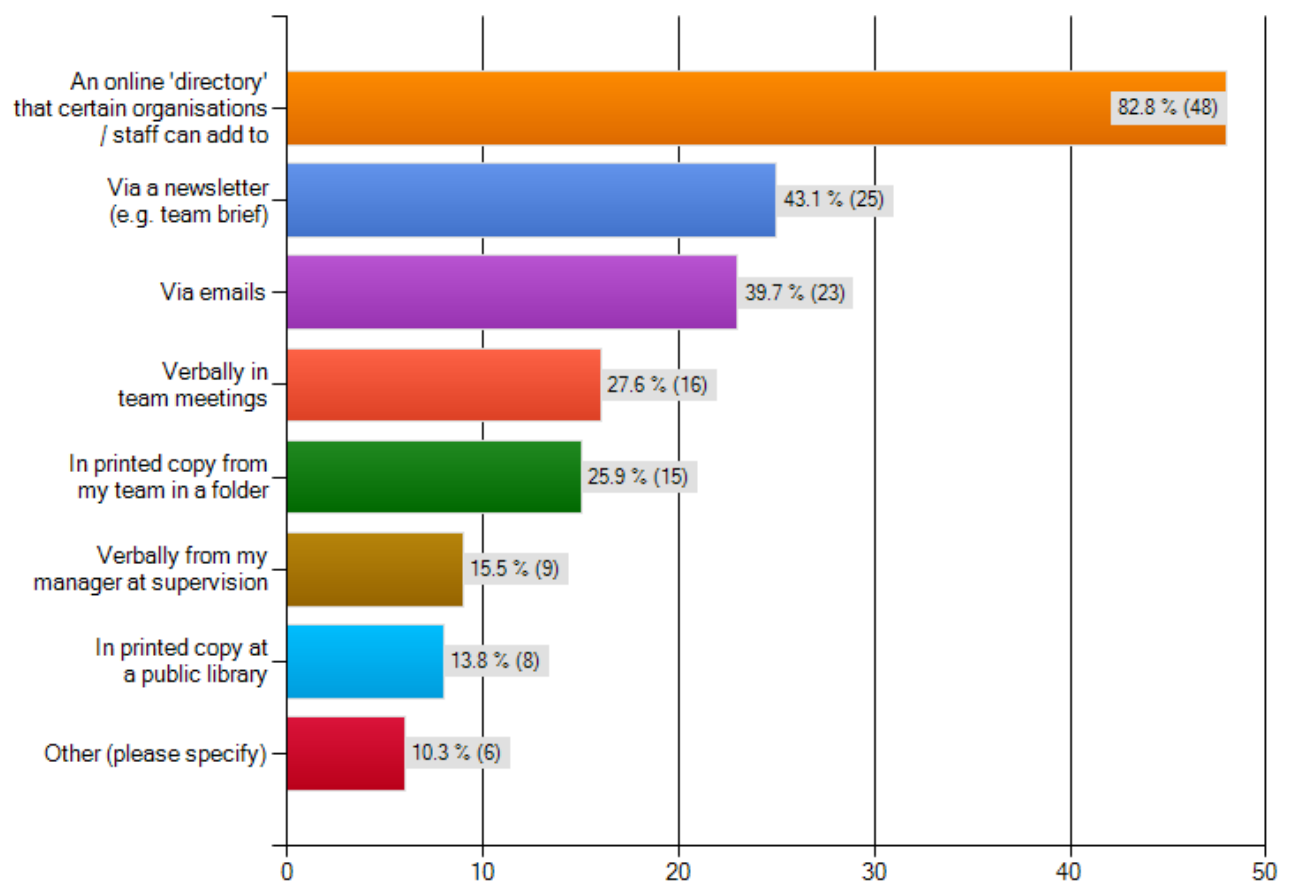
25 people gave an answer. Most said finances, benefits and funding breakdowns/paying for care information was a type of information commonly requested but difficult to source.

