

Public Document Pack



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Ask for Alisha Parker

PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Tuesday, 24 October 2023

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 1 November 2023** in Committee Room 1, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink that reads 'Helen E. Barrington'.

Helen Barrington

Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence
To receive apologies for absence (if any)
2. Declarations of Interest
To receive declarations of interest (if any)
3. Minutes (Pages 1 - 2)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee – People held on 06 September 2023.

4. Public Questions (30 minute maximum in total) (Pages 3 - 4)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda)

5. Results of the Consultation on Proposals to Change the Charging Policy for Local Residents in Receipt of Adult Social Care Support in the Community (Pages 5 - 190)

6. Work Programme (Verbal Report)

PUBLIC

MINUTES of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE** held on Wednesday, 6 September 2023 at Council Chamber, County Hall, Matlock, DE4 3AG.

PRESENT

Councillor K S Athwal (in the Chair)

Councillors R Iliffe, T Kemp, S Burfoot, C Dale, R George, P Rose, J Wharmby and S Swann.

Apologies for absence were submitted for Councillor N Gourlay.

20/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

21/23 MINUTES

The minutes of the meeting held on 28 June 2023 were confirmed as a correct record.

22/23 PUBLIC QUESTIONS (30 MINUTE MAXIMUM IN TOTAL)

There were no public questions.

23/23 ADULT SOCIAL CARE - PRESENTATION

Linda Elba-Porter, Interim Director of Adult Social Care attended the meeting to update the Committee on the Adult Social Care Strategy.

Research had suggested that Derbyshire's estimated population of 807,183 people in 2020 was a 0.6% (4,490) increase since 2019. The ONS Population Projections (2018 based) predicted that by 2043 the county's population would increase to 896,100. 22% of people in the county were aged 65 and over in 2018, by 2043 this would increase to 27%. As well as that, there were more people with long term conditions and more people aged under 65 had long term conditions or disabilities.

The key findings of residents had been outlined within the presentation, this included what was important about where residents lived, who was important to residents, what was important for residents to have around them and in their communities and what things they wanted to be doing.

The Councils priorities were:

Outcome focused: Support people to live to their best life independently at home, connected to the community and local resources, stepping in with more help where needed.

Short-Term Support: helping people recover and regain stability, independence and control following a personal crisis or illness.

Joining up Support: Working across the system with partners, carers, and residents to provide support in a safe, supportive homelike setting.

Co-production: Develop more equal partnerships between people who use services, carers, and professionals to deliver better outcomes.

Supporting Carers and our workforce: Recognise and value carers and our social care workforce, and the contribution they make.

Standards and value for money: Make sure there is a good choice of affordable care and support available across the county with a focus on peoples experiences and improving quality.

Engagement and feedback had been received from a number of streams such as stakeholder feedback from Healthwatch Carers, annual face to face engagement sessions and from the Quality Assurance Board. The Strategic Action Plan was updated annually.

The funds for the workforce plan had come from the sustainability and improvement fund so there were strong stipulations on what the money could or could not be used for. One suggested element was to work in partnership with private and voluntary sectors to tackle waiting lists. As well as using funds to support front line social workers and their wellbeing.

Work was ongoing to provide detail to residents on the different services provided by social care and health to avoid confusion. An information and advice portal had been launched and communications were taking place to advertise the service, this was to help residents know where to find help and support. Officers were also in the process of creating a care choices document, once completed this would be available in public places.

The presentation outlined that unfilled vacancy levels in the workforce were high with around 1600 vacancies across the county over the last twelve months. All Local Authorities were experiencing the same problems. To tackle some of these problems, Derbyshire had successful apprenticeship schemes that brought in loyal employees. The vacancies meant there were longer waiting lists for services but those with no support were always prioritised, and this was no different to other Local Authorities.

RESOLVED that the report and presentation be noted.

Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE

WEDNESDAY 1 NOVEMBER 2023

Report of the Executive Director – Adult Social Care & Health

Results of the consultation on proposals to change the Charging Policy for local residents in receipt of Adult Social Care Support in the community

1. Purpose

1.1 A report was presented to Cabinet 15 June 2023 which sought approval to launch a public consultation, including consultation with local residents and their carers/ families who are receiving Adult Social Care support in the community on:

- a) Three options concerning a proposal to update and change the current Co-Funding Charging policy for Adult Social Care.
- b) The current Disability Related Expenditure process.

Following Cabinet approval, the public consultation took place between the 3 July 2023 – 4 October 2023

1.2 The purpose of this report is to inform the Scrutiny Committee of the results of the public consultation and provide an opportunity for the Scrutiny Committee to submit comments to Cabinet for consideration in making its decision.

2. Information and Analysis

2.1 Charging for Adult Social Care has been in place since it was created in its present form and charging regulations exist
<https://www.legislation.gov.uk/ukxi/2014/2672/contents>

- 2.2 The Council is committed to achieving good outcomes for local residents who require Adult Social Care support; recognising that local people want to remain living in their own homes, wherever possible, for longer. The Council is keen to offer support which promotes independence and offers local residents' choice and control over this support. The offer of Adult Social Care support must be sustainable and equitable.
- 2.3 Adult Social Care is proportionally the largest direct spend area for most County Councils. There continues to be a rising demand for Adult Social Care support which is set to continue with an ageing population and positive medical advances ensuring people can live longer with long-term complex health conditions.
- 2.4 Local Authorities are required to provide certain functions under the Care Act 2014 relating to Adult Social Care support. These include ensuring local residents:
- Receive support that prevents their care needs from becoming more serious or delays the impact of their needs.
 - Can get the information and advice they need to make good decisions about care and support.
 - Have a range of provision of high quality, appropriate services to choose from
- 2.5 Under the Care Act 2014, Local Authorities can choose whether to charge for Adult Social Care community support provided to meet eligible needs, except where it is required to arrange care and support free of charge (for example under section 117 where people receive free aftercare following compulsory detention in hospital under the Mental Health Act).
- 2.6 Charging for people receiving Adult Social Care support in the community was first introduced in Derbyshire in 2011. The Council has an Adult Social Care Charging Policy (Co-Funding Policy) which sets out the charges that apply for those receiving Adult Social Support. Under this policy, the Council charges for care and support provided and carries a financial assessment to determine the amount an individual will contribute towards the cost of their care and support. The last significant change to the charging policy occurred in 2014.
- 2.7 There are approximately 6,535 Derbyshire residents who receive social care support in the community from the Council where a financial assessment has been completed to calculate their contribution. Under the current policy, for the 2023/24 financial year the most a person can be charged per week is £51.07, the maximum charge set by Derbyshire County Council. The projected income for this

financial year is £10.552m with the projected spend on Adult Social Care support being £127.2m.

2.8 The options for consideration within the Cabinet report were:

- **Option One**

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 100% of disposable income with a £20 per week Disability Related Disregard (*subject to the below).

- **Option Two**

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 90% of disposable income with a £20 per week Disability Related Disregard (*subject to the below).

- **Option Three**

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 80% of disposable income with a £20 per week Disability Related Disregard (*subject to the below)

(*Under national guidance where a person feels the additional cost related to their disability (Disability Related Expenditure) is over and above that already allowed in the contribution determination, they are entitled to an individual assessment of their disability related expenditure. The purpose of this review is to establish whether a full or partial reduction in the contribution would be appropriate.)

- 2.9 Alongside the above proposals, to ensure a transparent and accessible approach to Disability Related Expenditure, the Council, also as part of the consultation, consulted on the current Disability Related Expenditure process.
- 2.10 To ensure a standardised approach to charging for people that live in the community, it is proposed to include the charging for short term residential respite within the revised Co-funding policy.
- 2.11 Appendix 2 has further details of the proposals.
- 2.12 Officers enabled as many people as possible to take part, by offering a range of ways in which they could share their views:
- Media releases were issued during the consultation and news releases were published on the Derbyshire County Council website. Articles were included in the council's e-newsletters and information was posted regularly on the council's corporate facebook and twitter pages. Posters encouraging people to take part were sent to be displayed at all the county council's libraries as well as GP practices, district and borough council offices.
 - All current residents receiving Adult Social Care support in the community and their financial representatives (formal and informal) received an initial letter detailing the proposed changes to the charging for the service.
 - Within this initial letter there was a printed version of the questionnaire, with a stamped address envelope and explanatory information to help the recipient understand the proposals and how they may impact on them.
 - There was also an invite to the planned meetings 5 online (held at different times of the day) and 6 face to face held across Derbyshire.
 - Questionnaire in different formats, such as other languages or larger print were offered if this was more appropriate.

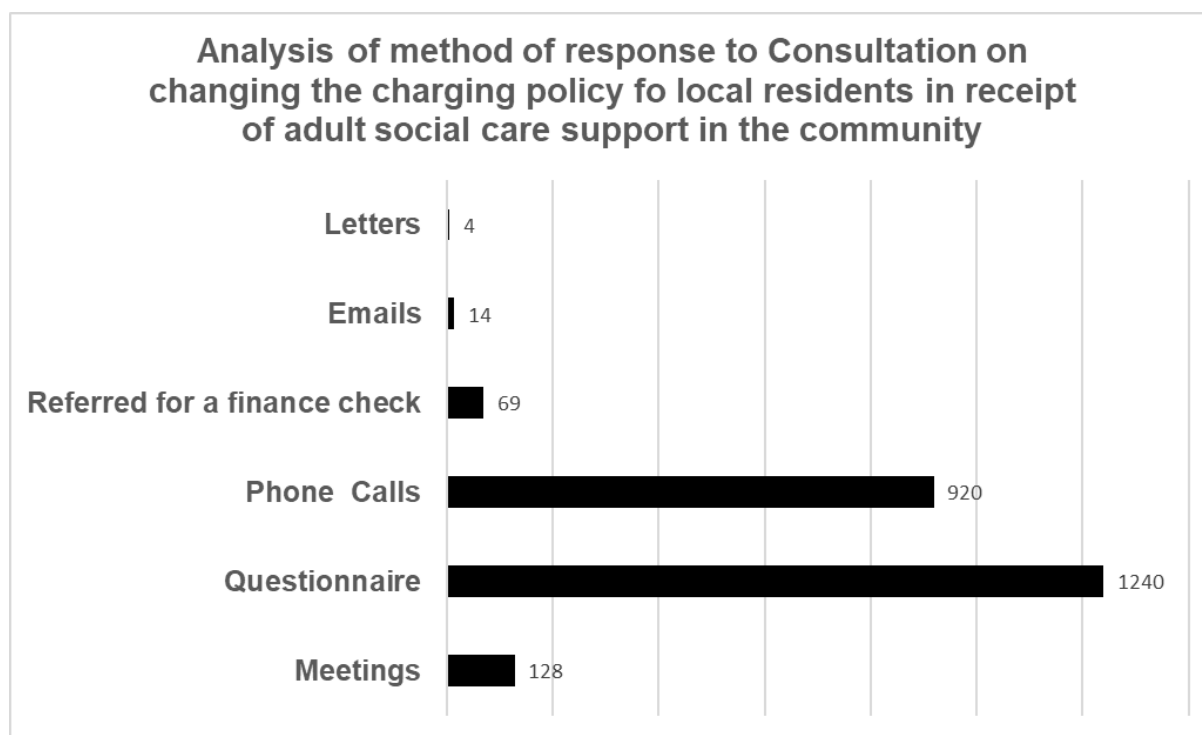
- A specific Derbyshire Consultation webpage was established, detailing the proposals and to enable completion of the online questionnaire.
- Opportunity to write into the Council via a letter or dedicated email address.
- Additional colleague resources were deployed in the Stakeholder Engagement team to ensure telephone interviews could be offered for those people having difficulty completing the questionnaire.
- An online calculator was developed so that respondents had the opportunity to input their personal financial circumstances and know how each proposal might impact on them.
- This on -line financial calculator offer was enhanced allowing people to have a phone call from a finance specialist to assist with completing.
- A further letter was sent during the consultation to remind people of the closing date and inviting them to a further 7 meetings (both online and face to face)
- A British Sign Language (BSL) video was uploaded onto the Derbyshire County Council website describing to the deaf community how to get involved with the consultation.

2.13 The results of the public consultation have been collated and is now available by way of Appendix 3 and summarised in this Report.

2.14 There were three distinct approaches to the analysis of the qualitative material from the public consultation.

- a. Information gathered during face to face and virtual meetings.
- b. Information gathered from letters, emails, and telephone calls
- b. Qualitative information contained in the online and paper questionnaires.

2.15 In total 2375 people responded to the consultation. The graph below shows a breakdown of the methods used by the respondents to engage in the consultation.



2.16 The Adult Care Stakeholder Engagement and Consultation Team analysed the responses, please see appendix 3 for detailed information.

The main themes are highlighted below:

Negative Impact on Personal Finances

Some respondents commented on the negative impact the proposals would have on their personal finances not only in terms of their weekly incomes, the current cost of living but also being a disincentive for people to save. Many respondents considered the percentages too high.

Disagree with the proposals

Some respondents disagreed with the proposals. With a number of respondents stated the £50,000 capital limit should remain in place and considered the percentages too high. Some respondents considered the current charging policy should remain and people in receipt of Attendance Allowance or Personal Independence Payments should not pay more towards their social care support.

Alternative Suggestions

Some respondents, although recognising the budget pressures, suggested alternative options including a phasing in of approach and a reduction of the percentages. Some respondents suggested the

Derbyshire Minimum Income Guarantee should remain in place rather than the introduction of the national Minimum Guarantee.

Complexity of Consultation

Some respondents commented on the complexity of the consultation. This was recognised as charging for Adult Social Care is complex and terms used within the national guidelines are not easy to interpret. Respondents attending the on-line or face to face meetings feedback that these were useful and due to this a further 6 sessions were planned. Additional colleague resources were made available to the Stakeholder Engagement Team and the route of a phone call proved popular.

Agree with proposals

Some respondents agreed with the proposals, with more respondents being in favour of the charge at 80% of disposal income.

Impact on People and Carers

Some respondents raised the negative impact that these proposals would have for people with a disability or those living with a long-term health condition. Stating that this group may be influenced if the proposals went ahead to cancel their care.

- 2.17 The next steps are for Cabinet to consider the responses from the public consultation and the Equality Impact Assessment to decide on future delivery. This is an opportunity for Scrutiny Committee to make comments for the Cabinet to consider.
- 2.18 The Scrutiny Committee should be mindful that the updated Equality Impact Assessment, which has yet to be produced, will play a role in the decision making as it must be given due regard by Cabinet.

3 Consultation

- 3.1 There is no requirement in terms of consultation for Scrutiny Committee. The public consultation is outlined above, and further details can be found in Appendix 3.

4 Alternative Options Considered

Not applicable

5 Implications

See Appendix 1

6 Background Papers

None

7 Appendices

7.1 Appendix 1 - Implications

7.2 Appendix 2 - Cabinet Report: Proposal to Consult on Changing the Charging Policy for Local Residents in Receipt of Adult Social Care Support in the Community

7.3 Appendix 3 - Equality Impact Analysis

7.4 Appendix 4 - Consultation Report

8 Recommendation(s)

That Committee:

- a) Notes the responses to the public consultation
- b) Notes that all such matters will be considered and included within a comprehensive and robust updated Equality Impact Analysis which will be incorporated within a future Cabinet Report which will be presented in due course and further notes Cabinet will fully consider the Equalities Impact Assessment as part of its decision making.
- c) Considers responses to the Public Consultation and provides comments to Cabinet and the Equalities Impact Assessment for consideration when making its decision concerning the Co-Funding Policy.

9 Reasons for Recommendation(s)

9.1 An updated Equality Impact Analysis is being prepared to reflect the issues raised during the consultation process, which will incorporate comments from the Scrutiny Committee.

9.2 The Cabinet will need to have regard to the comments from scrutiny thereof in any decision making.

Report Author: Linda Elba-Porter

Contact details: Linda.Elba-Porter@derbyshire.gov.uk

Implications

Financial

1.1 Will be included in any future Cabinet Report

Legal

2.1 Will be included in any future Cabinet Report

Human Resources

3.1 Not applicable for Scrutiny Committee

Information Technology

4.1 Not applicable for Scrutiny Committee

Equalities Impact

5.1 Will be included in any future Cabinet Report

Corporate objectives and priorities for change

6.1 Will be included within any future Cabinet Report

Other (for example, Health and Safety, Environmental, Sustainability, Property and Asset Management, Risk Management and Safeguarding)

7.1 Not applicable



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

15 June 2023

Report of the Executive Director - Adult Social Care and Health

Proposal to Consult on Changing the Charging Policy for Local Residents in Receipt of Adult Social Care Support in the Community

(Adult Social Care and Health)

1. Divisions Affected

Countywide.

