

Consultation on proposed changes to adult social care fees and charges

**Consultation Report
November 2019**

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1. Introduction

1.1 Background

Savings totalling £548,000 are required to be made by Adult Social Care from fees and charges as part of the council's Medium-Term Financial Strategy. This total is made up of £398,000 from fees and charges and £150,000 for the redesign of the community alarm / technology enabled care service.

The savings required by the Medium-term Financial Strategy are £185,000 in 2019/20, £313,000 in 2020/21 and £50,000 in 2021/22. A decision on the adult social care fees and charges proposals had been due to be taken in the autumn of 2019 but was delayed due to the general election held on 12 December 2019 and the rules surrounding elections. This has meant that implementation of the proposals has been delayed, resulting in no savings being delivered in 2019/20.

A number of areas were considered, with eight proposals agreed to be brought forward for public consultation. These proposals seek to result in additional income for the council and to update the Lambeth Adult Social Care charging policy. This additional income is vital to support the continued provision of statutory adult social care services in Lambeth and enables the service to help those vulnerable people who need it most.

The main areas of legislation that govern the work of adult social care are the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 2007. The government provides annual information for local authorities on charging for care and support.

1.2 Our proposals

In addition to the eight proposals taken to consultation, consideration was also given to raising income by charging for transport funded by adult social care. This option was discarded due to the potential differential impact on older people and adults with disabilities, plus challenges in assessing the charge and collection.

The eight proposals consulted on were:

1. Stop 6 weeks of non-chargeable domiciliary care.

Lambeth Council currently has a local policy of not charging for domiciliary care for new service users receiving care in the community for a period of six weeks.

It was proposed that domiciliary care for new service users should be charged from the point that the service starts.

Reablement services will remain non-chargeable and an increasing number of people, when they first need a care and support package, now start with a reablement service. Reablement services will remain free as legally reablement is not a chargeable service.

2. Charge for domiciliary care for the second carer when two carers are required at the same time

Residents who receive support from two domiciliary care staff at the same time are currently only charged for one of the two carers.

This change was consulted on and agreed a few years ago but the change was not progressed due to systems challenges and those in receipt of double handed care are currently only charged for single handed care. These challenges have now been resolved and it was proposed to implement this change.

3. Increase the charge for Meals on Wheels from £3 to £4 per meal

The council currently charges £3 for a two course hot meal per day. This is heavily subsidised by the council as the meal price currently paid by the council is over £8.00.

This charge has not been increased in the past 5 years and is one of the lowest charges in London. Most London boroughs no longer offer Meals on Wheels and those who do charge more than £3 per meal.

The proposal was to increase the daily cost of a meal to £4. The increase proposed was 50p from November 2019 and a further 50p from April 2020. Due to the extension of the consultation period the full increase to £4 would now be implemented from April 2020.

4. Make the community alarm / technology enabled care provision service chargeable and charge £4 per week for the service.

The current Careline service provides a response to alarm calls, which may be raised either by the resident (through an alarm pendant), or through assistive technology that is linked to the in-house call handling centre.

The Lambeth charges are not financially assessed and applied to people who fund the service themselves and social landlords regardless of the residents' ability to pay. If a resident requests the service and it is provided, either alongside other adult social care services, or as a preventative service, the resident often does not currently contribute to the cost and does not pay a weekly charge. This policy applies even when a financial assessment has been completed which shows that the resident could contribute to the cost of provision.

Other London boroughs who offer a similar service charge a minimum of at least £5 per week.

As part of the changes the council are making to the Careline service the council want support in future to focus on people with care and support packages. It is also proposed to make the service chargeable and include it as part of an individuals' financial assessment. The increase takes account of inflationary pressures and will move Lambeth closer to the amount charged by other Local Authorities.

There are other changes being made to this service, but they do not relate to the charging arrangements.