Other information that individuals found difficult to source included a referral form, a secure email address to give to customers, information that can be presented as 'trustworthy', local events and services, the Section 117 Mental Health Act process, reasonably priced local domestic services, gardening, deep cleaning and support with looking after pets, services for young people who do not meet Adult Services eligibility criteria, a range of Hampshire County Council and voluntary sector leaflets, Take A Break, advocacy services, Extra Care Housing, easy to read Large Print information on processes and procedures, safeguarding, quality ratings of services ,and information in alternative formats including Easy Read, Makaton, Large Print, British Sign Language or information using PECS.

**Ideally, through which channels would you like to receive comprehensive information about care and support to share with service users or the public? Please select all that apply**

58 people answered this question. Most of them (83%) said they would like to receive information via an online directory. People who picked 'Other' variously requested information direct from organisations, from staff in the community, printed updates by post, signposting relevant websites, having speakers at team meetings, and having information in one place.

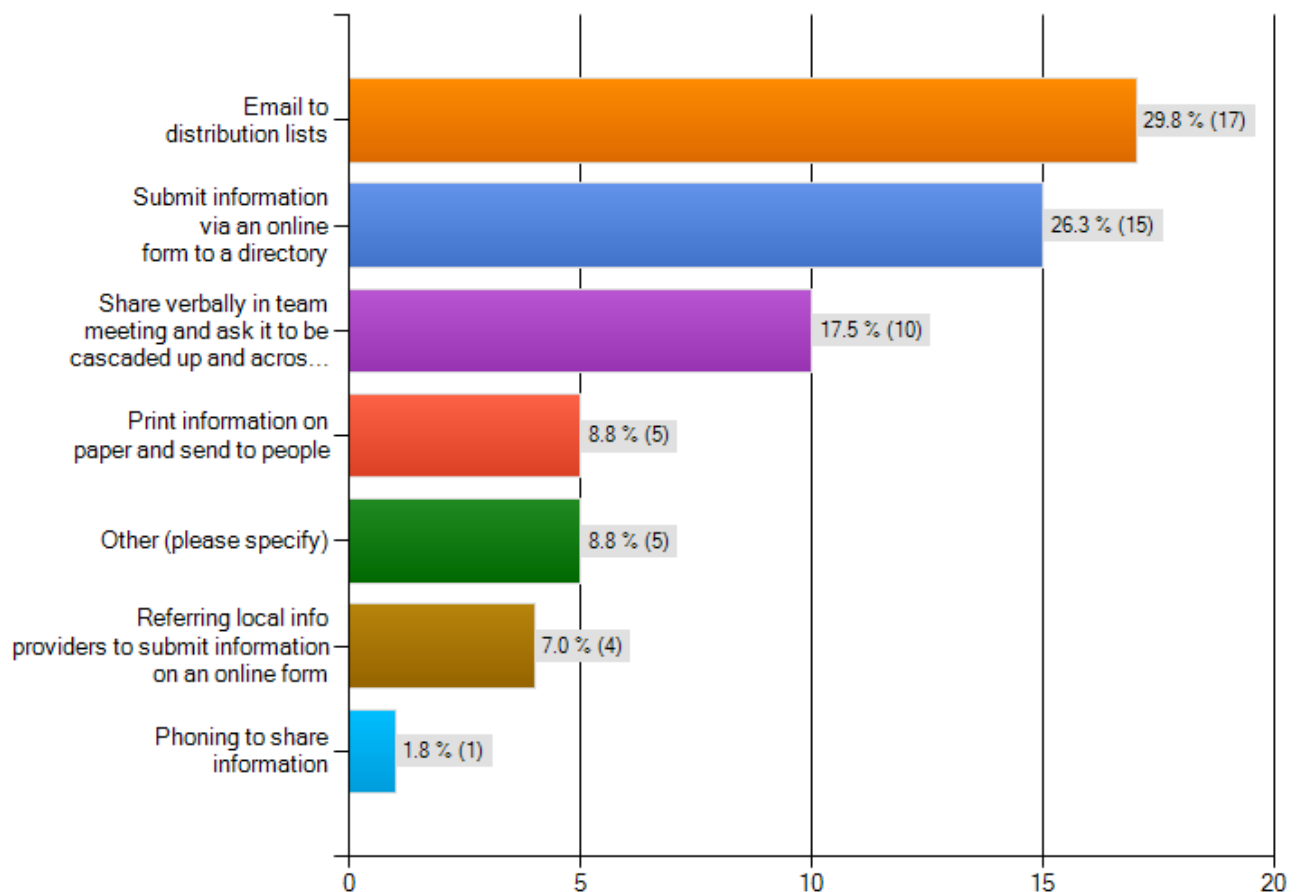
**Ideally, through which channels would you like to receive comprehensive information about care and support to share with service users or the public? Please select all that apply**