2. Key Decision

2.1 This is a key decision because, if the proposed changes are made, it is likely to:

- a) result in the Council incurring expenditure which is, or savings which are significant having regard to the budget for the service or function concerned.
- b) be significant in terms of its effect on communities living or working in an area comprising two or more electoral areas in the County.

3. Purpose

3.1 Cabinet is asked to approve the undertaking of a public consultation, including consultation with local residents and their carers/ families who are receiving Adult Social Care support in the community on:

- a) Three options concerning a proposal to update and change the current Co-Funding Charging policy for Adult Social Care.
 - b) The current Disability Related Expenditure process
- 3.2 Charging for Adult Social Care has been in place since it was created in its present form and charging regulations exist <https://www.legislation.gov.uk/ukxi/2014/2672/contents>

4. Information and Analysis

- 4.1 This report outlines three options for consultation on how the Council proposes to change the current charging policy for local residents in receipt of Adult Social Care support in the community. This includes the proposal to consult on the current Disability Related Expenditure process. If implemented, none of the options would impact any local resident receiving Adult Social Care support whose home is within a residential or nursing placement setting.
- 4.2 The Council is committed to achieving good outcomes for local residents who require Adult Social Care support; recognising that local people want to remain living in their own homes, wherever possible, for longer. The Council is keen to offer support which promotes independence and offers local residents choice and control over this support. The offer of Adult Social Care support must be sustainable and equitable.

National Context

- 4.2 Adult Social Care is proportionally the largest direct spend area for most County Councils. The financial challenges facing Local Authorities are widely publicised. There continues to be a rising demand for Adult Social Care support which is set to continue with an ageing population and positive medical advances ensuring people can live longer with long-term complex health conditions. Coupled with this are external forces impacting budgets. Local Authorities are having to consider and make difficult decisions about where they can relieve budget pressures to continue to deliver essential services.
- 4.3 Local Authorities are required to provide certain functions under the Care Act 2014 relating to Adult Social Care support. These include ensuring local residents:

- Receive support that prevents their care needs from becoming more serious, or delays the impact of their needs
 - Can get the information and advice they need to make good decisions about care and support
 - Have a range of provision of high quality, appropriate services to choose from
- 4.4 Under the Care Act 2014, Local Authorities can choose whether to charge for Adult Social Care community support provided to meet eligible needs, except where it is required to arrange care and support free of charge (for example under section 117 where people receive free aftercare following compulsory detention in hospital under the Mental Health Act).
- 4.5 Under sections 9 and 10 of the Care Act 2014, Local Authorities have a duty to undertake an assessment of any adult with an appearance of need for care and support, or any carer with an appearance of need for support, regardless of their financial situation or whether the authority thinks that the individual is eligible for support. This is to determine if they meet the eligibility criteria. If the person is deemed to have eligible needs which the Local Authority subsequently meets, the person will have a financial assessment undertaken.
- 4.6 The regulations issued under the Care Act 2014 set the current levels of capital (savings and assets) a person can have whilst qualifying for financial support from their local authority. The current capital limit is £23,250. People with capital between £14,250 and £23,250 are charged a tariff income of £1 for every £250.
- 4.7 The capital limits described above are mandatory for care home residents but for adults receiving care and support in the community, local authorities can set a higher upper capital limit, a higher tariff income and a lower financial contribution rate.
- 4.8 When carrying out a financial assessment, local authorities follow the rules on the treatment of income and capital laid down in The Care and Support (Charging and Assessment of Resources) Regulations 2014 and in compliance with the Care Act 2014 and the statutory guidance.
- 4.9 People receiving local authority-arranged care and support other than in a care home need to retain a certain level of income to cover their living costs. Under the Care Act 2014, charges must not reduce people's income below a certain amount, but local authorities can allow people to keep more of their income if they wish. This is a weekly amount and is known as the Minimum Income Guarantee (MIG). The

rates of the MIG are set annually and the current rates may be found [here](#).

- 4.10 There are also welfare benefits available outlined in Appendix 3 which can assist towards the cost of Social Care Support.
- 4.11 Set on the national criteria sometimes the person will pay the full cost, sometimes the cost will be shared between the person and their Local Authority and sometimes the Local Authority will pay the full cost.
- 4.12 There is a national statutory framework taking into account extra expenditure that people incur in relation to disability or ill health, known as Disability Related Expenditure. A local authority can take this expenditure into account in financial assessments to make sure that people who pay towards their care and support have enough money to live on. Where a person feels the additional cost of Disability Related Expenditure is over and above that already allowed in the contribution determination, they are entitled to an individual assessment of their disability related expenditure. The purpose of this review is to establish whether a full or partial reduction in the contribution would be appropriate.
- 4.13 In contrast to the NHS where services are generally free, charging for Adult Social Care is not a new concept and a significant number of people across the Country pay towards the cost of their care and support, as all Local Authorities charge a contribution.

Current Derbyshire context

- 4.14 Charging for people receiving Adult Social Care support in the community was first introduced in Derbyshire in 2011. The Council has an Adult Social Care Charging Policy which sets out the charges that apply for those receiving Adult Social Support. Under this policy, the Council charges for care and support provided and carries a financial assessment to determine the amount an individual will contribute towards the cost of their care and support.
- 4.15 The last significant change to the charging policy occurred in 2014 following a public consultation and a Cabinet decision (please see background papers).
- 4.16 The current charging policy is as follows:
 - Residents in Derbyshire who receive social care support in residential or nursing placements:

- Self-fund their care if they have savings above the upper capital limit of £23,250.
- For those who have savings between the £14,250 and £23,250 they are charged tariff income of £1 for every £250 along with a client contribution based on weekly income.
- For those who have savings below £14,250 they are charged a contribution based on just their income.

This is in line with the mandatory capital limits set for those people receiving social care support within a residential or nursing home.

- Residents in Derbyshire who receive social care support in the community:
 - Self-fund their care if they have savings above £50,000.
 - For those who have savings of less than £50,000 and are in receipt of a benefit or allowance specifically made available for an assessed care/support need, such as Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP), the maximum amount they contribute towards their care is £51.07 (75% of the benefit) per week or less.
 - Tariff income is calculated at £1 for every £500 but people are not charged tariff income. It is applied solely to calculate if their income is of a high enough level to make a contribution towards their care costs.

The Council also operates a Disability Related Expenditure process.

- 4.17 The Council has, to date, decided to charge less to those people receiving social care support in the community than the national guidance as set out in paragraph 4.6 and has a higher upper capital limit of £50,000 rather than £23,250.
- 4.18 There are approximately 6,153 Derbyshire residents who receive social care support in the community from the Council where a financial assessment has been completed to calculate their contribution. Under the current policy, for the 2023/24 financial year the most a person can be charged per week is £51.07, the maximum charge set by Derbyshire County Council. The projected income for

this financial year is £8.753m with the projected spend on Adult Social Care support being £148.602m.

- 4.19 To help understand the context of charging within Derbyshire a modelling activity was completed against the other nine Local Authorities in the East Midlands region as well as five Local Authorities just over the border of the region. This consisted of compiling a list of questions in relation to their charging policy about how they charge for community support.
- 4.20 The outcome of this activity evidenced in comparison to the other Local Authorities charging policies, not only is Derbyshire the sole authority with an upper capital limit of £50,000 compared to £23,250, the Council is also the only Local Authority, for local residents supported in the community, who:
- do not apply and charge tariff income on capital – all the above Local Authorities charge £1.00 for every £250 weekly for capital between £14,250 and £23,250
 - do not charge against income – all the above Local Authorities charge on any disposable income received above the nationally set minimum income guarantee.
 - place an upper limit of £51.07 on what people contribute towards their social care support – all the above Local Authorities do not have an upper limit on their charges.
- 4.21 For example Nottinghamshire County Council, Nottingham City Council and Leicestershire County Council set the upper capital limit at £23,250, charge tariff income of £1 in every £250 for those people with capital between £14,250 and £23,250 and include a 100% of disposal income, above the minimum income guarantee, within their calculations. These local authorities do operate a Disability Related Disregard in line with national guidance.
- 4.22 The position of the bordering authorities in contrast to Derbyshire County Council indicates how the Council's existing policy is not sustainable. The discretions the Council has exercised has assisted people to only contribute a small amount towards their social care support, even though they could pay more, and has resulted in Derbyshire County Council heavily subsidising social care support for a significant number of residents.
- 4.23 It is also recognised because of the rigid criteria within the existing policy there are circumstances where the policy could appear to be more advantageous to some. For example, within the remit of the policy there

are personal circumstances which could result in some who pay the weekly standard charge of £51.07; a tapered charged (lesser charge than the standard); and those who do not make any contribution towards their care. Therefore, the average amount charged to people is less than the standard charge.

4.24 Due to the increasing demand for Adult Social Care to meet needs for care and support alongside the need to continue to deliver high quality services and within the pressures on the Council's budget, the Council must now consider how to sustainably fund Adult Social Care support. The Council needs to consider how it can ensure social care support will meet the needs of residents, not only now but also in the future. The Council must be able to meet our statutory duties whilst being able to provide support to those who need this the most. The Council is no longer in a financial position to continue to subsidise to the same level the current financial cost of people's care.

4.25 The Council are therefore proposing to update and change the charging policy

- To operate more fairly and equitably when considering charging for people in receipt of Adult Social Care support.
- To align the upper capital limits for Derbyshire residents in residential and community settings.
- To be able to respond sustainably to demand for Adult Care support in the future.

It is important to note as set nationally the home people live in is not counted within their capital (financial assets). The Council will also continue to provide, in line with national requirements, our short term reablement offer free of charge.

- Option One being considered by the Council

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250

- To charge on 100% of disposable income with a £20 per week Disability Related Disregard (*subject to the below).

- Option Two being considered by the Council

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 90% of disposable income with a £20 per week Disability Related Disregard (*subject to the below).

- Option Three being considered by the Council

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 80% of disposable income with a £20 per week Disability Related Disregard (*subject to the below)

(*Under national guidance where a person feels the additional cost related to their disability (Disability Related Expenditure) is over and above that already allowed in the contribution determination, they are entitled to an individual assessment of their disability related expenditure. The purpose of this review is to establish whether a full or partial reduction in the contribution would be appropriate.)

- 4.26 Alongside the above proposals, to ensure a transparent and accessible approach to Disability Related Expenditure, the Council will also as part of the consultation, consult on the current Disability Related Expenditure process.

- 4.27 To ensure a standardised approach to charging for clients that live in the community, it is proposed to include the charging for short term residential respite within the revised Co-funding policy.

Impact of proposals

- 4.28 It is recognised many people already in receipt of community support are likely to be financially affected by the proposals and the impact of this is outlined within the Equality Impact Assessment (Appendix 5). The consultation of the Disability Related Expenditure procedure recognises that people with the most severe disabilities are not in the position to supplement benefit income with earning and therefore should be entitled to a higher level of disregard. This disregard must be minded of the additional expenses people occur due to the level of their disability (Appendix 6). However, both option 2 and option 3 outlined above would still ensure Derbyshire County Council operates a policy that offers more than other surrounding local authorities and would continue to assist people, with lower capital and income levels to financially pay for social care support.
- 4.29 Prior to the introduction of the financial self-assessment tool, BetterOff, a full financial assessment was not required, and a light touch financial assessment sufficed. Therefore, the full extent of those who may be affected is not fully known, however this will become clearer through the consultation period and mitigations will be explored.
- 4.30 However, to support the Council to understand how people may be affected by any proposed changes, a full financial assessment of 300 new people requesting support from us has been undertaken.
- 4.31 The projections, based on the sample of 300 cases, identified that if the proposal went ahead people would be affected as follows for all three options:-

Effect	No of People	% of People
Remain at Nil Cost	59	19.7%
From Nil to paying a contribution	37	12.3%
Increase in Charge	160	53.3%
Decrease in Charge	12	4.0%
Become Full Cost Payers	32	10.7%
Total	300	100.0%

4.32 For any new resident approaching the Council a full financial assessment would be undertaken to understand eligibility for financial support:

- If the person has capital above £23,250, they would be a self-funder and therefore the charging policy would not apply as they would be responsible for funding all of their care.
- If the person has capital below £23,250, the charging policy would apply, and a financial assessment would be completed to calculate their charge.
- If the person's assessed chargeable income exceeds the cost of their care package, they would also be responsible for funding all their care.

For all existing residents in receipt of non-residential services a full financial assessment would be undertaken to identify:

- Those who would become self-funders due to having capital over £23,250 or having chargeable income over the cost of their care package; or
- Those who remain eligible for local authority financial support but will need to increase or decrease their contribution amount; or
- Those who would be exempt from charging

4.33 To reduce any uncertainty for people or to help people understand how they may be affected the Council would ensure support available from the finance and social care assessment teams. For example, a person may have an updated care and support plan review completed to help determine the level of care they may require.

4.34 Adult Social Care will continue to promote person centred and strength-based assessments to maximise a person's independence. This may include utilising existing free services such as short-term reablement services where appropriate or other preventative services where appropriate to do so.

4.35 People would be supported to maximise their income. Under national guidance as an integral part of the financial contribution assessment process all people are offered appropriate benefits advice and

assistance from the Council. This is to ensure that a person's income is maximised. The Council would ensure people have access to the best advice and support at the right time for them via the strengthening of our information, advice, signposting and our free short term service support.

5. Consultation

- 5.1 If this report is approved, it is proposed that formal consultation will commence on 3 July 2023 and end on the 30 September 2023. A public consultation exercise would be carried out seeking people's views on the options available.
- 5.2 The Council will support current residents in receipt of community social care support and their carers to understand and engage in the consultation process and the potential implications for them by offering support to participate in the consultation via one-to-one where requested; and provide documentation, tools and resources in other formats to provide accessible information.
- 5.3 Adults Social Care's Stakeholder Engagement Team (SECT) will arrange and coordinate 6 face to face consultations meetings for the general public, residents receiving social care support and their carers.
- 5.4 The SECT team will also arrange and coordinate 5 virtual public consultation meetings.
- 5.5 Interested parties and members of the public will be invited to book a place on one of the face to face meetings or virtual public meetings via publicity and communications.
- 5.6 There will be an online consultation for the public and all Stakeholders to give their views. They would be able to fill in an online questionnaire made available on the county council's website or by sending a letter, via email to ASCH.Tell.AdultCare@derbyshire.gov.uk or via telephone contact for SECT. Stakeholders will be given the opportunity to either email a message or leave a telephone voice mail requesting a call back from a member of SECT. SECT members will then record any feedback via telephone interviews and/or assist participants to complete an online questionnaire.
- 5.7 There will also be available for residents currently in support of social care and their families/ carers affected the use of:

- An online financial self-assessment calculator
- Telephone contact to discuss individual circumstances with social care or finance assessors

This is to ensure people would have an understanding of how their contribution may change if the proposals went ahead prior to offering their views.

6. Alternative Options Considered

6.1 Rule out the possibility of making changes to the existing charging policy for people being supported in the community:

- Adult Social Care spend is approximately 48% of the overall Council Budget.
- Derbyshire's estimated population of 807,183 people in 2020 is a 0.6% (4,490) increase since 2019. The latest ONS Population Projections (2018 based) predict that by 2043 the county's population will increase to 896,100. 22% of people in the county were aged 65 and over in 2018, by 2043 this will increase to 27%.
- Derbyshire County Council raised the Council Tax precept in 2023/2024 by 1.25% resulting in an additional £ 4.7m funding for Adult Social Care however raising the precept to the maximum 2% would have only generated a further £2.7m

This above position is not sustainable.

6.2 Make changes to the charging policy without consultation. This would be unlawful and would expose the council to legitimate legal challenge while at the same time undermining the quality of its decision-making.

6.3 Consult on more or different potential models or changes. The Local Authority is entitled to consult over its chosen proposed financial model but should not limit their consideration of alternative models or changes. The consultation exercise will therefore facilitate the ability for responses to be provided in this regard.

7. Implications

- 7.1 Appendix 1 - Implications
- 7.2 Appendix 2 – Glossary of Terms
- 7.3 Appendix 3 – Current Benefits provided to support Older and Disabled People
- 7.4 Appendix 4 – Case Studies
- 7.5 Appendix 5 – Equality Impact Assessment

7.6 Appendix 6 – Disability Related Expenditure Fact Sheet

8. Background Papers

- 8.1 Cabinet Paper on 17 June 2014- Proposed Changes to Adult Social Care Policies on Transport, Client Contributions and The Eligibility Threshold
- 8.2 Co-Funding for Non-Residential Care Services

9. Appendix

- 9.1 Appendix 1 – Implications
- 9.2 Appendix 2 – Explanation of Terms
- 9.3 Appendix 3 – Benefits Available
- 9.4 Appendix 4– Examples of impact if proposal went ahead
- 9.5 Appendix 5 – Equality Impact Assessment
- 9.6 Appendix 6 – Disability Related Expenditure

10. Recommendation(s)

- 10.1 It is recommended that Cabinet:
 - a) Approves the programme of formal public consultation for a period of 12 weeks on the three options concerning the proposal to update and redesign the current Co-Funding Charging Policy
 - b) Approves the programme of formal consultation for a period of 12 weeks on Disability Related Expenditure process
 - c) Receives a further report following the conclusion of the consultation process, including an updated Equality Impact Analysis.