5. Reduce the level of the standard Disability Related Expenditure allowance to £17.50 from November 2019 (amended to December 2019)

following extension of consultation period) and then to £10 from April 2020

The council currently automatically allows all people with disabilities to keep £25 per week of their benefits to meet their needs not being met by the council. This is a standard rate taken into account when carrying out the financial assessment, given to all adults who are in receipt of Attendance Allowance or Disability Living Allowance / Personal Independence Payment (care element) and support from Adult Social Care. This Disability Related Expenditure allowance (DRE) is intended to cover any additional expenses incurred because of their disability. This can include laundry costs due to incontinence, high heating bills, essential dietary requirements and special clothing (because of wear and tear).

If an individual believes that their disability related expenditure is more than £25 per week then they can provide evidence of this and once verified as being a requirement of their care and support plan, the element of higher expenditure would be taken into account in their financial assessment.

Lambeth has not reviewed the automatic standard DRE allowance for many years. The council have determined that £25 per week, as a standard amount, is well above most other London Boroughs. Many boroughs have a standard rate of zero and individuals need to provide evidence of disability related expenditure in order to be allowed to retain more of their benefits.

It was proposed to reduce the amount of the automatic standard DRE allowance. The proposal was to reduce the automatic DRE allowance from £25 to £17.50 from November 2019 and then to £10 from April 2020. Due to the extension of the consultation period the full reduction to £10 would now be implemented from April 2020. Individuals would still be able to submit evidence of disability related expenditure above the new limit. The change is only to the automatic standard rate.

6. Freeze the Minimum Income Guarantee at 2019/20 rates for older adults

The Care and Support (Charging and Assessment of Resources) Regulations 2014 provide for a minimum income guarantee (MIG) that service users must be able to retain, with only income above that level being available for the council to charge against. This has traditionally been linked to DWP income rates plus 25% and published at that rate as part of the charging guidelines. From 2016/17 the government did not uplift the MIG rates for older people and they have remained frozen at 2015/16 rates ever since. Lambeth, like some other authorities, continued to uplift the rates in line with DWP rates plus 25%, in the expectation that the freeze would be corrected. This, however, has not yet occurred and the Council is therefore providing a higher MIG than is required by around £20 per week.

The proposal was that the council freezes the MIG at the current amount and stops increasing it each year until the Department of Health's guidelines on charging increases the MIG above the frozen level.

7. Introduce a charge for setting up deferred payments agreements

It was proposed to introduce a new charge to cover the cost of arranging deferred payments.

If the Council assesses that a resident should pay the full cost of their care because they own property, the resident (or someone authorised to do this on their behalf) can apply to the Council to pay only part of the contribution, and to defer the rest as a debt to the council, using the property as security. If they are having difficulty selling the property to pay for the full cost of their care, then they can also apply to the Council for a deferred payment arrangement. There are a range of costs involved in making these arrangements and the proposal is that these costs are met by the person seeking the arrangement, repaid along with the rest of the debt.

These charges will not generate profit and will be set to match the actual cost of making the arrangements.

The proposed costs were:

Summary of estimated charges for a Deferred Payment Agreement	
Setup (one-off)	£
DPA preparation by Financial Assessments Team	65.00
Property valuation (estimated between £500 and £750)	750.00
Solicitors fees	500.00
Total for a standard Deferred Payment Agreement	1,315.00
Total if property jointly owned	1,515.00
	(incurs additional £200 solicitor fee)
Total if complex case with non-standard terms or DPA created for debt reasons	2,115.00
	(incurs additional £800 solicitor fee)
Annual Monitoring	£
Updating interest and maintaining invoices	19.00
Termination	£
Releasing the charge on the property	100.00

The council is also proposing to charge for additional valuations which are likely to arise when there is a significant reduction in property prices or the service user approaches around the final 10% of equity in the property.

Although charging for this service will not generate additional income it will provide income to cover those costs that would otherwise be incurred by the council.

8. Introduce a flat rate charge of £140 for brokering non-residential care services for self-funders

It was proposed that a flat rate charge is made for arranging non-residential services for people who have been assessed to fund their own care (self-funders). This was to cover the administrative costs incurred.

The proposed flat rate charge was £140 and would provide income to cover the costs incurred by the council.

These changes are intended to increase income to the Council and/ or support changes to the Charging Policy.

1.3 Impact and mitigation

The charging arrangements for adult social care involve an assessment of an individual's income and assets (such as their home) and an allowance to meet their individual needs. The council then works out how much it will contribute and how much the individual needs to contribute towards the cost of the services they receive. This is called their maximum contribution.