### What would be the best way for you to share any local information you have with other staff and organisations?

57 people answered this question. Over a quarter (30%) wanted to email information to distribution lists. Slightly less (26%) wanted to submit information via an online form to a directory. Hence, whilst answers to the previous question suggests staff would like to obtain information from an online directory, it may be that markedly fewer want to share information they have in the same way. People who picked 'Other' wanted to share information via Health Trusts communications departments, via professionals cascading to other teams, and via routine online training.

### What would be the best way for you to share any local information you have with other staff and organisations?



### What would help you to better meet the needs of service users or the public with regards to information and advice about social care and support?

33 people answered this question. Suggestions were very diverse, but a common theme was the need to have up-to-date accurate written information to share. Several people suggested having a central site or database to hold information.

People also raised the need for information about local services and the need for tailored information that can be easily printed or shared.

**Any comments about information and advice on social care and support?**

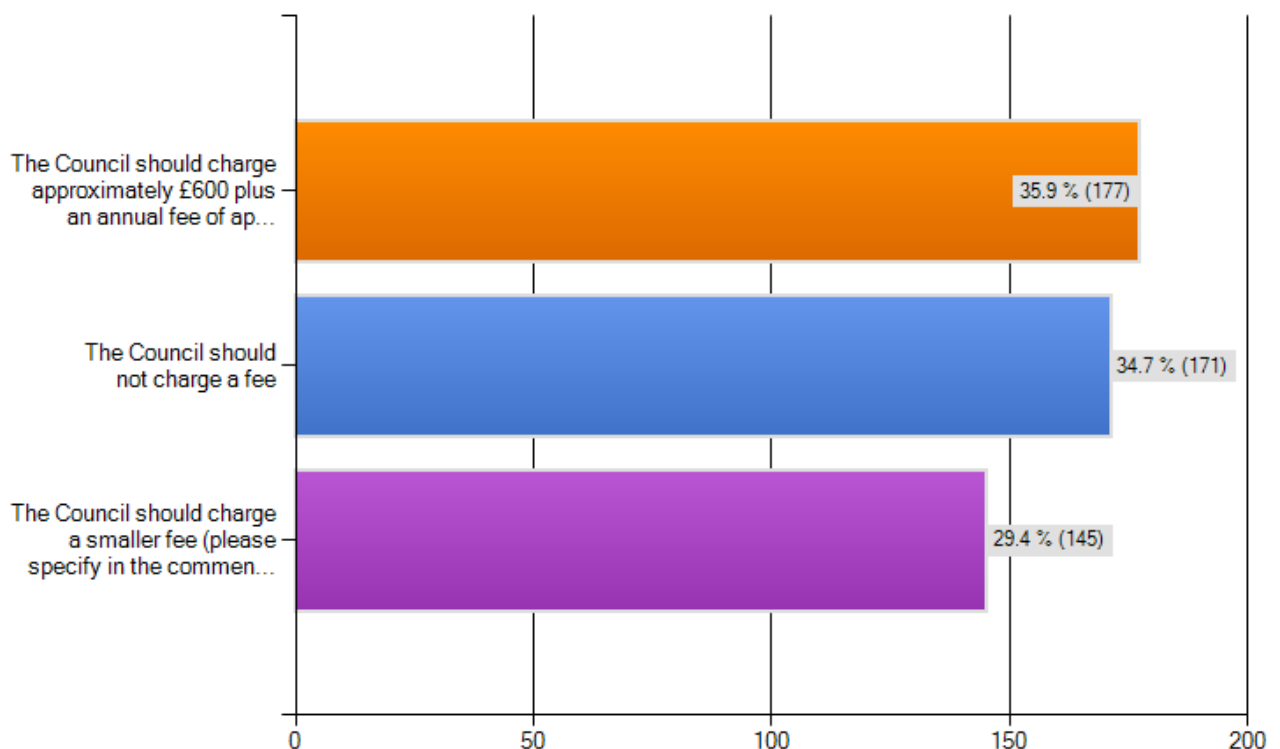
17 people answered this question. Answers were very diverse, but one issue that came up more than once was the need for stakeholders to work collaboratively from the outset should a one-stop-shop type service be designed.