11. Reasons for Recommendation(s)

- 11.1 The reasons for the recommendation
 - a) Proposals to make significant changes in policy, require consultation with the public and those directly affected including people who access support through Adult Social Care, carers, and relevant stakeholders to ensure that their views can be taken into account when a final decision is made. Consultation for 12 weeks is proposed to ensure the Council complies with its legal obligations.

- b) A further report following the conclusion of the consultation is recommended to ensure that Cabinet is fully informed of the outcome of the consultation and Equality Impact Analysis when it makes the decision on the future of the

12. Is it necessary to waive the call in period?

No

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Implications

Financial

- 1.1 The projected income for the financial year is £8.753m with the projected spend on Adult Social Care support being £148.602m.
- 1.2 The estimated annual income generated for the three options is as follows:

	Total Annual Income	Addnl Annual Income
Option 1	£20.645m	£11.892m
Option 2	£18.581m	£9.828m
Option 3	£16.516m	£7.763m

Legal

- 2.1 Section 1 Care Act 2014 imposes a general duty on the Council to promote an individual's well-being whenever exercising any function under Part 1 Care Act 2014. 'Well-being' is not defined within the Care Act 2014 and is a broad concept. Section 1(2) lists nine individual aspects of well-being as follows:
- (a) personal dignity (including treatment of the individual with respect);
 - (b) physical and mental health and emotional well-being;
 - (c) protection from abuse and neglect;
 - (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
 - (e) participation in work, education, training or recreation;
 - (f) social and economic well-being;
 - (g) domestic, family and personal relationships;
 - (h) suitability of living accommodation;
 - (i) the individual's contribution to society.
- 2.2 Although the well-being principle applies specifically when the local authority makes a decision in relation to an individual, the Care and Support Statutory Guidance is clear that the principle should also be

considered by the Council when it undertakes broader, strategic functions.

- 2.3 The Care Act 2014 and the Care and Support Statutory Guidance set out the circumstances in which a social services authority can and cannot charge for adult social care. There are circumstances in which a local authority must meet need (a duty) and circumstances in which it can charge (a power). Accordingly, local authorities are permitted to set local policies that offer more than the *minimum* thresholds in the legislation.
- 2.4 The report includes information that decision makers will need to consider regarding the Minimum Income Guarantee (the MIG) and the Disability Related Expenditure (DRE).
- 2.5 The statutory guidance makes clear that a local authority's policy must be sustainable in the long term
- 2.6. Any proposal to make policy changes as significant as those in the proposed alternatives would require the council to have carried out consultation with the public and those directly affected, including service users, their family/carers, staff and relevant stakeholders.
- 2.7 Case law has established minimum requirements of consultation, which are:
 - a) Consultation must be at a time when proposals are at a formative stage;
 - b) Sufficient information must be given to permit a person to "give an intelligent consideration and response";
 - c) Adequate time must be given for consideration and response; and
 - d) The results of the consultation must be conscientiously taken into account in finalising any proposal and provided to the decision maker to inform their decision
- 2.8 In assessing these proposals, the Council should also have regard to the Public Sector Equality Duty (PSED) under the Equality Act 2010.
- 2.9 The PSED requires public authorities to have "due regard" to:
 - The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 (*section 149(1) (a)*).

- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1) (b)*). This involves having due regard to the needs to:
 - remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (*section 149(4)*); and
 - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (*section 149(1)(C)*).
- 2.10 The methods and content of the consultation will need to be designed so as to fully reflect the needs of the relevant protected groups, in particular older people and disabled people.
- 2.11 A further Equality Impact Analysis (EIA) should be prepared during the consultation process reflecting issues that are raised during the consultation process. This should be reported in full to Cabinet and a full copy of the EIA made available to Members in order that any adverse impact along with any potential mitigation can be fully assessed. Cabinet members will be reminded at that time of the need to have careful regard to the conclusions of the EIA.

Human Resources

- 3.1 None directly arising.

Information Technology

- 4.1 None directly arising.

Equalities Impact

- 5.1 The Council has a duty to recognise and mitigate the impact of any changes it proposes upon people in protected groups. The proposals in this report affect people who are currently in receipt of social care support in the community.

- 5.2 Should the Council make a decision to implement changes to the current policy it must take account of the challenges which the people affected by the proposals in this report face, both in terms of participation in the consultation and in seeking to ensuring that the impact of any changes is mitigated if they are to be implemented. Family, and carers will be invited to participate in any consultation that the council decides to undertake, for which advocacy services would be arranged for people who require them.
- 5.3 A full Equality Impact Analysis will be undertaken, and this will be reported to Cabinet on the completion of the consultation on the proposals in this report, should a consultation exercise be approved by Cabinet.

Corporate objectives and priorities for change

- 6.1 In the Council Plan 2021 – 2025 the Council states that listening to, engaging, and involving local people to ensure services are responsive and take account of what matter most to people, as being a core value.
- 6.2 The Council commits to work together with its partners and communities to be an enterprising council, delivering value for money and enabling local people and places to thrive, and to spend money wisely making the best use of the resources that it has.

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

- 7.1 As set out in the report.

GLOSSARY OF TERMS

Capital

In general capital refers to financial resources available for use. Examples are savings in banks and building societies, money in current accounts, buildings, land, stocks and shares, etc. When assessing a client for contributions towards community-based care the value of the primary residence is excluded, but any other property is included.

Care & Support Plan Review

When you receive a re-assessment of your needs and you and the people in your life look at whether the services you are receiving are meeting your needs and helping you achieve your chosen outcomes. Changes can then be made if necessary.

Council Plan

Sets out the vision and aims for the Council and how these are going to be delivered through areas of focus and priority projects.

Digital financial self-assessment calculator

A method used to work out how much a person's care and support will cost, based on how much assistance you need with daily living. You will be asked about everything that you might need help and support with, and the calculator then works out the cost of providing that help and support.

Disability Related Expenditure (DRE) Disregard

Some people have to pay for equipment or services or have higher than average outgoings because they have a disability or long-term health condition. These costs may be allowable as DRE when working out how much they need to pay towards the cost of your support arranged by the Council. The council proposes to allow a standard £20 per week for these costs in all cases, but if the client feels this isn't enough to cover their DRE, a higher amount may be allowed based on an individual assessment.

Disposable Income

The amount of money left after the Minimum Income Guarantee and DRE amounts have been deducted from the client's overall income.

Financial Assessment

The process where the person's income and expenditure is assessed to calculate the amount of disposal income available against which charges can be levied.

Income Maximisation

Aims to help you achieve your maximum possible entitlement to welfare benefits.

Minimum Income Guarantee (MIG)

Local authorities must ensure that a person's income is not reduced below a specified level after charges have been deducted. The amounts are set out in the Care and Support (Charging and Assessment of Resources) Regulations. The purpose of the minimum income guarantee is to promote independence and social inclusion and ensure that they have sufficient funds to meet basic needs such as purchasing food, utility costs or insurance.

Prevention

Any action that prevents or delays the need for you to receive care and support, by keeping you well and enabling you to remain independent.

Preventative Services

Services you may receive to prevent more serious problems developing. These services include things like reablement, telecare and befriending schemes. The aim is to help you stay independent and maintain your quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care.

Short term Service

A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness. It includes a service for a limited period in your own home that includes personal care, help with activities of daily living, and practical tasks around the home.

Tapered Charge

Where a client has been assessed to have disposable income under the standard Co-funding charge of £51.07, a reduced or tapered charge will be levied in order to comply with the MIG. Dependent on the level of income available this will be between £2 and £51.07 per week (we do not charge clients whose assessed contribution is under £2 per week).

Tariff Income

Tariff income is the term used to refer to notional income charged against capital. Tariff income is charged on a sliding scale and, for the revised Co-funding proposal, the council would use the levels set in the charging guidance issued by the DHSC (Care and Support Charging and Assessment of Resources) Regulations 2014), of £1 per every £250 of capital over £14,250. Tariff income does not represent the amount of interest earned from capital.

The Care Act

A law passed in England in 2014 that sets out what care and support you are entitled to and what local councils have to do. According to the law, councils have to consider your wellbeing, assess your needs and help you get independent financial advice on paying for care and support.

The Care and Support (Charging and Assessment of Resources) Regulations 2014

It gives the Council the power to charge adults for care and support. This applies where adults are being provided with care and support to meet needs identified under Section 18, Section 19 or Section 20 of the Care Act 2014.

Wellbeing

Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.

Universal information and advice

Information and advice that is available to everyone in your local area. This should cover what care and support services are available in the area, how you can get these services, where you can find financial advice about care and support, and what to do if you are concerned about the safety and wellbeing of someone who has care and support needs. Councils are required by law to make information and advice available to everyone, regardless of who pays for the care and support you need.

Zero Charge

Where a client has been assessed to have income under the Minimum Income Guarantee then the council does not levy a charge. There is also a zero charge where the tapered charge would be under £2 per week (see above).

Current Benefits provided to support Older and Disabled People

- Attendance Allowance: Can be claimed by anyone over the state pension age who requires support with personal care (including self-funders). There are two rates £61.10 or £101.75
- Disability Living Allowance: a payment to help with care and mobility needs if you're living with a long term disability, this is being phased out and replaced by Personal Independence Payment only those born prior to 8th April 1948 remain eligible.
- Personal Independence Payment: can be claimed by those under the state pension age with a long term physical or mental health condition or who are disabled. Two components:
 - Daily Living Component – standard £61.10 enhanced £101.75
 - Mobility Component –standard £26.90 enhanced £71.00

Appendix 4

Case Studies

Ref	Age	Dependent Children	Income Types	Weekly Income	Capital, if over £14,250	Current Co-funding	Option 1	Option 2	Option 3
A	20	-	UC, PIP & PIP (Mobility)	£299.49	-	£33.18	£45.92	£41.33	£36.74
B	18	-	DLA & DLA (Mobility)	£156.90	-	Nil	Nil	Nil	Nil
C	41	2	UC, PIP & PIP (Mobility)	£275.46	-	Nil	Nil	Nil	Nil
D	59	-	ESA & UC	£255.59	-	Nil	£141.44	£127.30	£113.15
E	61	-	ESA, PIP & PIP (Mobility)	£321.60	-	£51.07	£90.60	£81.54	£72.48
F	61	-	PIP & PIP (Mobility)	£156.90	-	Nil	Nil	Nil	Nil
G	82	-	Retirement Pension, AA & Occupational pension	£348.87	£42,808	£51.07	Self-Funder	Self-Funder	Self-Funder
H	93	-	Retirement Pension, AA & Occupational pension	£552.17	£22,000	£51.07	£337.92	£304.13	£270.34
I	79	-	Retirement Pension, DLA and DLA (Mobility)	£286.75	-	Nil	£7.55	£6.80	£6.04
J	76	-	Retirement Pension & Occupational Pension	£666.75	-	Nil	£498.10	£448.29	£398.48
K	71	-	Retirement Pension & AA	£277.91	£18,625	Nil	£22.12	£19.91	£17.70
L	89	-	Retirement Pension, AA & Occupational pension	£468.25	-	£51.07	£252.94	£227.65	£202.35

All the above case studies are based on a standard £20 allowance for Disability related Expenditure. However, if people feel that their DRE exceeds this amount, they can ask for a DRE review which will take into account items such as excessive utility bills, specialist dietary requirements, additional bedding, clothing, laundry etc.

In all the above cases, if the client contribution is greater than the cost of the care package, they would become self-funders.

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Equality Impact Analysis Record Form

Part 1. Introduction and context

Department		Adult Social Care & Health			
Lead Officer		Linda Elba-Porter			
EIA Team:		James Winson Wes Downes Graham Woodhouse Helen Greateorex			
Date analysis commenced		Date completed		Date approved	
Proposal being assessed:					
The proposal is to make changes to the current non-residential Co-Funding charging policy to ensure equity for all people in receipt of adult social care support and align with the national context.					
Aims/objectives of the service?					
<p>The purpose of this EIA is to:</p> <ol style="list-style-type: none"> 1) Consider how during a specific public consultation the Council will engage the public, stakeholders and partners, and; 2) Consider the impact of the proposed changes on people with protected characteristics <p>The proposals set out to change the way a person in receipt of adult social care non-residential services is charged by:</p> <ul style="list-style-type: none"> • Lowering the upper capital limit in which people would be eligible for financial support • Aligning tariff income calculations to be the same at the statutory levels for those people in residential care • Remove the cap of the maximum amount a person would contribute towards their care costs 					

- Remove the need to be in receipt of specific benefits before they can be charged
- Align Minimum Income Guarantee with statutory levels for all age groups
- Respite Care

The Council has a duty to undertake an assessment of any adult with an appearance of need for care and support, or any carer with an appearance of need for support, regardless of their financial situation or whether the authority thinks the individual is eligible for support. This is to determine if they meet the eligibility criteria. If the person is deemed to have eligible needs which the Local Authority subsequently meets, the person will have a financial assessment undertaken. At this stage the Councils Co-Funding policy is then implemented and used to determine how a person's finances are used to calculate their contribution towards their care and support. The charges are calculated by considering their income, capital, and a range of other financial circumstances to ensure the charge they are to pay is reasonable and affordable. The Co-Funding policy has very specific criteria when considering a person's income and capital. A person must have savings of less than £50,000 and must be in receipt of specific benefits to be charged. The maximum weekly amount a person can be charged for the 2023/24 financial year is £51.07.

The Council's current Co-Funding Charging policy was introduced in 2014 following public consultation. As set out in the policy, the policy is reviewed annually. Following the Council reviewing its charging policy it has taken the opportunity to explore ways to raise revenue fairly and affordably from charges to help to ensure sustainability by looking at ways people are currently charged for care and support services whilst balancing significant central government reductions.

Following the review, three proposals have been recommended which would change the Council's Co-Funding Charging policy. This could mean some people receiving non-residential services may have to contribute more towards their care. The aim of the policy is to produce a sustainable, consistent and fair framework for charging and financial assessment for all people that receive care and support services. All three proposals include lowering the capital limit, changing tariff income, to charge against a percentage of disposable income, and include an automatic disability related expenditure disregard.

- Option One being considered by the Council

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 100% of disposable income with a £20 per week Disability Related Disregard (*subject to the below).

- Option Two being considered by the Council

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 90% of disposable income with a £20 per week Disability Related Disregard (*subject to the below).

- Option Three being considered by the Council

To change the charging policy for local residents in receipt of support in the community to:

- The national position concerning the capital limit of £23,250
- The national position concerning charging tariff income of £1.00 in every £250 for those with capital between £14,250 - £23,250
- To charge on 80% of disposable income with a £20 per week Disability Related Disregard (*subject to the below)

(*Under national guidance where a person feels the additional cost related to their disability (Disability Related Expenditure) is over and above that already allowed in the contribution determination, they are entitled to an individual assessment of their disability related expenditure. The purpose of this review is to establish whether a full or partial reduction in the contribution would be appropriate).

What outcomes will be achieved with the new or changing policy?

The aim is to update the Councils Co-Funding Charging policy to make it sustainable. This will support the Council to consider options available to generate additional revenue which can help to off-set some of the costs associated with providing care.

The proposals will ensure the Council is:

- To operate more fairly and equitably when considering charging for people in receipt of Adult Social Care support.
- To align the upper capital limits for Derbyshire residents in residential and community settings.
- To be able to respond sustainably to demand for Adult Care support in the future.

The implementation of the revised Co-Funding policy will ensure greater clarity and fairness for all people including those with protected characteristics. All people will be assessed in the same way regardless of eligible needs in order to determine their contribution to their social care services. Their contribution will be based on their individual ability to pay.

Please list any associated policies, services, or functions?

Derbyshire County Council Adult Care Co-Funding for Non-Residential Services
 The Care and Support (Charging and Assessment of Resources) Regulations 2014
 Care Act 2014
 Care and Support Statutory Guidance 2014

Please list the main people or groups that this policy/ service is designed to benefit and any other stakeholder involvement?

Additional revenue from care charges will help to ensure the Council can maintain and extend its social care services whilst managing increasing significant financial pressures and constraints. It will also assist the Council in setting a balanced budget to ensure the impact on service provision is minimised.