The individual will not need to pay more than their maximum contribution even if they have more expensive services.

Where an individual is required to pay more for the services they receive it is significant as it impacts on their personal finances. Many of these proposed changes could result in an individual paying more, however the financial impact for individuals would be mitigated by the financial assessment arrangements and they would not pay more than their assessed charge regardless of the cost of the care provided.

The proposed changes move Lambeth closer to other boroughs in relation to fees and charges as many of the Lambeth fees and charges have not been increased for some years.

It was proposed that some of the increases in charges, or reductions in allowances, be phased in over a period of time to support individuals to adapt and seek information and guidance to maximise their income or claim those allowances that they are entitled to. This approach however had to be revised as the decision was not taken in November 2019, as anticipated during the consultation. The decision

was not taken due to a general election being called in December 2019 and the rules surrounding this.

The council funds a range of services to support residents to maximise their income from benefits and referrals will continue to be made to such services where such support is considered to be of benefit to an individual.

In relation to the proposed reduction in the Disability Related Expenditure allowance; the reduction is to the automatic allowance given to all adults who are in receipt of Attendance Allowance or Disability Living Allowance / Personal Independence Payment (care element) and support from Adult Social Care. Individuals who can evidence that the additional costs they incur due to their disability are above the automatic allowance will be given a higher amount.

2. The consultation

2.1 Consultation objectives

Consultation was held to seek input from the public and people using adult social care services on the detail of the proposed changes. The overall saving to be achieved through increases to fees and charges for adult social care has already been agreed as part of the council's Medium-Term Financial Strategy.

An Equalities Impact Assessment has been completed on the proposals.

2.2 Who we consulted

The consultation was intended to be as wide as possible, including people who receive community services from adult social care, their carers and family and the wider public. Consultation was aimed at the public rather than organisations.

2.3 When we consulted

The consultation started on 1 July 2019 and ran up to the 20 October 2019 – 16 weeks.

2.4 How we consulted

2.4.1 Digital activity

Information about the proposals was put on the Council website.

Emails were sent to a range of relevant voluntary and community organisations seeking their support in promoting the consultation. This included HealthWatch, Age UK Lambeth, DASL, the Lambeth Parent Forum, the Disability Reference Group, the Assembly for Adults with Learning Disabilities and LAMPAG (Lambeth Pensioners Action Group). These organisations were asked to assist in promoting the

consultation with the people they are in contact with. We know that Healthwatch included information on the consultation in two mailings (circulated 2 August and 3 September) and also Tweeted information.

Information was also circulated to adult social care staff and service providers such as Careline24 and Appetito.

Links to the consultation were included in the regular 'Community Round Up' email and sent to all individuals who had expressed an interest in being informed by Lambeth Council about issues relating to social care and health.

2.4.2 Print activity

Letters were delivered to about 4,000 people receiving community services from adult social care on two occasions, the second time in an easier read version including a leaflet.

The easier read information was produced with support from DASL and the worker supporting the Assembly of adults with learning disabilities.

2.4.3 Event activity

Four public meetings were held; 8 July, 20 September, 30 September and 2 October.

A presentation was given to the Assembly of adults with learning disabilities on the 17 September and a follow up meeting held with the Assembly on the 8 October.

3. Responses from members of the public

3.1 Summary of results

As would be expected some of the proposals raised more issues than others and some people objected to all increases in fees and charges as a matter of principle. Some responses expressed views as to how the Council should respond to the government and challenge the impact of austerity on vulnerable adults.

Attendance at the public consultation meetings varied and not everyone who attended chose to provide their contact details.

8 people signed in at the 8 July meeting. 13 people signed in on the 20 September. Approximately 40 people attended on the 30 September and 13 on the 2 October.

55 people attended the ALD Assembly and 15 people attended the special meeting for adults with learning disabilities and their carers held on the 8 October.

45 responses were submitted by email.

Five responses were individual queries i.e. impact of the proposals on a named individual.

42 of the responses were from individuals and 3 from the following organisations: DASL, the Green Party Councillors produced in collaboration with Lambeth Green Party members and Breaking out of the Bubble.