## What additional charges the Council might make from April 2015

### From April 2015, what fee should the Council charge if people who can pay the full cost of care at home request that the Council arrange their care?

493 people answered this question. Answers were very evenly split between the three answer choices, but the majority, 36%, thought the Council should charge approximately £600 plus an annual fee of approximately £320. 35% thought the Council should not charge a fee. 29% thought the Council should charge a smaller fee and made varied suggestions on fees they thought would be more appropriate. Several said that the fee should vary according to people's individual financial circumstances or according to the amount of help required. Several said the cost of arranging care should be funded through taxation. Many people queried the estimated fees, questioning what exactly people would be getting for their money. Many thought an annual fee was unjustifiable and some said a lump sum at the onset was not affordable.

Some people do not qualify for financial help from local authorities and can pay the full cost of their care. The Care Act gives discretion to local authorities to charge these people a fee if they request that the local authority arranges their care at home. In Hampshire, we estimate that the fee for arranging care would be approximately £600, plus an annual fee of approximately £320. If the Council does not charge, it will need to subsidise the cost of arranging care using funds from taxpayers. The Council is proposing to charge. From April 2015, what fee should the Council charge if people who can pay the full cost of care at home request that the Council arrange their care?



*"Council already paid for by taxpayers, this should be provided free as local authority get better rates from care providers more money stays with customer to keep paying care provider."*

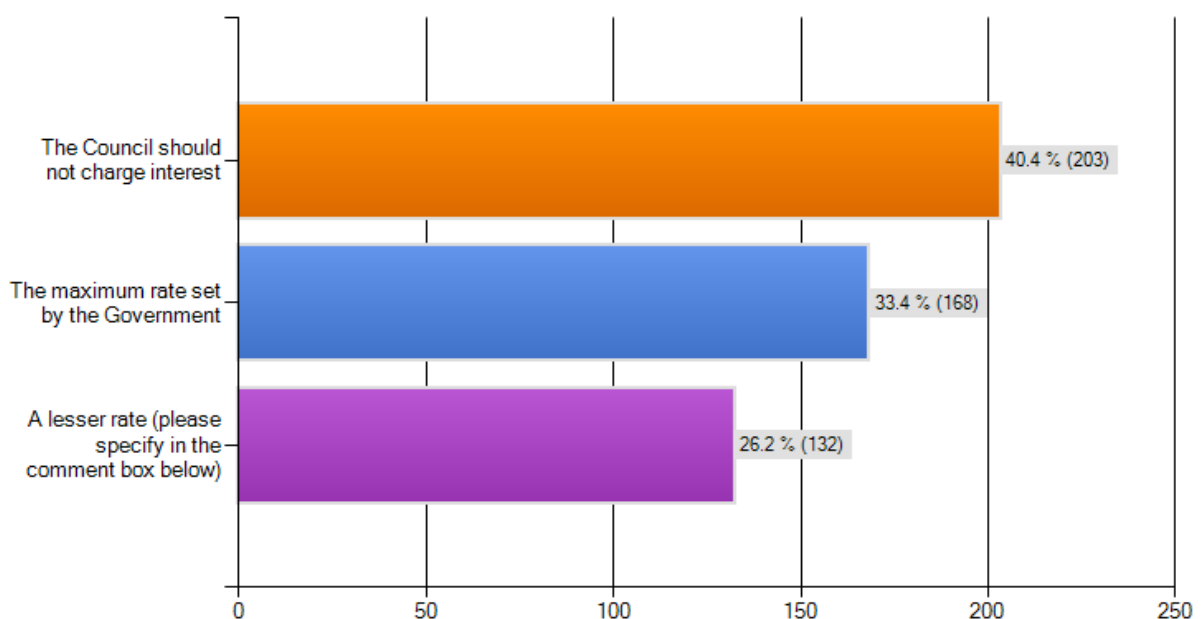
*“Why do you need an annual arrangement fee - once it’s been arranged it’s been arranged, surely?”*