It will ensure Adult Social Care services continue to be accessible to all of the local population, including those with fewer financial resources and lower incomes, but will reduce variation by treating people with high incomes/high capital resources consistently and equitably.

Will the policy/service and any changes impact on any other organisations such as community and voluntary sector groups?

Non-residential service users of social care services.
 Voluntary Organisations supporting carers and supporting people who needed added support and care.
 Providers of care at home services.
 Respite Care Providers.
 Benefits and welfare sector organisations.
 Unpaid and paid carers.
 Staff from partner health and care provider.
 Staff within Derbyshire County Council.

Part 2. Supporting evidence

Please list and/ or link to below any recent and relevant consultation and engagement that can be used to demonstrate clear understanding of those with a legitimate interest in the policy/ service and the relevant findings:

Within Derbyshire when calculating a person's contribution towards their costs it has not been necessary to complete a full financial assessment and a light touch financial assessment has been sufficient. It is recognised because of this at the current time the Council holds minimal information as to how existing people of Derbyshire in receipt of adult social care services might be impacted. The Council did complete a small modelling exercise with 300 people receiving adult social care services in Derbyshire. The outcome of this provided some insight to how people may be affected.

Out of the 300 people it identified 53% would likely see an increase in what they are required to pay; 19.7% would continue making no contribution; 12.3% would be required to start paying a contribution; 10.7% would likely become liable to pay all of their care costs and 4% would pay less than they currently do. This is a small sample size in comparison to the number of people in receipt of adult social care services from the Council. During the public consultation and engagement, it will become clearer as to how people could be affected by the proposals.

If there is insufficient consultation or engagement information, please explain what action is being taken to obtain this information and when this consultation/ engagement will be completed and available:

At this stage there has been no formal consultation or engagement that can be used for the purpose of this Equalities Impact Assessment. The Equalities Impact Assessment is being undertaken at this stage to consider the impacts of those people already in receipt of non-residential services; and how the public consultation is to be undertaken to ensure people with protected characteristics are considered. If Cabinet, make a decision for the Council to go out to public consultation there will be a further Equalities Impact Assessment in which impacts can be considered and a further completion of an Equalities Impact Assessment. The public consultation would commence on 3 July 2023 and run until 30 September 2023.

Please list or link to any relevant research, data or intelligence, or any other information that is available and will be used to help complete the analysis?

The following lists sources of information which have been utilized in considering the equality impact of the proposals whilst also considering wider national context and background:

Demographic, financial and care package information held by the Council obtained from or electronic recording system.

- Derbyshire County Council's Adult Social Care Case Management System – MOSAIC (for monitoring information about people using services).
- Derbyshire County Council's Derbyshire Observatory (for general data relating to demographics includes data from the 2021 Census).
- Benchmarking comparisons with the charging policies of other Councils.
- Financial modelling of the impact of the increase charges.
- Current and historic experience of the application of the Council's Adult Social Care charging policy and impacts on individuals.
- Current and historic experience consultation on the Adult Social care charging policy with individuals and the wider community.

Please list or link below to any relevant service user/ customer or employee monitoring data and what it shows in relation to any Protected Characteristic (Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race and ethnicity, Religion and belief including non-belief, Sex or gender, Sexual orientation)

This proposal aims to consider access of all sections of society to influence this specific Council policy. It needs to take account of the widest possible equality information, e.g., census data.

(Information taken from census data 2021, unless stated otherwise) [Derbyshire Observatory – 2021 Census Results – First release](#)

The last census data showed the Derbyshire population was 796,600, with a growth rate of 3.2%, much lower than the growth rate for England of 6.6%. All of the Derbyshire districts except Chesterfield have seen in an increase in its population. Out of the total population there is a slightly higher percentage of women (50.9%) compared to men (49.1%). There has been an increase in people aged 65+ at 22.8% since 2011, and they now represent 22.1% of the overall Derbyshire population which is well above the England average of 18.4%. Adult Social Care electronic record's Mosaic tells us we there are approximately 6153 Derbyshire people who have been assessed to have to contribute towards their care and support costs. Out of this age range 65+ has the highest proportion of people in receipt of adult social care support at 55.99% (with 33.52% of this being age 80 and above). The category age 18-30 make up the smallest number of people and take account for 10.24%. The age range 30-50 accounts for 16.38%; with 50- 65 at 17.39%. There are more females in receipt of services at 57.18%.

If there is insufficient information, please outline any plans to remedy this?

Part 3. Analysing and assessing the impact by equality Protected Characteristic group

Use the information, customer feedback and other evidence to determine upon whom the policy/service and any proposed changes will impact upon and how, highlighting where these are negative or positive, including where this could constitute unfair treatment, additional inequality or disadvantage or result in hardship and exclusion.

Against any identified negative potential impacts, you must provide details of any action or options which could mitigate against this, and in serious cases, you should highlight where the Council would be advised not to proceed with a new or changing policy or service, including any proposals which are being considered.

Please use your action plan attached to this analysis to record the action and the monitoring which will take place to deliver such mitigation.

Consultation Impact		
<i>Protected Characteristic or Group</i>	<i>Consultation - Actual or potential positive/negative outcome/ impact</i>	<i>Mitigation</i>
1. All protected characteristics	<p>All existing people in receipt of adult social care support will have an opportunity to give their views as part of the consultation.</p> <p>Existing people in receipt of adult social care support may still not be aware for some reason of the consultation e.g. do not receive their consultation letter in the post for reasons outside of the Council's control/do not open their mail.</p>	<p>A clear stakeholder engagement plan and strategy for both internal and external stakeholders to include maximising public participation.</p> <p>Consultation delivery plan is in place.</p> <p>All eligible people listed on our database (Mosaic) receive a letter detailing the proposed changes and a link to the on-line questionnaire or offer of a postal questionnaire with a pre-paid envelope should they require a paper copy. This will include ensuring the Council identifies any legal financial representatives or other appropriate representatives to send the letter maximise people's opportunity to give their views in some form.</p>
	<p>People in receipt of adult social care support and any general member of the public may wish to know how the proposals may affect them. They may want to check this for themselves or may need support to do so.</p>	<p>Online self-financial calculator to be made available for the public so they can check how the proposals may affect them compared to their current charges.</p> <p>Appropriate tools and materials are available including easy read formats which provide an</p>

		<p>outline of the proposals, case studies, a co-funding calculator, cabinet reports and the questionnaires.</p> <p>Dedicated telephone line and email for people to make contact and receive support through all of the process.</p>
	<p>People may for a variety of reasons not be able to complete online questionnaires; read/or understand the questionnaire; attend online or face to face consultations.</p>	<p>Offer both face-to-face consultation meetings in differing localities across the county and Online (virtual meetings).</p> <p>Appropriate tools and materials are available including easy read formats which provide an outline of the proposals, case studies, a co-funding calculator, cabinet reports and the questionnaires.</p> <p>People will be offered postal questionnaire with a pre-paid envelope should they require a paper copy.</p> <p>Dedicated telephone line and email for people to make contact and receive support through all of the process.</p>
2. Age	<p>There may be some barriers associated with age to prevent people from responding to consultations, which may be specific to one or multiple ages. For</p>	<p>Offer both face-to-face consultation meetings in differing localities across the county and Online (virtual meetings).</p>

	<p>example, younger people may be less likely to attend office spaces where consultations are carried out. Older people may be less likely to use digital options, so could be disadvantaged if the consultation is done solely online.</p> <p>People may feel reluctant to attend events because they may feel they are not relevant to them or may feel intimidated.</p>	<p>Dedicated telephone line and email for people to make contact and receive support through all of the process.</p>
3. Disability	<p>There are a number of sensory, learning, and physical disabilities which could make it more difficult for some disabled people to engage in the consultation.</p> <p>Information may not be accessible if it is produced only in one format.</p> <p>Disabled people may have difficulty attending and participating in engagement activities.</p> <p>Facilities at events may not meet the needs of disabled people.</p>	<p>Appropriate tools and materials are available including easy read formats which provide an outline of the proposals, case studies, a co-funding calculator, cabinet reports and the questionnaires.</p> <p>People will be offered easy read postal questionnaire with a pre-paid envelope should they require a paper copy.</p> <p>Dedicated telephone line and email for people to make contact and receive support through all of the process</p>

4. Gender Re-assignment	It is not considered likely there are specific barriers to responding to consultation related to a person's gender-reassignment status.	n/a
5. Marriage & civil partnership	It is not considered likely there are specific barriers to responding to consultation related to a person's marriage and civil partnership status.	n/a
6. Pregnancy & maternity	It is not considered likely there are specific barriers to responding to consultation related to a person's pregnancy or maternity.	n/a
7. Race & Ethnic Origin	There are a number of issues BME groups may face which may make it harder for people to respond to a consultation. This could include language barriers, cultural barriers, making people less likely to access formal spaces where consultations activities are sometimes carried out.	<p>Appropriate tools and materials are available including easy read formats which provide an outline of the proposals, case studies, a co-funding calculator, cabinet reports and the questionnaires.</p> <p>People will be offered postal questionnaire with a pre-paid envelope should they require a paper copy.</p> <p>Alternative formats available on request.</p>

8. Religion/Belief	It is not considered likely there are specific barriers to responding to consultations related to a person's religion/belief.	n/a
9. Sex or Gender	Although there are more women accessing adult social care services there is unlikely to be a significant differentiation between the needs of male and female respondents to the consultation.	n/a
10. Sexual orientation	It is not considered likely there are specific barriers to responding to consultations related a person's sexuality.	n/a
11. Human Rights	It is not considered likely there are specific barriers to responding to consultations related a person's Human Rights.	n/a
Other		
12. Community and Voluntary sector organistaions working with protected characteristic groups	There is a likelihood there will be an increase in people contacting their care provider during the consultation. Provider's may also want to give their views during the consultation as they may be affected by the proposals.	As part of the stakeholder engagement plan and communication plan external stakeholders and PVI sector to be invited to comment and feedback via: Online questionnaire (Paper copies available on request). Consultative Forums and User Groups or any other type of forum. This will enable the whole sector to engage themselves or the people they support in the consultation.

		The Council will ensure there is a dedicated telephone line and email for people to make contact and receive support through all of the process and to ensure any enquiries are passed to the correct team.
13. Carers including unpaid carers	Due to caring responsibilities some carers may find it difficult to engage particularly if there are no online/remote options for engagement.	<p>Offer both face-to-face consultation meetings in differing localities across the county and Online (virtual meetings).</p> <p>Dedicated telephone line and email for people to make contact and receive support through all of the process.</p> <p>A clear stakeholder engagement plan and strategy for both internal and external stakeholders to include maximising public participation.</p>
14. Deprivation	Socio-economic disadvantage is statistically quite likely to affect a person's likelihood to respond to consultation or engagement. This can be culturally defined, due to lack of awareness of local authority business, or be related to low skill levels. Some deprived communities may have particular interest in consultations affecting them, for example any regeneration-type activity in their neighbourhood. Consultation can be seen	<p>A clear stakeholder engagement plan and strategy for both internal and external stakeholders to include maximising public participation.</p> <p>Offer both face-to-face consultation meetings in differing localities across the county and Online (virtual meetings).</p>

	<p>to have potential for positive impact in ensuring that voices of more deprived residents are heard in developing Council policy.</p> <p>People may find additional travel expenses to any consultations not feasible.</p>	Dedicated telephone line and email for people to make contact and receive support through all of the process.
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Proposals Impacts

<i>Protected Characteristic or Group</i>	<i>Proposals - Actual or potential positive/negative outcome/ impact</i>	<i>Mitigation</i>
1. All protected characteristics	<p>People may feel overwhelmed by the proposals and what this might mean for them, their family or and carers and their financial status.</p> <p>Some people may find there is no change to their charge or they actually pay less than they currently do.</p>	A support package will be provided. This may include for example information about, carer support; ways and opportunities to share worries/concerns about their care and support needs; finance and budgets; Disability Related Expenditure.
	<p>People may withdraw from the process and proposals required and/or even end their care and support which could affect the</p>	A support package will be provided. This may include for example information about, carer support; ways and opportunities to share worries/concerns about their care and support

	<p>person's health and/or wellbeing and increase risks to them.</p>	<p>needs; finance and budgets; Disability Related Expenditure.</p> <p>Social work staff and their managers will be reminded of their obligation to make decisions in line with national guidance when considering reassessment/review.</p>
	<p>Existing people in receipt of social care services will be required to have a full financial assessment, this includes providing evidence/documentation to the finance team. This may further impact on the person's health and/or wellbeing in providing this.</p>	<p>Support with submitting documentation when completing new financial assessments for existing people and new people to be available.</p> <p>Ensure Financial Assessments are streamlined (where possible) to minimise impact on the person where appropriate and have dedicated staff team to provide support, especially where people cannot provide online.</p>
2. Age	<p>Proposing to use the Government Minimum Income Guarantee (MIG) may adversely impact on specific age groups in comparison to the Council's MIG. The greatest financial impact is likely to be on people aged 18-24 which accounts for the smallest amount of people the Council support currently.</p> <p>Decisions not to take services because of the costs involved could affect the person's health and/or wellbeing.</p>	<p>People will have the support to discuss any specific concerns / worries and be supported through the process of any change via their allocated workers or dedicated staff to support with any implementation.</p> <p>A support package will be provided. This may include for example information about, carer support; ways and opportunities to share worries/concerns about their care and support needs; finance and budgets; Disability Related Expenditure.</p>

	<p>The policy has the potential to impact greater numbers of older people as 55.99% of existing people in Derbyshire in receipt of adult social care support are over pension age. A person's age has minimal bearing on the fees and charges made for social care support.</p>	<p>Where people may be concerned about their charges and affordability, people will be entitled to request an individual assessment against the Disability Related Expenditure process.</p>
3. Disability	<p>Disabled people are more likely to need social care services and are aware it costs more to live as a disabled person.</p> <p>Disabled people sometimes need to save for items/equipment linked to their disability or may have increased living costs associated to their disability.</p> <p>Decisions not to take services because of the costs involved could affect the person's health and/or wellbeing.</p> <p>Those who are more severely disabled such that they are unable to supplement their benefit income with earned income, may have less total income available after charging (earned and benefit) than the working disabled.</p>	<p>A support package will be provided. This may include for example information about, carer support; ways and opportunities to share worries/concerns about their care and support needs; finance and budgets; Disability Related Expenditure; advocacy.</p> <p>Where people may be concerned about their charges and affordability, people will be entitled to request an individual assessment against the Disability Related Expenditure process.</p>

4. Gender Re-assignment	It is not considered likely there are specific impact on grounds of gender-reassignment.	n/a
5. Marriage & civil partnership	Whilst all those in receipt of adult care and support are financially assessed as individuals, one of the proposals is the Council will change its approach to application of the MIG in a way that is less favorable to couples (whether married or not). This may mean that those who are living as a couple are worse off when compared with application of the current policy.	<p>Where people may be concerned about their charges and affordability, charges will only be levied against those who are deemed able to afford it, following a financial assessment.</p> <p>A support package will be provided. This may include for example information about, carer support; ways and opportunities to share worries/concerns about their care and support needs; finance and budgets; Disability Related Expenditure; advocacy.</p>
6. Pregnancy & maternity	It is not considered likely there are specific barriers to responding to consultation related to a person's pregnancy or maternity but there may be some impact for disabled pregnant women.	n/a
7. Race & Ethnic Origin	Whilst the policy is itself it unlikely to have an impact on grounds of race, it is recognised some nationalities may have difficulties understanding the policy due to any language or associated barriers.	n/a

8. Religion/Belief	It is not considered likely there are specific impacts on the grounds of religion/belief.	n/a
9. Sex or Gender	Within Derbyshire women form the largest part of those in receipt of services at 57.18%. Therefore, the policy has the potential to impact on women more than men.	Where people may be concerned about their charges and affordability, charges will only be levied against those who are deemed able to afford it, following a financial assessment.
10. Sexual orientation	It is not considered likely there are specific impacts on grounds of sexual orientation.	n/a
11. Human Rights	It is not considered likely there are specific impacts on grounds of Human Rights (excluding discrimination under Article 14 which is covered separately in relation to each of the protected characteristics above).	n/a
Other		
12. Community and Voluntary sector organisations working with protected characteristic groups	<p>Some providers may choose to raise their costs to anyone who may become a self-funder as a result of the proposals.</p> <p>Care providers may be affected by anyone who could move from a Co-Funding status to a self-funding status in terms of collecting money direct from the person in receipt of care. This could have</p>	Stakeholder engagement plan and strategy will identify appropriate communication with providers and other stakeholders.