30 contacts were responses to the consultation: 3 supported the proposals; 12 objected to some of the proposals (and some supported others); and 15 objected to all the proposals.

10 responses were other queries – including 2 seeking more accessible information, some seeking explanations regarding one or more of the proposals, 1 seeking additional consultation meetings and one seeking link to documents online.

In response to these queries work was done to produce and circulate more accessible information regarding the proposals. This included a leaflet that was developed with assistance from DASL. Additional consultation meetings were arranged and advertised, and the consultation was extended to the 20 October.

A number of the email responses were generally objecting to the proposals on the grounds of objection to seeking additional funding from people with disabilities and older people. Comments included:

‘Changes will cause considerable hardship to an already hard hit service user community, and will only serve to compound the negative elements of austerity on an already hard hit people.’

‘Overall we strongly oppose these proposed changes as they will have a huge impact on some of Lambeth’s most vulnerable residents, both financially and psychologically, for the sake of a relatively minor saving for the Council.’

‘If the government are cutting the funds shouldn't you prosecute the government through the courts to get them to fund services properly? I would like to see the council fighting legal action on behalf of residents.’

‘I find all these changes to be wrongful. I find it hard to believe that the government is willing to take away and/or charge for support that has been given to people that need and depend on this support. Changes won't be beneficial for us who need the help, but that this will make our life harder than it already is.’

‘if you increase a small amount for all services the burden for this increase will not land on the already most vulnerable people in the council.’

‘I recognise that the changes are proposed because of massive reductions in central government funding, which I consider unjustified and inappropriate. On that basis I therefore object to all the changes in principle.’

‘I also appreciate that in these circumstances the Council is forced to make changes that it might prefer not to make. Even so, I consider that the Council should do its utmost to make economies in other areas, including in particular

its administrative budget, before making any changes to the support it provides to persons in need of social care.'

'We believe that charging for social care has a profound impact on individuals.

A 2018 study carried out by the Independent Living Group demonstrated that 43% of people had to cut back on food and 40% reduced their use of heating in order to pay for the cost of social care levied upon them by local authorities in the UK.

A Social Metrics Commission report (2018) looked at how much money people have to spend and the unavoidable costs that affect this, including rent or mortgage payments, childcare and the extra costs of disability. The report finds that nearly half of the 14.2 million people living in poverty live in families with a Disabled person. This recognises the additional, and unavoidable, costs Disabled people face.'

Any proposal that places the burden of additional social care charging on Disabled people only serves to increase the costs Disabled people face in daily living.'

One person commented

I like your sheet about changes to adult social care you are considering which are very clearly set out. I know all about the lack of enough money for local government services from my work in Parliament. And about the absolutely shocking delay of the social care white paper'.

A small number of people suggested that the phased approach proposed in relation to some of the increases was not supported.

'Things in stages are not really any more acceptable or productive and just cause inefficiency and confusion.'

There was a suggestion that changes should only apply to new people receiving a service and not those currently in receipt of services. This was considered in relation to the Disability Related Expenditure allowance, but advice was received that this may not be legal and could be inequitable.

Others commented that the amount of savings generated by these proposals was small and will increase inequality by reducing the incomes of disabled people and those with mental health issues and impacting adversely on their physical and mental health. An example is the response that:

'We do not believe that the income raised as a result of these proposals is sufficient to justify the costs, monetary and otherwise, for Disabled people in Lambeth.'

There was a proposal that

'With the uncertainty of Brexit, and a likely general election, we recommend that the Council do not proceed with any cuts or changes that will hit the most

vulnerable in Lambeth. A general election could be a catalyst for changes and increase in funding to local government.'

There was some support for some or all of the proposals:

'Clearly all local authorities are facing great financial difficulties as a result of central government cuts and appreciate that difficult choices have to be made.'

One individual, having requested and received a detailed breakdown of the calculated savings, made a submission setting out their analysis of the impact as a lay person not in receipt of any of the services being considered. Their main concern was the potential impact of individuals being subject to increases in more than one of the services they receive, however they noted that in regard to the first four proposals charges would be assessed according to the means of the individual.