*“It is unfair to further charge people who have worked and saved, whilst fully supporting those who have never had any thought to provide for themselves in any way.”*

### **At what rate should the Council charge interest to new Deferred Payment Agreement applicants from April 2015?**

503 people answered this question. The answer most commonly picked was that the Council should not charge interest (40.4% of respondents). However, over half of the respondents (59.6%) thought that the Council should charge interest, with answers split between those who thought the Council should charge the maximum rate set by Government (33.4% of respondents) and those who thought the Council should charge a lesser rate (26.2%) of respondents. Many people who suggested a lesser rate than that proposed by the Council said the rate should be reflective of the Bank of England base rate and/or no more than can be currently earned on a savings account, i.e. 1-2%. Some people questioned the morality of the Council with regards to charging interest.

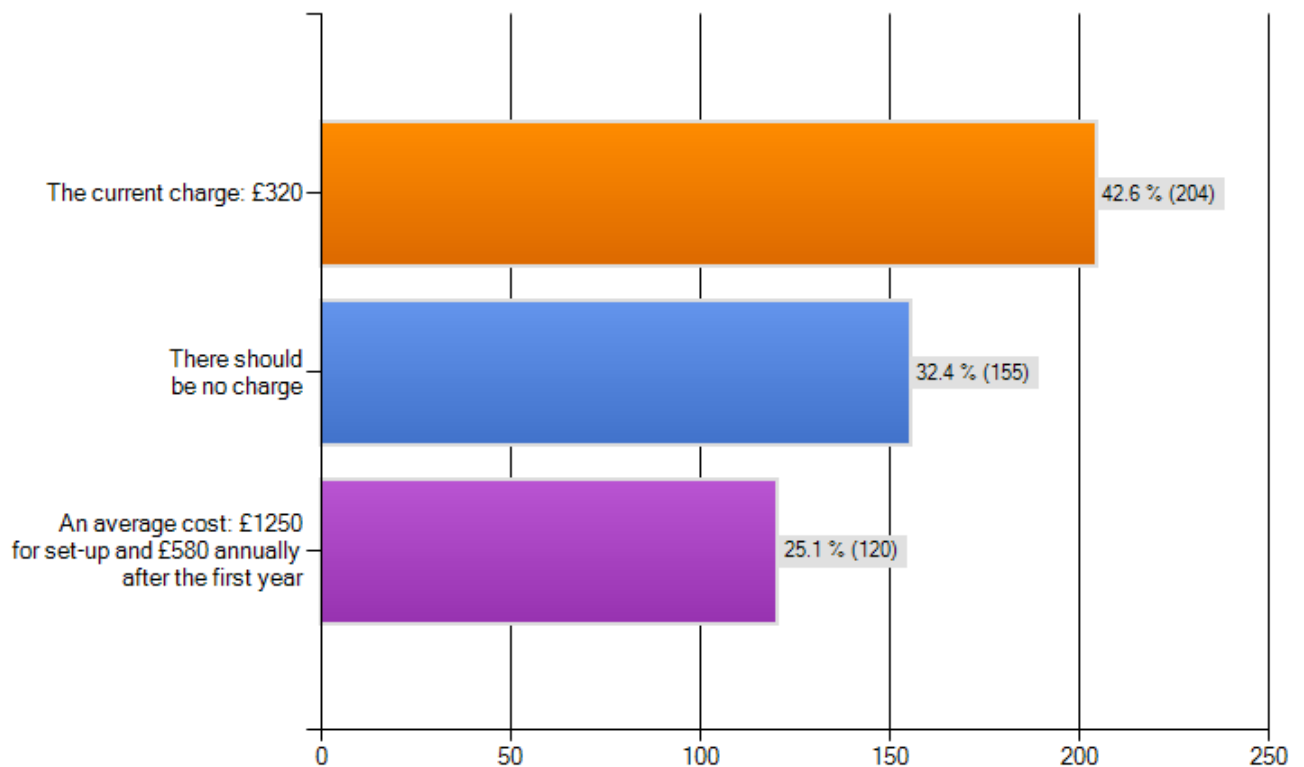
The Council can offer a form of loan to people who go to live in a care home but do not want to sell their property to pay for care home fees. This is known as the Deferred Payment Scheme. From April 2015, councils will be allowed to charge interest from the start of the loan in relation to people going to live in a care home and certain other accommodation. The aim of this is to help make the Scheme cost neutral for councils and the taxpayer. The change will only affect people who enter into a Deferred Payment Agreement after April 2015, not anyone with an existing Agreement. Regulations will allow councils to charge interest up to a nationally-set maximum rate that will be reviewed on a six-monthly basis. Currently, the maximum rate would be 3.25% (a weighted average interest rate on conventional gilts plus 0.15%). The Council proposes to charge the maximum rate. At what rate should the Council charge interest to new Deferred Payment Agreement applicants from April 2015?