	<p>implications for the provider with chasing debt and debt recovery which could affect their ability to remain resilient in providing care services.</p> <p>Some people may choose to reduce aspects of their care which could reduce income for the provider/service.</p>	
13. Carers including unpaid carers	With potential increases in charges carers may make the decision to take on more caring responsibilities to reduce financial impacts. This could lead to carer burn out or breakdown affecting both carer and person cared for.	A support package will be provided. This may include for example information about, carer support; ways and opportunities to share worries/concerns about their care and support needs; finance and budgets; Disability Related Expenditure; advocacy.
14. Deprivation	The current policy on using non-means-tested benefits as the criterion for determining Co-Funding contributions is potentially discriminating unfairly in favour of those people who do not qualify for relevant benefits, but nevertheless have social care needs. This group currently receive care for free, irrespective of their total income, whereas people in qualify or are in receipt of the non-means tested benefits must contribute as determined by the outcomes of the assessment of their income and capital.	<p>Where people may be concerned about their charges and affordability, charges will only be levied against those who are deemed able to afford it, following a financial assessment.</p> <p>A support package will be provided. This may include for example information about, carer support; ways and opportunities to share worries/concerns about their care and support needs; finance and budgets; Disability Related Expenditure; advocacy.</p>

	<p>Some people may find they have to pay more towards their care, but others may find they stay the same or pay less.</p> <p>Based on a small sample size (300) of existing people in receipt of adult social care support, 53% are likely to have to pay more than they currently do, 19.7% would not make any contribution; 10.7% would become self-funders and 4% would pay less than they currently do.</p>	
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Part 4. Summary of main findings

This EIA has considered the protected characteristic groups but also additional groups who may be affected by the consultation and proposals.

Public Consultation

Whilst the EIA has identified there are some specific protected characteristic groups who may be impacted more in terms of engagement during a consultation this is not as a direct result of the proposals. It is important to recognise these groups but consider engagement in the wider context of a consultation and what measures can be put in place to maximise engagement and inclusivity with the consultation especially those already in receipt of adult social care services. There are mitigating factors listed below to support engagement both with the protected groups but also the wider groups.

Proposals

The outcome of this EIA highlights there are some groups identified who could be impacted more so than other groups in a negative way. It is worth noting the reason for this is not because the proposals target these groups in any way, only that by the nature of social care, the Council's major cohort of people using services is focused on age and disability.

Considering the proposals, it is recognised all groups and existing people in receipt of adult social care services are likely to be affected in some way, whether this is positive, negative, or neutral, even if the outcome is the person is charged less than they currently pay. The proposals mean all people will be treated in the same way and all people are charged for their services only up to an amount they are deemed to afford. Any negative effect on a person will be measured against that person's financial status, as determined by a financial assessment. This will also include people being able to request individual disability related expenditure claims which are above that of the automatic applied discretion, which will provide additional protection for people with the lowest incomes and most severely disabled.

Part 5. Equality Action Plan

Please complete this Action Plan for any negative or unknown impacts identified in the Analysis above.

Task/Activity Required	Timescale and responsibility	Monitoring and review arrangements
Carry out a consultation delivery plan which may include: <ul style="list-style-type: none"> • Length of public consultation. • Number of face-to-face consultation meetings. • Number of virtual meetings. • Letters to people in receipt of adult social care support (or appropriate identified representative) • Alternative translation formats on request • Using data available to consider if targeted information sessions/meetings are required e.g. specific community groups • Appropriate tools and materials are available including easy read formats which provide an 	By 7 June 2023	Linda Elba-Porter

<p>outline of the proposals, case studies, a co-funding calculator, cabinet reports and the questionnaires.</p> <ul style="list-style-type: none"> • Online self-financial calculator on the DCC website • Workforce resources required during consultation to respond to enquiries. 		
Produce a stakeholder engagement plan and strategy for both internal and external stakeholders to include consideration of ways to maximise participation via timely publicity intervals.		
Adult Social Care to have a digital self-serve tool to support people to find information and advice including services which may prevent or reduce the need for paid care.	8 June 2023	James Winson
An additional EIA to be completed after any consultation to better identify and understand the impact of the proposals on people.	7 December 2023	
Carry out a review of the existing Disability Related Expenditure process		
Carry out an implementation delivery plan should any proposals take place which may include:		

<ul style="list-style-type: none"> • What the support package will consist of for existing people in receipt of adult social care support. • Workforce required to support any implementation. • Any appropriate training for workforce • How new people are made aware of how charges may be affected. 		
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Consultation Report on Changing the Charging Policy for Local Residents in receipt of Adult Social Care Support in the Community

1. Purpose of the Report

A report was presented to Cabinet on 15 June 2023 which sought approval to launch a public consultation, including consultation with local residents and their carers/ families who are receiving Adult Social Care support in the community on:

- a) Three options concerning a proposal to update and change the current Co-Funding Charging policy for Adult Social Care.
- b) The current Disability Related Expenditure process

Following Cabinet approval, the public consultation took place between the 3 July – 4 October 2023. This report summarises the views and opinions submitted by all the respondents during this period.

2. Methodology and Approaches

The consultation used a quantitative and qualitative approach to gather people's views about the proposed changes.

Officers enabled as many people as possible to take part by offering a range of ways in which they could share their views:

- a) Media releases were issued during the consultation and news releases were published on the Derbyshire County Council website.
- b) All current residents receiving Adult Social Care support in the community and their financial representatives (formal and informal) received an initial letter detailing the proposed changes to the charging for the service.
- c) Within this initial letter there was a printed version of the questionnaire, with a pre-paid envelope and explanatory information to help the recipient understand the proposals and how they may impact on them.

- d) There was also an invite to one of five online or six face to face meeting across Derbyshire.
- e) A questionnaire was available in different formats.
- f) A specific Derbyshire Consultation webpage was established, detailing the proposals and to enable completion of the online questionnaire.
- g) Opportunity to write to the council via a letter or dedicated email address.
- h) Additional colleague resources were deployed in the Stakeholder Engagement and Consultation team to ensure telephone interviews could be offered for those people having difficulty completing the questionnaire.
- i) An online calculator was developed so that respondents had the opportunity to input their personal financial circumstances and know how each proposal might impact them.
- j) This online financial calculator offer was complimented by the option to have a phone call from a finance specialist to assist with completing.
- k) A further letter was sent during the consultation to remind people of the closing date and inviting them to a further 7 meetings (both online and face to face).
- l) A British Sign Language (BSL) video was uploaded onto the Derbyshire County Council website describing to the deaf community how to get involved with the consultation.

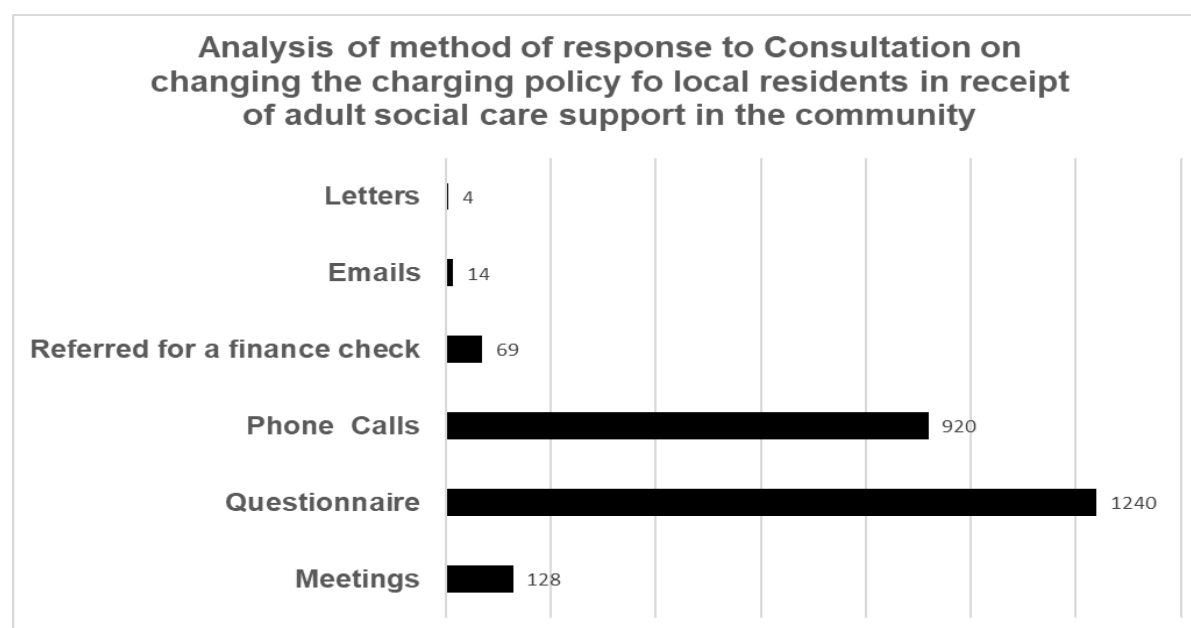
3. Qualitative Approach

There were 3 distinct approaches to the analysis of the qualitative material.

- a) Information gathered during face to face and virtual meetings.
- b) Information gathered from letters, emails, and telephone calls.
- c) Qualitative information contained in the online and paper questionnaires, both the standard and easy read versions.

4. Summary of Themes

In total 2375 people responded to the consultation. The following graph shows a breakdown of the methods used by the respondents to engage in the consultation.



The responses highlighting the same issues were themed. In the contents of this report, we have provided examples of the themes with 10 or more comments. All the themes are listed as follows alphabetically:

- **Agree with proposal**
- **Alternative suggestion**
- **Calculator – Better Off Derbyshire Calculator**
- **Complexity of consultation**
- **Data**
- **Disagree with proposals**
- **Distrust in consultation process**
- **Making the choice to stop care due to financial implications of consultation**
- **Mistrust of Derbyshire County Council**
- **Negative impact on clients and carers**
- **Negative impact on personal finances**
- **Quality of care**
- **Validity of consultation.**

5. Qualitative analysis of the Letters, Emails and Telephone Calls

- 14 emails were received stating people's response to the consultation proposals.
- 920 phone calls were received with 73 of these phone calls from respondents who wished their feedback to be recorded via the telephone.
- 4 letters were received.

The following are the themes emerging from the 95 comments captured from these:

The top theme with 34 comments was **“Complexity of the Consultation”**

Examples:

- "Stroke 7yrs ago. Stated that he has been trying to understand the form for over 3 hours, was shaking and panicking. Thanked me for explaining and said a cloud had been lifted once we finished the online version. Thanked me for being calm and understanding of his speech and confusion."
- " Got given letter from friend asking what it meant. He is not surprised, he thinks most difficult questionnaire to fill in he has ever seen, how anyone even with a slight learning difficulty is supposed to understand is beyond him."
- "Documents quite complex and difficult to understand. Glad of telephone support."
- "Questions too complex."
- "Stated she is disgusted that this would be sent out and that a simpler shorter questionnaire would have been more suitable. Said that whoever put this together clearly hasn't sat down with an actual person and gone through it with them. Said she is too busy to fill such a ridiculous form in and said that people will not reply as its too complicated and the council will take that as people not being bothered and do what they want regardless."

The second theme with 24 comments was **“Negative impact on personal finances”**

Examples:

- Caller thinks the changes are terrible, her mum doesn't have much but will now have even less. Her mum has managed to save a bit through her life by being careful but now will have to spend it on care, it's not fair the people who have not got anything carry on same or the people with lots will hardly be affected.

- Caller stated that she knows the council have already made its decision and just needs members of the public to tick boxes and agree. Has stated that if we put up the Co-funding her dad pays, they will cancel his care. She is appalled that people have paid into the system all their lives and now the council are trying to squeeze every drop out of them. Annoyed that people who have never paid into the system will get away with paying nothing.
- It won't leave her or her mum enough to live on. Says her mum will never afford to be able to leave the house.
- Very grateful for the care she received from DCC in the past, is hopeful other people will be able to receive it in the future. These letters are scary and hard to understand and hopes this won't put people off asking for care when they need it. Understand the council has costs and needs to make saving but taking off people who have so little is very harsh. Not had a penny off the council all my life, and if I was to need it now would have to pay a lot towards.
- Whilst I understand the need for the council to seek to alleviate the very high costs of Adult Social Care, I am concerned at the very high costs to be borne by some residents who are far from well off, and the impact of the new charges on their living standards.

The remaining comments were regarding:

- Data - 8
- Alternative suggestion - 8
- Compliments – 4
- Better off Derbyshire Calculator - 3
- Disagree with proposal – 3
- Mistrust in Derbyshire County Council – 3
- Agree with proposals – 2
- Negative impact on clients and carers – 1
- Other (didn't fall into a theme) – 8

6. Qualitative analysis of the meetings

In total 128 people attended the 11 meetings with 301 comments captured. The following is an analysis of the comments which were captured at these meetings:

The top theme emerging was **negative impact on personal finances**

Examples

- "Think carefully about young people just starting out, don't penalise them when they want a life, job, hobbies and holidays like everyone else."

- “I have done the online calculator for my mum, and she could lose a huge amount of income. She may not be able to heat her home as much as she needs”
- “My disposable income and savings are to replace my 20-year-old car or boiler; I don’t want to be rushed by DCC to replace them. If I don’t buy them now you will take the money for care. I want to be able to say when doing my financial assessments that these are things we need and is what the savings are for.”
- “These proposals will push more people into poverty, by your own figures 50% of people will pay more.
These proposals do not take into account the family carers. They are on a low income because they are caring for someone. These proposals affect the whole family’s finances.”
- “When my carer leaves, I am alone for 21 hours. If I need to go shopping, to appointments or if I fall and someone needs to come and pick me up, then I pay people as they have had to take time off work to help me. Under these proposals I wouldn’t be able to afford to do that so I would be sat at home, going nowhere, and seeing no one, just rotting away until I die.”
- “My sons electric and water are the same as they are now despite his age of 23 – where they received reduced benefits due to their age – this is not fair on him.”

The second theme emerging with 44 comments was regarding **the complexity of the consultation.**

Examples

- “If you didn’t have the carers, particularly family members supporting people, then all this information would be so confusing. We need support to understand all this financial information. No full-time carer wants to give up their caring role as this all gets too much.”
- “This questionnaire for people with disabilities is just so very difficult to understand – how are they supposed to have their say if it is impossible for them to comprehend the contents of the consultation.”
- “The wording on this consultation is just so complex and confusing – how are we supposed to understand and make our views known if we don’t properly understand the implications.”
- “I am worried about the people who can’t come along to these meetings or make phone calls – that they won’t understand the proposals and be able to have their say.”
- “Carers are not clear on what the proposals are – they are very confusing.”

The third theme emerging with 42 comments from the meetings was regarding **disagreeing with the proposals**.

Examples

- “I don’t want to vote for any of these options – that’s why we put our money on one side so we could have a comfortable retirement – not for you to just take it away in care fees.”
- “I could put Mum into a home as looking at the forecast cost for her care then it will be unaffordable in the future – hope you have 6500 places in your care homes as I am sure there will be a lot of people thinking the same way as us. We gave up work to look after Mum in our own home and now we are told that she will have these care costs and will have barely a quality of life as she will not be left with hardly anything to live on.”
- “People save for emergencies, a new car, boiler etc, £20,000 isn’t a large sum of money. It is unfair to take these savings.”
- “You are penalising people that have worked hard. £20,000 is such a low amount to people to have to pay for all of their care. The £20,000 would soon go.”

The fourth theme emerging with 37 comments was **alternative suggestion**

Examples

- “Given the overriding concern is long term sustainability, have you looked into making change slower? There could be a phased approach over a number of years.”
- “This may sound simplistic but could you not just raise the care cap.”
- “People who get PIP should have those payments ringfenced and not taken by the council.”

The fifth theme emerging with 25 comments was **validity of the consultation**

Examples

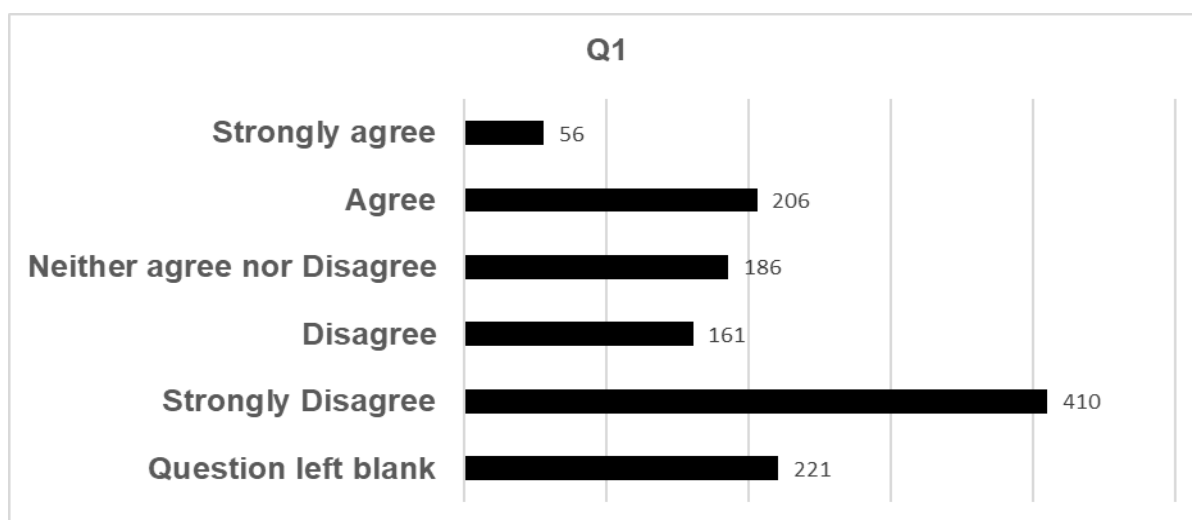
- “You haven’t offered the option of no change in the document.”
- “The fact ‘no change’ isn’t an option on the questionnaire means that it has already been decided.”