The following summarises the response for each of the proposals:

Stop 6 weeks of non-chargeable domiciliary care

Some people suggested reducing the period of non-chargeable domiciliary care from 6 weeks to 4 weeks. One person at a meeting said

'My mum went through this. I had to give up work, so many things are happening, my suggestion would be maybe not charge for first four weeks, rather than cut it altogether. There was so much going on, it is a very stressful time.'

Comments received by email included:

'This needs to be free at the point of need and access, so I am opposed to this.'

'The savings from this measure are likely to be very small and could well be undermined by the adverse impact on the people affected.'

'Subjecting Lambeth residents to financial scrutiny upon discharge from hospital will impose unreasonable stress and unwarranted administrative costs.'

Several people commented on how Reablement had assisted them and expressed a concern that this service would remain non-chargeable, which it will. Some people supported the proposal to charge for the first 6 weeks of domiciliary care.

Slightly more comments were received objecting to this proposal than supporting it.

Charge for domiciliary care for the second carer when two carers are required at the same time

At meetings the comments were made:

'You are putting people with severe needs into poverty or severe poverty or having people decide whether they have heating, feed themselves or have a support package.'

'People with the most need has to pay the most that is unfair.'

'The most unfair aspect is that the service user has no control for having 1 or 2 carers.'

Comment by email included:

'Unfairly disadvantages any disabled person who requires two carers. The use of the word "requires" means there is no alternative, the person does not have a choice in choosing one carer, even if he or she wanted to. Therefore, it would not be fair to force a person to pay for a second carer which they would require due to their disability. Scenario: A person requires two carers but is unable to afford the second one, this puts them and the one carer they have at risk. What happens then?'

'Absolutely not acceptable - some people require two carers at certain points such as for hoisting, toileting, showering etc. and this must be provided and resourced to ensure these people have some quality of life and are not left unable to get in and out of bed, go to the toilet etc.'

'This change will have the biggest impact on full cost payers who are not eligible for financial support.'

Concern was also expressed about this proposal by adults with learning disabilities at the two meetings where information was shared on the proposals. There was a concern about the impact on people with challenging behaviour who need two support workers and several people expressed the feeling that this was unfair as the people who need the most will be charged the most.

A small number of people supported or did not object to the proposal to charge for both carers when care was being provided at the same time.

Overall more people objected to this proposal than supported it and this proposal was one of those that caused most concern.

It should be noted that most people with two carers have either been assessed to make no contribution or are already making the maximum contribution and this change alone will not alter this. The only people that this proposal would impact on are those who have been financially assessed as self funders i.e. they are considered to be able to afford to pay for all the care they receive. The impact on this small number of people however needs to be taken into consideration.

Increase the charges for Meals on Wheels from £3 to £4 per meal

This proposal received a very mixed response. Some people felt that supporting people to cook their own meal or for a care worker to cook a meal in the person's home was a preferable option to a meal on wheels and others objected to the quality of the current provision. Others commented on the advertised prices that they could obtain a meal for (from £1.99) and queried why the cost of the council provision was so high.

'The meals are horrible and you don't know what you're going to get. The gravy swims all over the food.'

At one meeting the Chair of the Lambeth Pensioners Action Group strongly opposed this proposal. She made the case that the United Kingdom's pension is one of the lowest in the developed world and that the hot meal may be the only hot meal and contact for the day. She considered it scandalous that we are attacking something extremely important for people and suggested that this could have a very adverse impact on people's health. Others at the same meeting supported these strong objections.

Another comment noted was that someone thinks that the increase is not bad since the council is already subsidising the cost of the meal.

By email more people objected than supported the proposed increase to Meals on Wheels.

Comments included:

'Meals on wheels is not just a convenience for elderly and disabled people, it is a lifeline. £1 may not seem like much but it could be the difference between someone having 7 meals a week instead of 4. Meals on wheels should be made more accessible not less.'

'Naturally you can get better, lower cost meals. There are commercial services who charge less than this. None the less 25% increase is hefty. But instead of the bureaucracy of phased in price hikes, and confusing everyone, make it £3.80 and stick to it. And change supplier and get better meals in the process, so that the price rise is worth having. If you can do that, you could go straight in with £4.20 - taking in account 5 years of inflation. (£50.40), but if they get better meals/choice in the process, then there's an upside.'