### From April 2015, how much should the Council charge individuals for a Deferred Payment Agreement?

479 people answered this question. The most common answer was that the Council should retain the current charge of £320 (43% of respondents). 32% of respondents thought there should be no charge and only 25% thought that the Council should charge an average cost of £1250 for set-up and £580 annually after the first year.

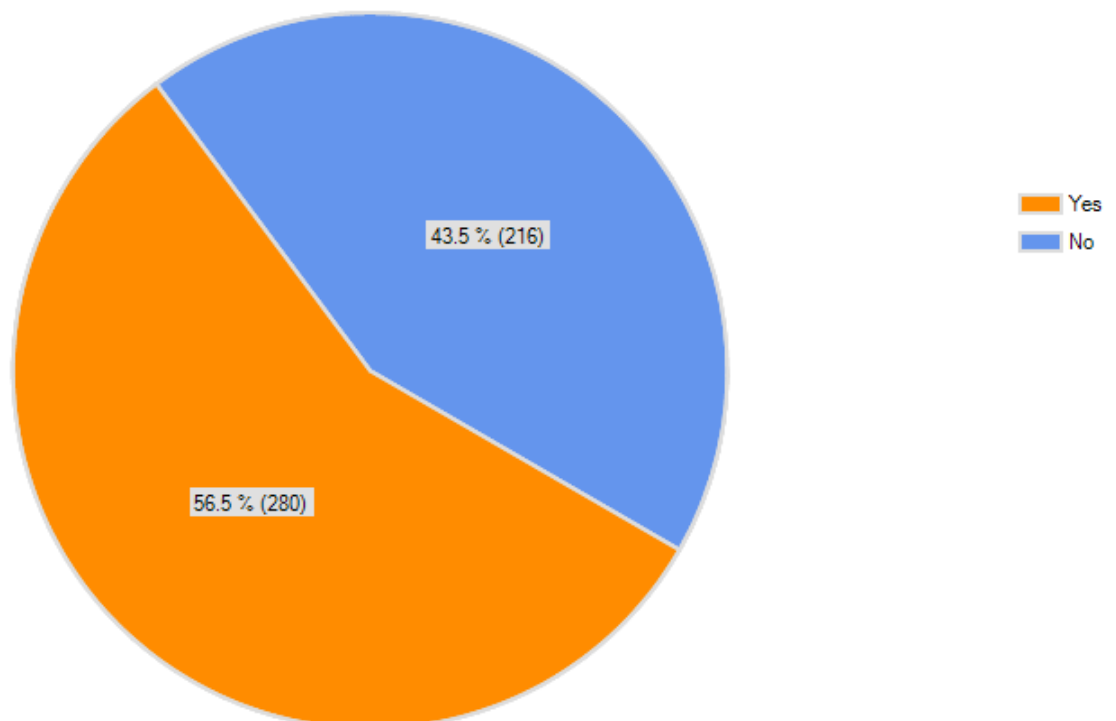
**When a Deferred Payment Agreement is set up, the Council currently charges a fee of £320. This fee does not currently cover the true cost to the Council. From April 2015 the Council will be allowed to charge the true cost (per individual or as an average). The Council is proposing to charge an average cost from April 2015. The Council estimates this to be approximately £1250 for the first year set-up costs, plus an ongoing annual charge of £580 after the first year. If the Council does not charge an increased fee, it will need to subsidise the cost of running the Scheme using funds from taxpayers. From April 2015, how much should the Council charge individuals for a Deferred Payment Agreement?**