The remaining comments were:

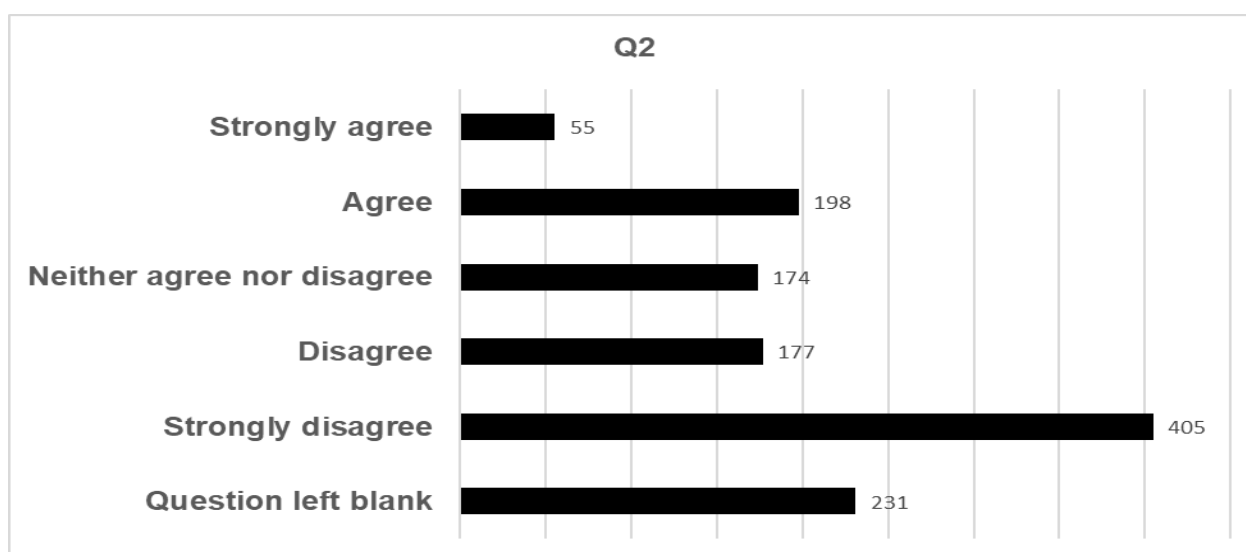
- Mistrust in Derbyshire County Council – 18
- Negative impact on clients and carers – 11
- Other – 10
- Quality of care - 5
- Agree with proposal – 1

The tick boxes on the questionnaire both on-line and paper version were analysed, and graphs produced from the data with the following results:

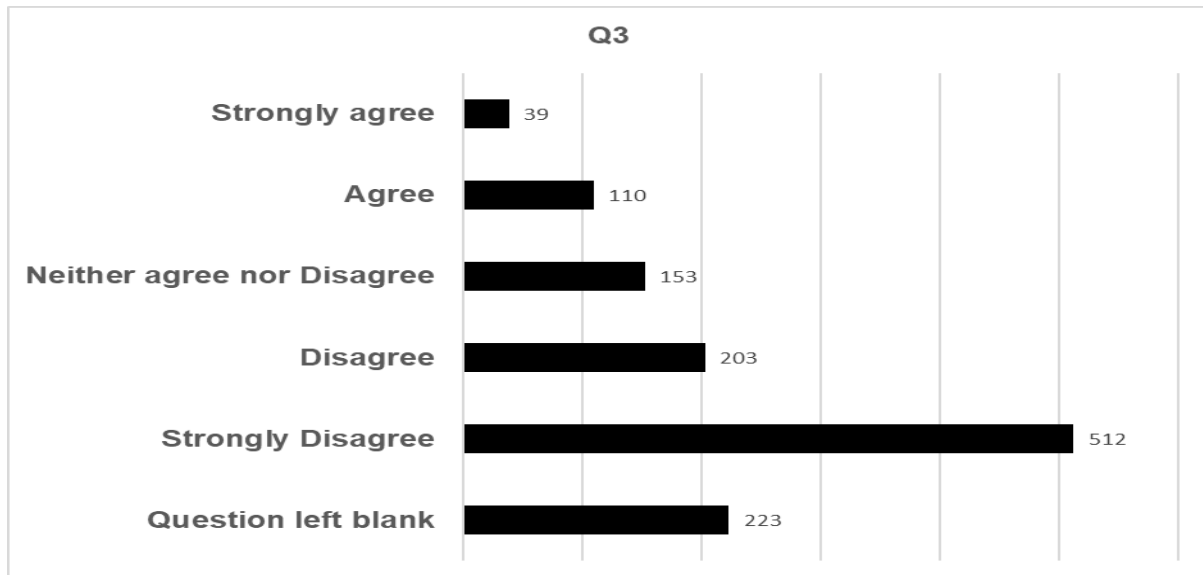
Q1 How strongly do you agree or disagree with the proposals to adopt the national Minimum Income Guarantee rate which would then be used to calculate a person's disposable income?



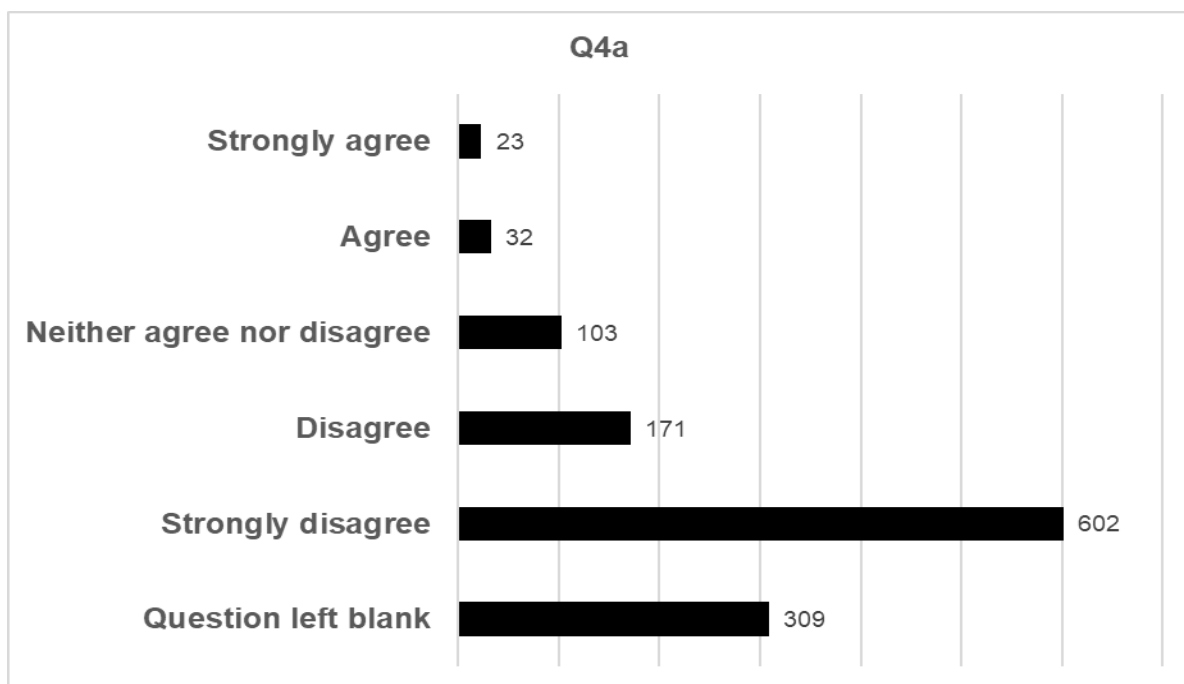
Q2 How strongly do you agree or disagree with the proposal that charges would be based on disposable income regardless of whether or not a person is in receipt of Attendance Allowance, Personal Independence Payment or Disability Living Allowance?



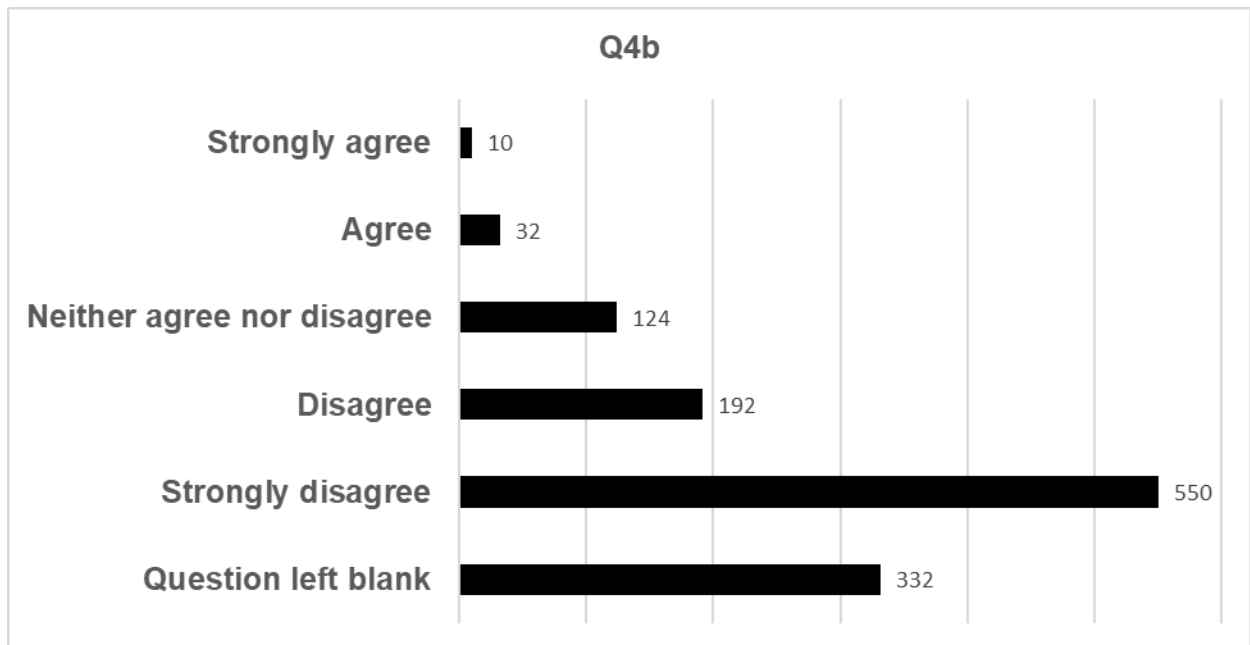
Q3 how strongly do you agree or disagree with the proposal to remove the cap on the standard weekly Co-funding charge, which for the 2023/24 year is £51.07?



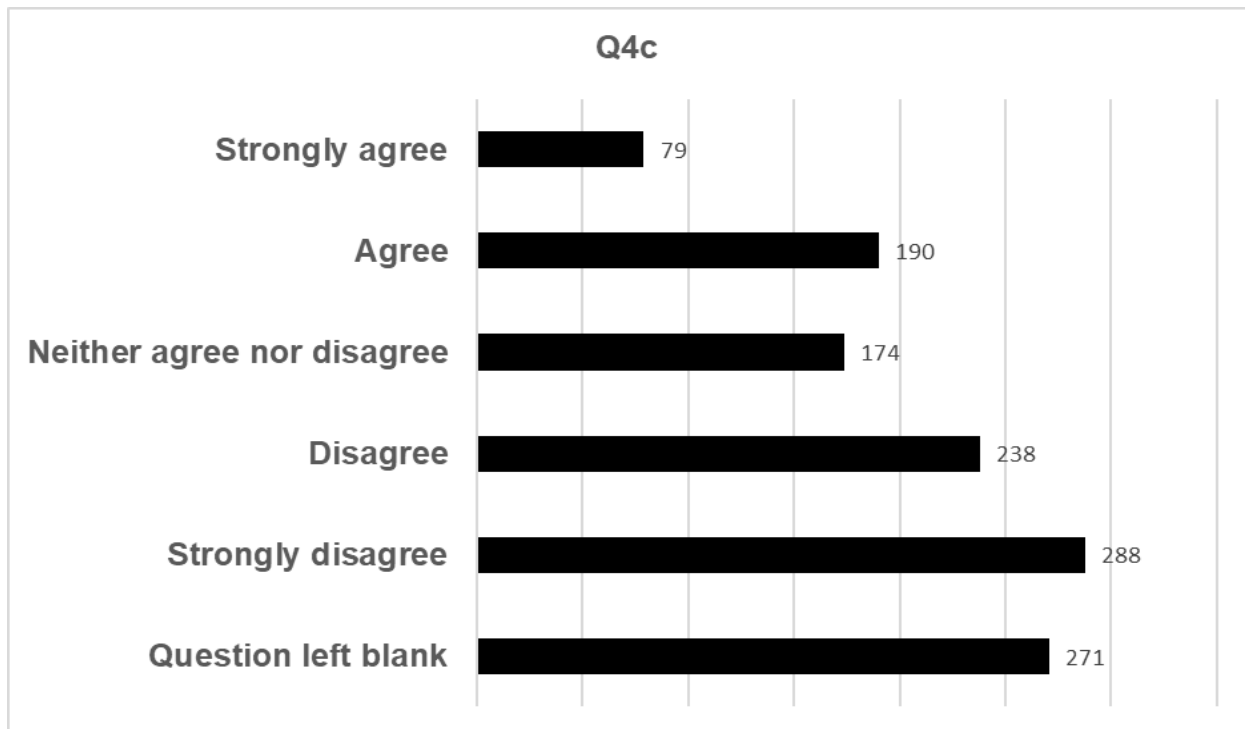
Q4a How strongly do you agree or disagree with the proposals to charge on the following percentages of disposable income - 100% of disposable income?



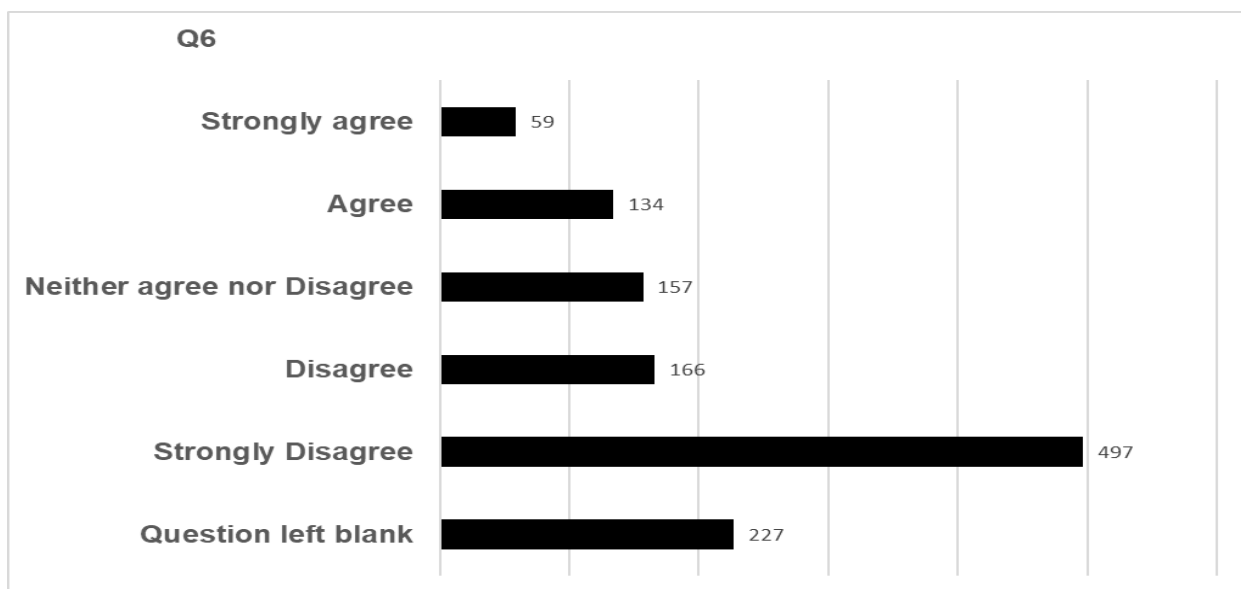
4b How strongly do you agree or disagree with the proposals to charge on the following percentages of disposable income - 90% of disposable income?