'An increase of £3 to £4 per meal may not sound like a huge increase initially but, when taken over the course of a year, would amount to a large sum of money.'

Make the community alarm / technology enabled care provision service chargeable and charge £4 per week for the service

In relation to this specific proposal at a meeting someone commented:

'the council should absorb the charge because some people might not get the alarm because of the cost and this alarm is imperative for the safety of the vulnerable person.'

Someone commented that the council should analyse the statistics and determine if the alarms used to the good effect, how many people have them and are using them, how often they are used.

The comments made at the meeting for adults with learning disabilities was that of the two people who have a community alarm one said they were prepared to pay £4 as they felt it was worth it.

By email an equal number of people supported as objected to this specific proposal. One person suggested:

'Charge for alarms etc. but from experience button alarms are useless if unconscious; obtain fall detector alarms which alert if the person is unconscious.'

Others said:

If someone needs a panic alarm, I don't think money should stop them or make them hesitate to get one. This is potentially "life saving" (i.e. heart attack) not a nice to have. And the alternative cost to the system, of failing on this part, I think are high and easily measurable.

'Commercial alternatives are £2.30 per week. I think £6pm would be a reasonable fee, if it had to be done for budget.'

'The personal pendant alarm is an excellent system: we can afford £4pw. However, I am very concerned that others will refuse to pay for the service, seeing it as a huge extra expense which they cannot afford, not appreciating the peace of mind or practical life-saving help an alarm system can bring. To quote a Lambeth elderly friend who has an alarm '£4 a week is rather a hefty sum!'.

Reduce the level of the standard Disability Related Expenditure allowance to £17.50 from November 2019 and then to £10 from April 2020

At the initial consultation meetings few people raised objections to this proposal. More concern did come in as the consultation progressed, in particular concerns were expressed by the meetings of adults with learning disabilities.

The reduction from an automatic £25 per week to an automatic rate of £10 per week was considered to be a significant reduction, even though this is only to the automatic allowance and more could be claimed if eligible expenditure was agreed. A concern was raised that there would be difficulties for people in getting receipts for some types of expenditure (such as laundry) and that this approach was intrusive. There were also concerns that people would not know how to make a claim to increase their allowance and that people would not know what they could claim for.

At one of the meetings for adults with learning disabilities there was a suggestion that we identified the main disabilities/conditions and that these groups continue to have a £25 disregard for these groups. There was a lot of discussion about the saving this might make and it was felt this would be very little for the council and people were very concerned about the impact on their income.

In terms of email responses this was the specific proposal that generated least support and the most objections. It received the highest number of specific objections.

Someone commented:

'That's a huge, unacceptable amount and will be cut at source without individual circumstances being taken into account.'

There was a suggestion:

'as these people should be getting pip et al, which covers similar, I wonder on the impact of raising it to £30 per week, but making it discretionary.'

Also:

'this needs to be retained in recognition of the significant associated costs of being disabled.'

'Asking the recipient to prove they should not have to pay more can mean a loss of dignity and excessive prying into their personal affairs. This can seriously affect an individual's self esteem and wellbeing. The result of this is that they then won't question the reduction of £25 to £10 a week allowance. Lambeth council will save money but the individual will struggle.'

'Wherever there is some kind of a test, some people are better equipped than others to pass it. In this case, anyone who has language or literacy difficulties, cognitive impairments or mental health problems (which is probably a substantial number of social care recipients) will be at a considerable disadvantage.'

One individual, who submitted a detailed analysis for each proposal, commented on the costs related to increased work arising from this change and the potential that these costs could be considered disproportionate to the additional income achieved. This person commented:

'my primary concern as a lay observer is that the any level of reduction automatically reduces the "financial elbow room" (or "pocket money") available to the user to meet his/her DER related expenditure and increases the burden of demonstrating and justifying every penny of such expenditure: and that many users may find that arduous and challenging [whilst costing the Council the payroll cost of two additional full time workers].'