### Should the Council charge for non-residential care services from the first date the care service starts?

496 people answered this question. Answers were very evenly split, but a small majority, 56.5%, thought that the Council should charge from the first date the service starts.

Thinking about services other than care homes, i.e. non residential care such as personal care at home and day care, currently people are only charged for services after they have been financially assessed and have been told what the charge will be. This means they may be receiving care services for some time before they start being charged for them. The Council is proposing that, after April 2015, when new customers are billed, they will be charged from the first date the care service started. If the Council does not charge from the start of care it will need to subsidise the cost of the care during this time using funds from taxpayers. Should the Council charge for non-residential care services from the first date the care service starts?



### Any comments about the proposed charges?

Many of the comments were about charging for non-residential services. Many people said that financial assessment needs to be faster so that people know sooner what they will be expected to pay and can make an informed decision about care. They thought it was unfair to backdate charges when the Council is at fault. Many said that individuals in need of services must be told what they need to pay, or at least get an estimated cost, before commencing payment or they will refuse to take up services at a vital time – and said that the Council should improve its own administration and efficiency. Some said it was only reasonable to backdate charges for a maximum of 1-3 months.

Many people said that the fees suggested for arranging care are set too high and would result in people delaying care at home and reaching crisis sooner - and thus costing the state more in the long run.

Some people were unhappy with the wording '...using funds from taxpayers' on the questionnaire. Many people said that the charges would penalise those people who had paid into the system via tax and national insurance all their lives. They felt that, as tax payers, they had already contributed to the pot for care, and it was unfair to have to pay again. Many people said that the charges penalised those who worked hard and owned a house. Some suggested council tax should be raised to ensure that the charges are not needed. In contrast, some said people who need care and can afford to pay should not be subsidised by other tax payers.