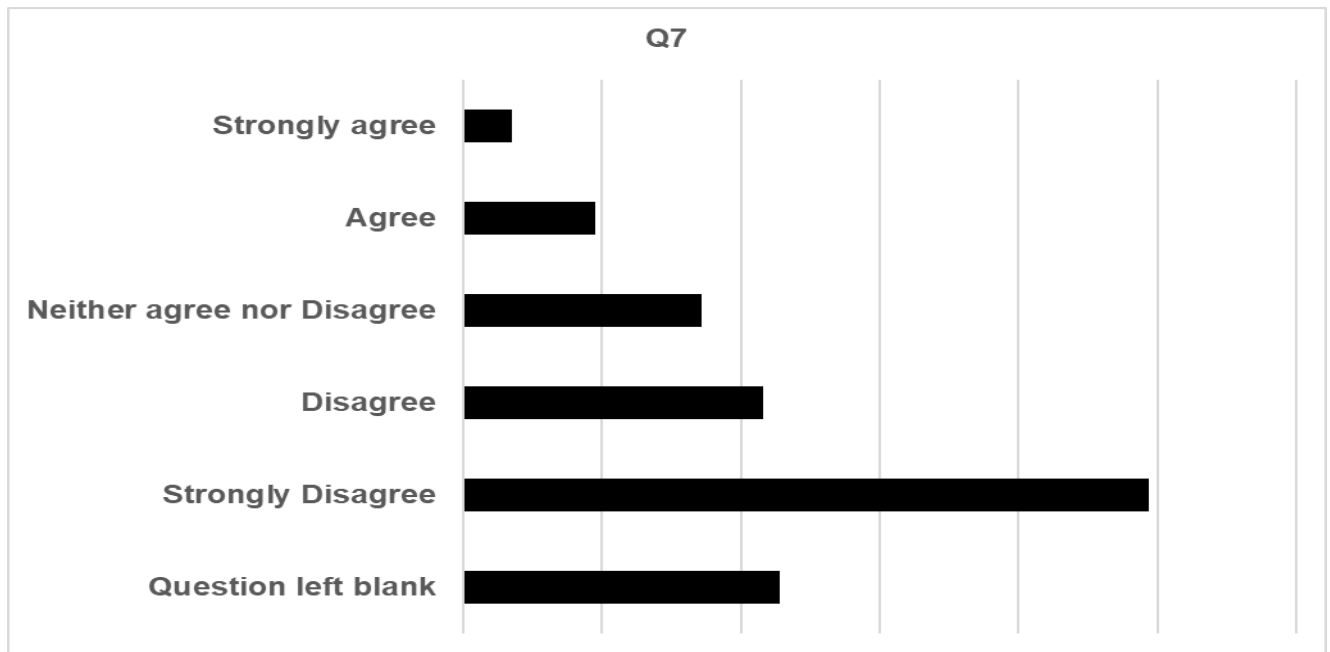
4c How strongly do you agree or disagree with the proposals to charge on the following percentages of disposable income – 80% of disposable income?



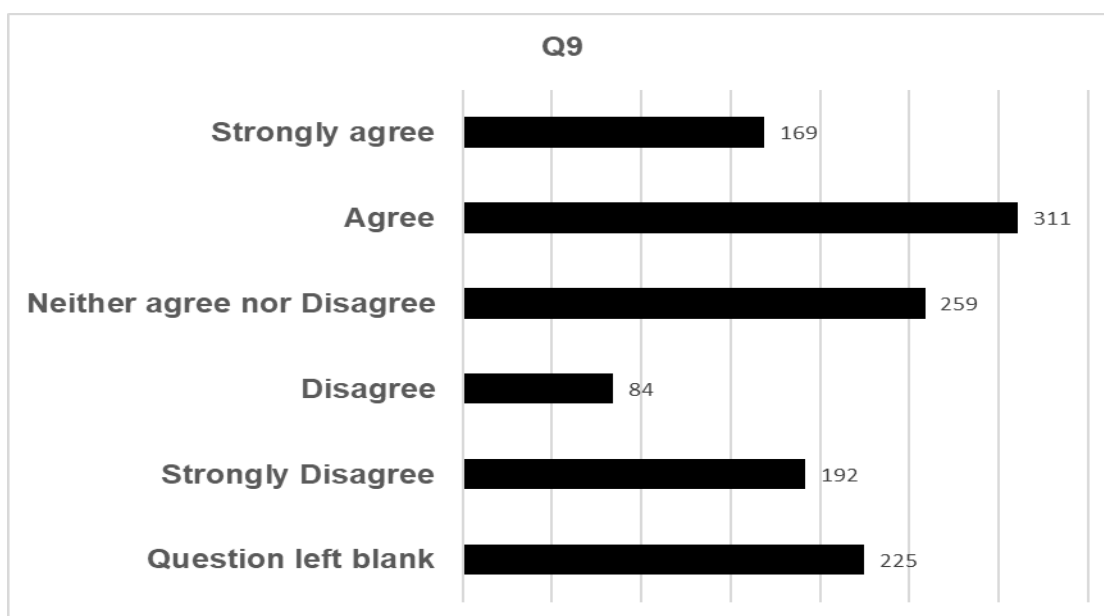
Q6 How strongly do you agree or disagree with the proposal to lower the upper capital assets limit, from £50,000 to £23,250 in savings or assets (not including their main home), when people have to pay themselves for all the care they receive?



Q7 How strongly do you agree or disagree with the proposal to increase the tariff income arising from capital included within the financial assessment from £1 in every £500 to £1 in every £250 for those with capital between £14,250 -£23,250?

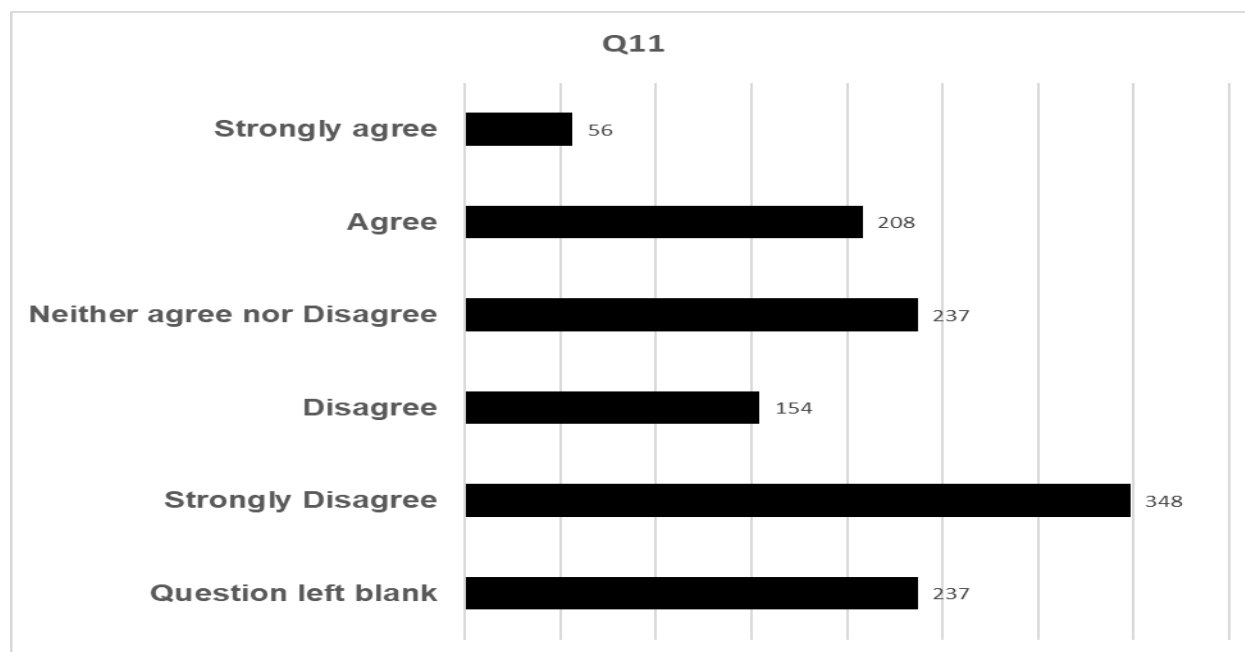


Q9 How strongly do you agree or disagree that the Council should review its current procedure for Disability Related Expenditure, to make it clear what may be considered as disability related expenditure and to enable them to provide evidence in support of an application to seek a higher disregard due to their personal circumstances?



Q11 How strongly do you agree or disagree that respite care charging should be included within the Charging Policy for local residents in receipt of adult social care support in the community, so people would

pay based on their capital and disposable income and their individual circumstances?



7. Qualitative analysis from the questionnaire

1240 respondents chose to complete the questionnaire – either online or via the paper version which was sent out to everyone who received the letter. Paper copies were also available on request by telephoning the Stakeholder Engagement and Consultation Team (SECT) who assisted by recording any feedback and/or completing the questionnaire online via telephone. The text boxes were analysed and coded by the SECT in order for themes to emerge from the individual questions. The following are the results:

Q5 If you have any comments regarding how disposable income could be treated under the proposals, please enter these below:

Overall, 265 comments were captured under this question with the top theme with 98 comments being **negative impact on personal finances**.

Examples

- “The most vulnerable in society are once again being selected as easy financial targets.”
- “We are struggling to pay bills now (utilities) and do not get wage rises e.g (up to 27% some are asking. Its more burden on pensioners who are unpaid carers.”
- “Percentages are too high (way too high) cost of living expenses have increased so much that disposable income has reduced significantly. It

may get a point that i cannot afford to keep my disabled son living with me and have to consider full time care - an additional cost to adult services!"

- "Taking more disposable income from people will lead to more people falling into poverty which's means more use of food banks, discretionary fund etc. It will also result in some vulnerable people refusing care as they will feel they can't afford it or are causing their partner/family financial hardship. Social care should be free at the point of need as the NHS is and this should be done by increased taxation at a national level."
- "It is disgusting that you are introducing proposals that will make over 70% of the elderly receiving adult care worse off, it's bad enough with the cost of living rises, energy costs rising, food costs rising that you are proposing to take more money from the elderly."
- "I can only just about afford the current capped Co-funding amount. After filling in the calculator I will be paying more. My DP helps me to have assistance to attend hospital. If the Co-funding charge is increase i won't be able to afford this support and would not be able to go to appointments."

The second theme with 75 comments was **alternative suggestion**.

Example

- "I think only a small amount of disposable income should be considered 20-30% at most."
- "65%-70% of disposable income as a maximum seems more reasonable. What happens if your disposable income isn't much to begin with?"
- "I think the move to any of these arrangements in one move will likely cause distress and hardship. Your current scheme is particularly generous" service users will notice a huge change in the amount they are charged. Could you consider a more staged or staggered approach?"
- "The reduction in the capital allowance from £50k down to £23,250 is too big a step. This adjustment should be done over say 2-3 years."
- "Disposable income assessment should take into consideration all potential expenditure that helps improve quality of life as well as things like clothing etc."

The third theme with 66 comments was **disagree with proposal**.

Examples

- “Individuals that have worked all their lives and been cautious with their money should not be penalised for having savings. Everyone should be given the same.”
- “Obviously, people will opt for option 3. Who’s going to ask to pay more??? Why isn’t there an option 4 - leave things as they are. Elderly and disabled people are always discriminated against.”
- “I believe that with the present cost of living that £14,250 is dangerously low to start relieving people of their capital.”
- “Cost of living increases over time- it does not diminish. The £50k limit should stand. To reduce it takes even more of the assets any disabled person has acquired.”

The fourth theme with 16 comments was **complexity of the consultation**.

Examples

- “I honestly do not completely understand this.”
- “An old person would not be able to understand the proposals. Unable to get on your website to find out more information. The proposals are too complex to follow for 99% of the population!”
- “I’m really struggling with this form I don’t understand half of what’s being asked, and we certainly don’t have that kind of money.”

The remaining comments were:

- Other (not falling into a theme) – 5
- Negative impact on client and carer – 2
- Agree with proposal – 3

Q8 If you have any comments regarding how capital would be assessed if these proposals are adopted by the Council – please enter these below:

Overall, 175 respondents chose to answer this question with the top theme with 76 comments being **disagree with proposal**.

Examples

- “This completely penalises people who work and save - instead encouraging people to not work and to spend what they have. Each council should have the power to set its own limits/ values not take the national.”

- “Just another attack on people who have worked hard and saved their money. People who have not worked or spent all their money don’t pay anything.”
- “I don’t believe that peoples hard earned savings should be taken into account and that people should be penalised for having been responsible and saved money for retirement. We have the highest levels of tax ever and social care should be funded from this. Looking after the elderly should be the first priority of any civilised society.”
- “Unfair that married couples can have saving at 50,000 when a single person (23,500) may be more in need of savings.”
- “You cannot assume a fixed rate of tariff income unless you are sure this could reasonably be achieved under any circumstances. Investing capital in say a fixed term ISA does not produce income until maturity so having to pay tariff income assumes an ‘income’ which surely limits investment opportunities?”
- “Why should I pay more. When there are thousands who don’t pay anymore. There is something wrong with the system.”

The second theme with 46 comments was **alternative suggestion**.

Examples

“Anyone receiving help with care should've been made more aware of benefits that they are able to claim. As I wasn't aware of disability related expenditure.”

- “Take living costs into account such as board/rent.”
- “It should be changed gradually not all at once.”
- “If you are co-funded- the proposed charges are too great. Can’t Derbyshire have a limit midway between 50k + 23500? i.e., 36,750 at 35,000.
- “I think that allowing people to previously build up savings to £50,000 and to now take it away is unfair. The council should also take into consideration that some people have savings to enable them to pay for equipment or large items i.e., an adapted vehicle or wheelchair that cost large amounts of money and aren’t provided by any other means.”

The third theme with 32 comments was **negative impact on personal finances**.

Examples

- “These proposals do not address all the extra costs, outside dcc provision that disabled people face e.g., taxi’s, dietary requirements, transport to more appointments, cost of medication.”
- “If you save for things your penalised being disabled, I desperately need a new kitchen to help me become more independent but that will not be considered!”

- “The disabled and vulnerable in society have little reserve in their benefits in a cost-of-living crisis to cope until the proposed reductions. It is immoral and irresponsible.”
- “I am concerned that people are already dipping into savings to pay for additional health services - particularly hearing services, assistive technology aids, wheelchairs, mobility scooters etc. £23,500 doesn't go far especially if people are in own homes + may need to pay for new boilers roof repairs etc.”

The fourth theme with 10 comments was **complexity of consultation**

Examples

- “Increasingly difficult to understand these questions.”
- “More clarity is needed regarding 'evidence'. What exactly would be required? Is this just another way to make claiming difficult and a way to deter potential claimants?”
- “Most parents/ carers who I have spoken to do not understand this form and feel threatened by it.”

The remaining comment were:

- Agree with proposal – 7
- Quality of care – 1
- Other (did not fall into a theme) - 3

Q10 If you have any comments regarding how Disability Related Expenditure would be treated under the proposals, please enter these below:

Overall, 165 respondents chose to answer this question with the top theme emerging with 53 comments being **alternative suggestion**

Examples

- “I believe a standard charge would make admin easier and probably be more cost efficient.”
- “Disability disregard should include all additional costs which are expected to be borne by the disabled person. For example, a wheelchair adapted vehicle costs the user in excess of £1000 per year, in our experience.”
- “Thinks it should be made clearer to clients and they should be given the information as if they don't know about it, they wouldn't know to ask.”
- “The council needs to actively enable people to claim DRE with dedicated officers, and no additional care charges should be introduced

for any individual without an assessment of their DRE and additional benefits.”

- “Look at people’s circumstances increase amount to £35. £20 is too low for disabled people needs to be £35.00 much more realistic. We know some people will say much higher amounts. You have to be realistic.”
- “Assessment of a disabled person’s needs should be done face to face by experienced health experts and require evidence. A generic questionnaire cannot possibly ensure a fair assessment.”

The second theme emerging was **negative impact on personal finances**

Examples

- “£20? With the cost of living so high is a joke.”
- “£20 disregard is ludicrous, with heating bills and food bills rising people have to choose between heat or eat or having carers in. £20 doesn’t go far, maybe senior officers and councillors may want to try a month in the shoes of an elderly person who needs care.”
- “Given increased cost of fuel. Other items, I feel £20 pw is on the low side. My housebound relatives heating costs are particularly high. Some people may not have the support to collect evidence and apply for a higher disregard, so you should not make the process too onerous.”
- “People with long term disability are more unlikely to manage their heating and appliance themselves. They have more washing, need more heating and a healthy diet.”
- “People have extra needs they should be allowed extra money.”