A suggestion was submitted that:

'the Council should produce a comprehensive list of disabilities that will mean an individual is automatically granted the £25 a week. Additionally, individuals who are assessed as having an enhanced rate of PIP/DLA or Attendance allowance should also automatically be granted £25 a week. This will prevent those with a higher level of care or more severe disabilities from having to provide receipts and prove their higher level of care.'

Freeze the Minimum Income Guarantee at 2019/20 rates for older adults

During the consultation meetings people were asking for more information about this proposal and found it difficult to estimate the impact on an older person's income of freezing an allowance. At one consultation meeting there was discussion about pensioner poverty and the additional financial challenge from freezing this allowance.

Of the people who responded by email this proposal received the lowest number of specific objections of any of the proposed changes.

Comments received included:

‘Yes but the embargo needs to be clearly stated i.e. two years holding allowances, then review according to some nationally agreed index.’

Introduce a charge for setting up deferred payments agreements

There was limited comment on this proposal from the public meetings.

By email more people supported this specific proposal than objected to it.

One individual did comment that the proposed charges seemed *‘excessive and disproportionate relative to the task in hand’*. One response, relating to this proposal and the proposal below, stated:

‘This service is likely to be used by elderly residents and/or those that don’t have family to assist them in this. This fee therefore essentially represents a levy on these individuals.’

Introduce a flat rate charge of £140 for brokering non-residential care services for self-funders

There was limited comment on this proposal from the public meetings.

By email an equal number of people supported the specific proposal as those objecting.

One person, who objected to this proposal, wrote:

‘people often need to find a suitable home care agency at very short notice, following a sudden change in circumstances, when they have no prior experience of the care system and no idea how to or where to go about this. The Council has (or should have!) all the necessary information easily available at all times, and should not charge for passing this on to anyone who needs it – let alone at a flat rate unrelated to any actual costs incurred in any particular case.’

Should this proposal be agreed, as part of the implementation the council would want to make it clear that information would continue to be provided without charge. The charge would only be incurred when someone funding their own home care asked the council to arrange the service on their behalf.

Other issues raised

Five people responded and wanted to know the potential impact of the change for them or their loved one. In all cases the proposed changes to fees and charges would not impact adversely on them unless there was a change in their financial circumstances.

Two organisations requested more accessible information on the proposals, which led to the second letter and accompanying information leaflet. The more accessible

information was produced with support from DASL and the LD Assembly support worker.

At the consultation meetings a range of other issues were raised that do not directly relate to the proposals but to the broader consultation. These included:

- The council writing to the client and not their carer or the person with a Lasting Power of Attorney
- Significant delays experienced in sending out bills and collecting in income
- A view that this is not a real consultation as implementing is planned for too soon after the consultation closes.

4. Next steps

This report will be submitted to Fiona Connolly, Executive Director Adult Social Care and Councillor Ed Davie, Cabinet Member for Health and Adult Social Care together with the Equalities Impact Assessment (EQIA) and decision report making final recommendations on the preferred approach.

Appendix A – Consultation communications

This is the link to the information on the Council web site.

<https://www.lambeth.gov.uk/consultations/have-your-say-on-proposed-changes-to-adult-social-care-fees-and-charges>

Appendix B – List of stakeholders consulted

Elected members	Name
Lambeth councillors	Councillor Ed Davie Cabinet Members All Councillors
MPs	None specifically
MEPs	None specifically
London Assembly Members	None specifically
Police and health authorities	
Metropolitan Police	n/a
London Fire Brigade	n/a
London Ambulance Service	n/a
NHS Lambeth CCG	Liz Clegg, Joint Director of Commissioning
Voluntary and community sector groups	
BME groups	None specifically
Disability groups	DASL, Assembly of adults with learning disabilities, Disability Reference Group
LGBT groups	None specifically
Faith groups	None specifically
Older people groups	LAMPAG

Children's groups	Lambeth Parent Forum
Carers groups	None specifically
MIND	None specifically
Age UK	Age UK Lambeth
Debt relief charities	None specifically
Other stakeholder or partners	
Gas, electricity and water suppliers	n/a
Telecommunication providers (BT, etc.,)	n/a