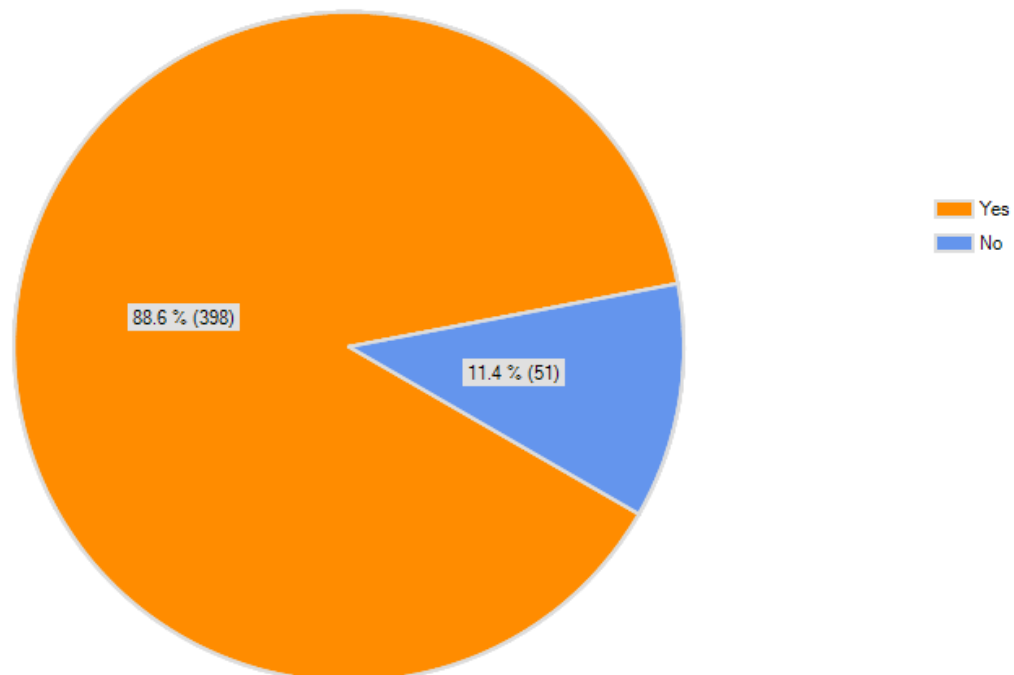
People queried the proposed charges for arranging care and for deferred payments – they said the charges seemed to be very high and disproportionate to the work involved. People wanted more information about the charges - explanations of what the money would actually pay for. People felt that the large 'one off' costs would be prohibitively expensive and wondered why annual charges were needed. Some felt that fees should be in bands commensurate with the size of loan required.

## Working with the NHS

### Should the Council enter into a Section 75 agreement (under the NHS Act 2006) to pool a budget with the five Hampshire Clinical Commissioning Groups?

449 people answered this question. 89% were in favour of the Council entering into a Section 75 agreement to pool a budget with the five Hampshire Clinical Commissioning Groups. 11% were against.

NHS England requires a pooled budget arrangement for Better Care Fund money to integrate services, using a Section 75 agreement (under the NHS Act 2006). The Council and the five Clinical Commissioning Groups in Hampshire are proposing to pool a proportion of their budget and create a pooled budget of £80.765 million. Currently, there are no direct financial impacts to patients or service users, however the pooling of resources aims to improve efficiency, reduce duplication and enable resources to be used flexibly between social care and community health services. Should the Council enter into a Section 75 agreement (under the NHS Act 2006) to pool a budget with the five Hampshire Clinical Commissioning Groups?



### Any comments about the pooled budget?

162 people responded. Many said there was not enough information in the question to enable them to give an informed answer. Some thought it was too difficult a question to put to the public. Three thought the question was loaded towards a positive answer. Many said they supported entering into the Agreement, if money saved would be invested into frontline services and/or specialists and give people better/quicker care. Some people felt that having a pooled budget would help bed blocking as it would stop fighting for resources. Many said they supported the Agreement, IF efficiency and flexibility was delivered. Some people were concerned that it was just 'reorganising' and that it

would result in more bureaucracy and admin to manage and operate it and be more wasteful. There were concerns about how the money would be allocated and managed. There were concerns that the budget would be used to help 'bail the NHS out'. There was a view amongst some respondents that the NHS wastes money and the funds would be swallowed up and lost. However one respondent was concerned that NHS money would be used to shore up Council services. Some people wanted evidence to be gathered and published on whether the pooled budget is more effective and whether it does deliver better outcomes for people.