The third theme emerging with 34 comments was **disagree with proposal**

Examples

- “This proposal is both mean and callous and wholly discounts the difficulties many people face in life.”
- “When initial assessments were done for my severely autistic son were carried out, the forms and hoops we had to jump through were exhausting, repetitive and sometimes dismissive and lacking empathy, treating people in this manner is appalling, so to suggest further reviews as to how disabled someone may be is wrong.”
- “You are making disabled people who need care into even more of a stigma and having to jump through unnecessary and humiliating hoops. I am disgusted.”
- “This is an attack on the disabled again!”

The fourth theme emerging with 21 comments was **complexity of consultation**

Examples

- “I don't understand the £20 question.”
- “I am educated to degree level and have no idea what this question means.”
- “Find these questions difficult to understand.”

The fifth theme emerging with 10 comments was **agree with proposal**

Examples

- “The proposal seems fair in the fact that people with a genuine need should still be able to get the help that they need.”
- “As long as it is transparent and fair it should be fine.”

The remaining 2 comments did not fall into a theme and were classed as other.

Q12 If you have any comments regarding how respite care changing would be treated under the proposals, please enter these below:

Overall, 174 respondents chose to comment on this question with the top theme emerging as **disagree with proposal**

Examples

- “Yet again, it is unfair to charge people differently for the same care. You are forcing massive issues on a very small proportion of the community who are extremely vulnerable.”
- “Respite is a need, not a luxury, not a want. I don't need or want to go to turkey. I do need respite to provide me and my carer a break it's a prescription item and should be viewed as such.”
- “Respite care is an essential break for carers as well as the person being cared for. I think changing the charging policy is going to create a barrier to the respite considerations on a financial basis.”
- “Carers are under constant pressure and need respite. An increase in charges will lead to pressure to minimise respite care to save money. This will be to the detriment of both the carer and of the disabled person.”
- “Fund things properly and care for the most challenged people in society rather than hurting them more!”
- “This does not affect me personally at present but I disagree completely with the proposition.”

The second theme emerging with 40 comments was **alternative suggestion**

Examples

- “I believe the standard weekly amount is a fair approach, but also believe this should be an up to or capped amount at an amount or % over the minimum income guarantee. Being in residential or respite care does not mean that a person has no other expenses. The weekly amount should not take a person under the M I G.”
- “All people should pay same and not have to use savings.”
- “Respite care should be limited to 2 weeks a year for children and adults, but this should be free. this is for families caring for a disabled person.”
- “Charges should be the same for all if they are getting the same care. It's unfair for some to pay more than others because they have earned more money at work during their working lives. They have worked long hours in the past at work which has helped the country in terms of tax etc. They are then punished for working hard throughout their lives. Could looking at the amount they have given to the country throughout their working years be considered? Otherwise, there's no real incentive to work.”
- “If this is arranged in an emergency situation then there may not be time to assess the costs before the person is admitted. Could there be an initial standard cost while the person, their family and/or care workers evaluate the patients’ needs/ability to pay.”

The third theme emerging with 22 comments was **negative impact on clients and carers**

Examples

- “Respite is just that, short-term care giving a carer a break or rehab after hospital. Charging for it will put a strain on already burnt-out carers and families.”
- “Respite is an important part of keeping people who care well. Without regular respite, carers will end up having carer breakdown and not be able to cope so the person they care for will end up in full time care.”
- “Respite care is essential for the health and wellbeing of carers, who are already unpaid or underpaid, and whose health suffers as a result of caring responsibilities. 40% of carers die before the person they are caring for. It is inhumane to deprive carers of respite care on the grounds of cost. Most elderly people will refuse respite care if they have to pay so much for it, which fails to help carers at all.”
- “Respite care is already a difficult & emotive subject to raise with loved ones & the new charging proposals would just make it more challenging with the cost more likely to fall to relatives rather than the recipient.”

The fourth theme emerging with 21 comments was **agree with proposal**

Examples

- “It seems fair to charge based on individual financial circumstances.”
- “This has been lapsed for many years and many cases need to be looked into.”
- “If you have a lot of money, then you should contribute more.”

The fifth theme emerging with 15 comments was **complexity of consultation**

Examples

- “Very hard to understand as there is no starting or end figures.”
- “Question is not understandable.”
- “Do not understand!”

The sixth theme emerging with 11 comments was **negative impact on personal finances**

Examples

- “This is something they cannot afford.”
- “Respite is what carers need not the worry of more costs!!”

The remaining 9 comments did not fall into a theme and were therefore classed as other.

Q13 If you have any comments regarding the proposals that have not been captured above, please enter them below:

Overall, 178 respondents chose to answer this question with the top theme emerging with 41 comments as **negative impact on personal finances**

Examples

- “If savings are to be considered - this will be a disincentive for people to save money and more people will be pushed into debt and have to be funded by the state. It is not fair to penalise who have worked hard and made additional provision for their retirement.”
- “Is this proposal just another way to keep disabled people in poverty”
- “Proposals seem drastic! Implemented in one step, some people’s contributions could leap up!”
- “This is a dreadful change, too much too soon. Many elderly people will be unable to pay care costs and heat their homes adequately. The Council should be ashamed to even suggest such a huge increase in costs (6-fold for this household) during a cost-of-living crisis.”
- “The jump from current fees of £51 per week to these levels are unmanageable for elderly people on pensions and are likely to frighten many of them from turning on their heating, eating properly or accessing

the care they need to keep them safe. The council should be ashamed that they are even considering such proposals.”

- “I understand there needs to be some changes to sustain adult social care but some of the proposed plans are just too harsh and would leave people struggling in cost of living crisis that we are in.”

The second theme emerging with 40 comments was **disagree with proposal**

Examples

- “I believe that anyone with savings up to £50000 should be left alone. We pay enough at the moment with the high rise in the cost of living.”
- “It is grossly unfair for someone who has worked all their lives and saved a little money to be charged more than someone who has not done either.”
- “You are asking for more money from vulnerable people, at a time when you have just reduced day services and closed day centres for disabled people. Disgusting.”
- “I care for my 93-year-old mother and have done the financial calculator. I am shocked by the results. Based on the 100% option, you will basically take every spare penny of her monthly income. By the time she has paid her costs (electric, gas etc), she will only have £22 per month left over - how is she even supposed to feed herself with such a small amount of cash? I strongly disagree with this proposal. It is grossly unfair and I daren't tell my mother as it will scare her to death.”

The third theme emerging with 30 comments was **alternative suggestion**

Examples

- “I think the current M I G should be retained rather than adopting the national figure, and there should be a % option which is far lower 80% probably 30% there should also be a way to review the care which is being provided and so if we are getting value for our money,”
- “All final decisions should be based on each individual circumstances taking on board costs which may be incurred to help improve quality of life and mental wellbeing.”
- “To conclude there should be a graduation of capital assets when being care for in your home. Not parity of £23500. The carer is clearly saving the government, the taxpayer, etc as to being in care home or nursing home.”

The fourth theme emerging with 29 comments was **complexity of consultation**

Examples

- “I am disappointed with this consultation the online calculator provided to enable families to assess the proposed impact of the changes required too much detailed information. I think you could have provided a much simpler tool that would have enabled families to assess the potential impact without performing the full financial assessment. I had more to say - you should have provided a bigger text box for this field.”
- “For older people and younger, these questions are very difficult to understand, and we are unable to really fully give people answers. They are frightening to people living on their own.”

The fifth theme emerging with 11 comments was **negative impact on personal finances**

Examples

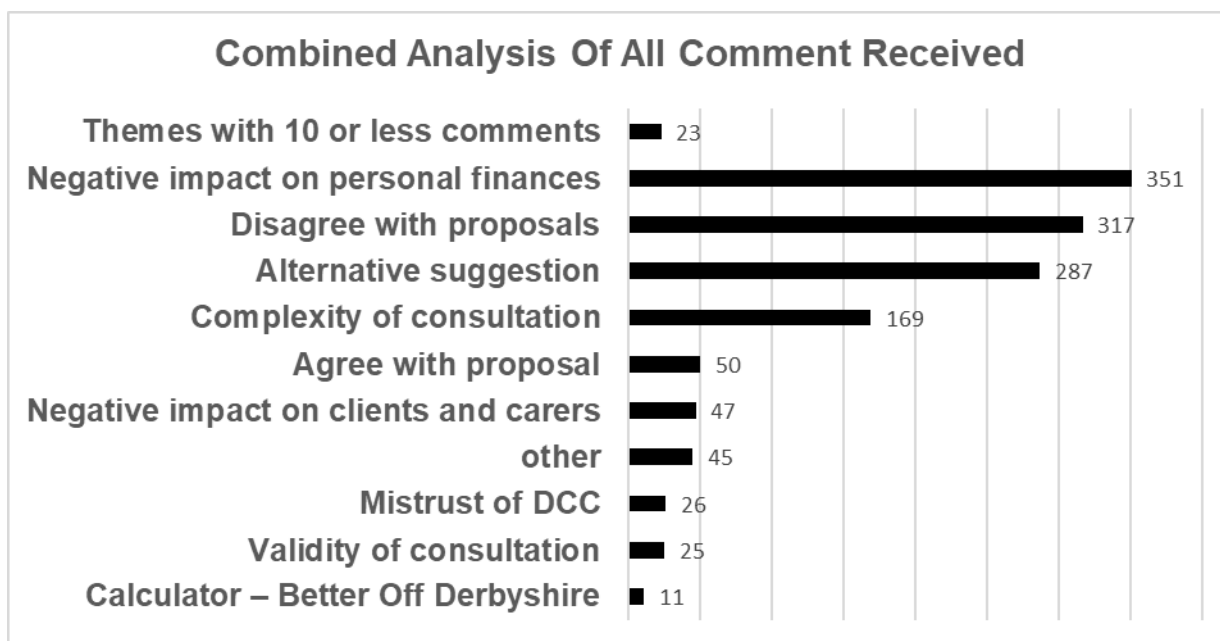
- “If savings are to be taken into account - this will be a disincentive for people to save money and more people will be pushed into debt and have to be funded by the state. It is not fair to penalise those who have worked hard and made additional provision for their retirement.”

The remaining comments were:

- Agree with proposal – 6
- Distrust in consultation process – 3
- Making the choice to stop adult care services – 3
- Mistrust in Derbyshire County Council – 6
- Other (did not fall into a theme) – 8

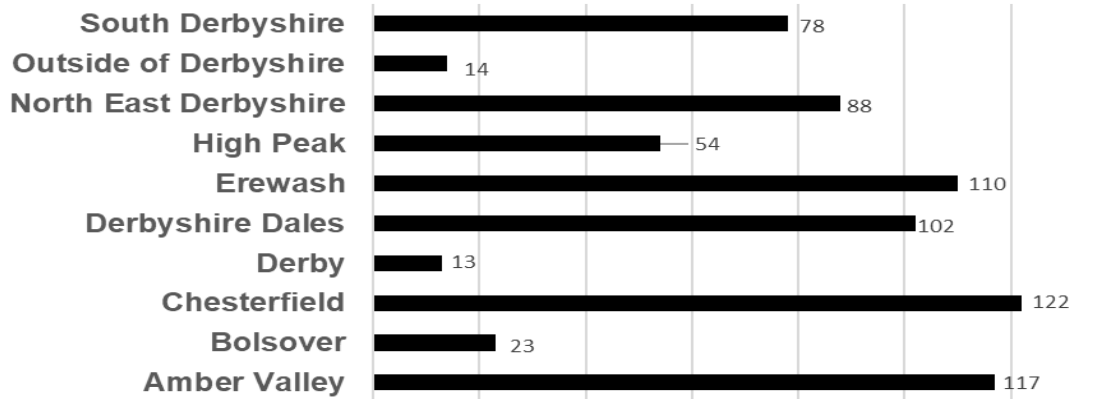
8 Overall Comments

The graph below shows the overall qualitative themes from all **the comments** gathered from the various methods used - which includes questionnaires, letters, emails, telephone calls, and meetings:



7. Demographics

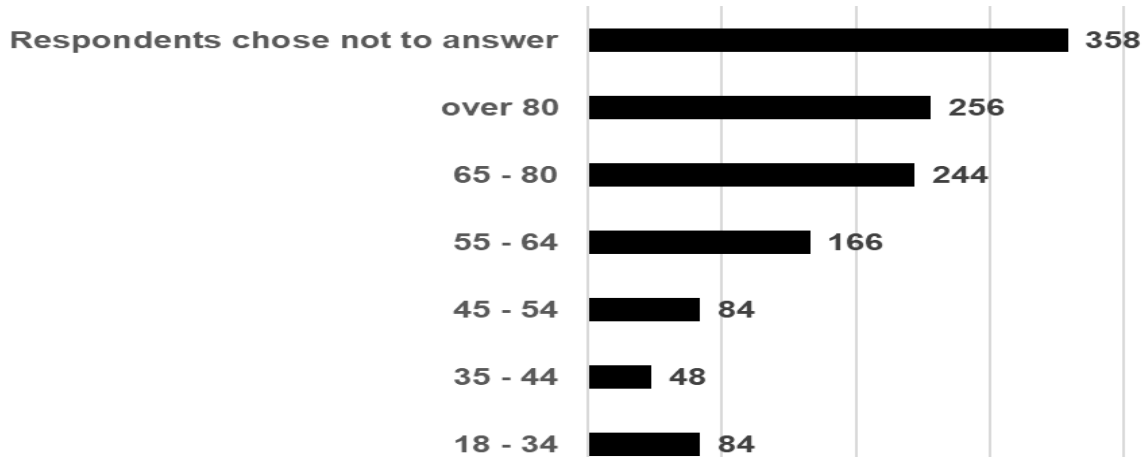
Q14 What area of Derbyshire do you live in?

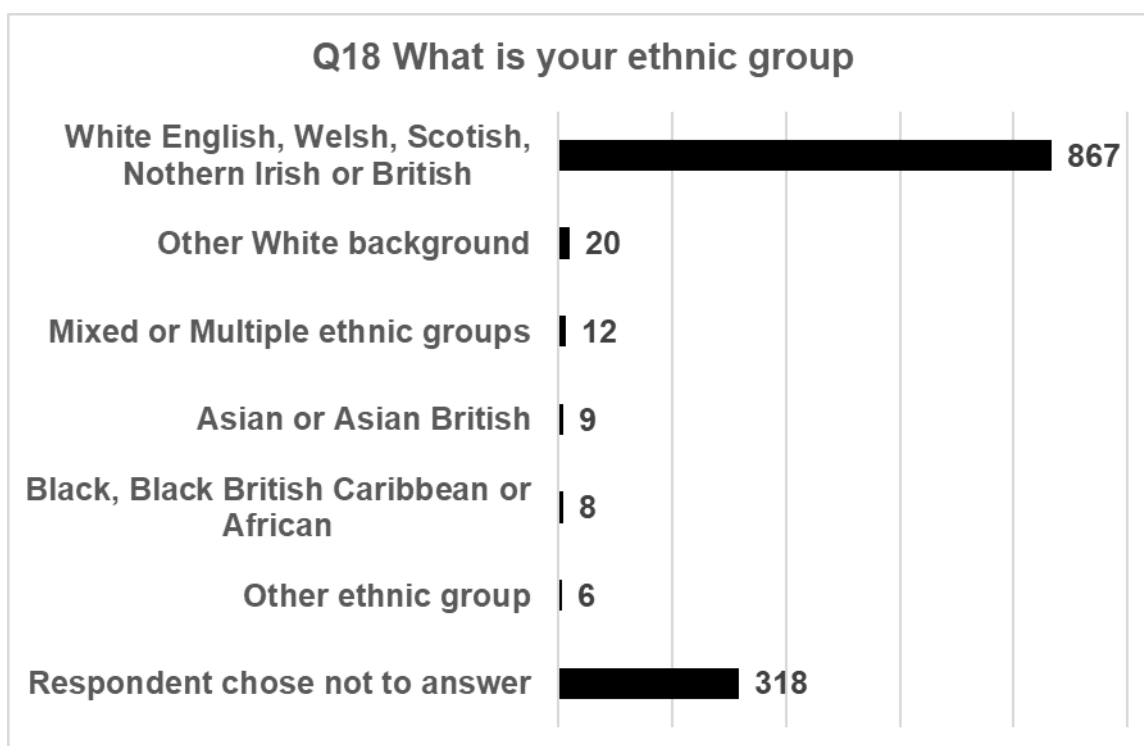
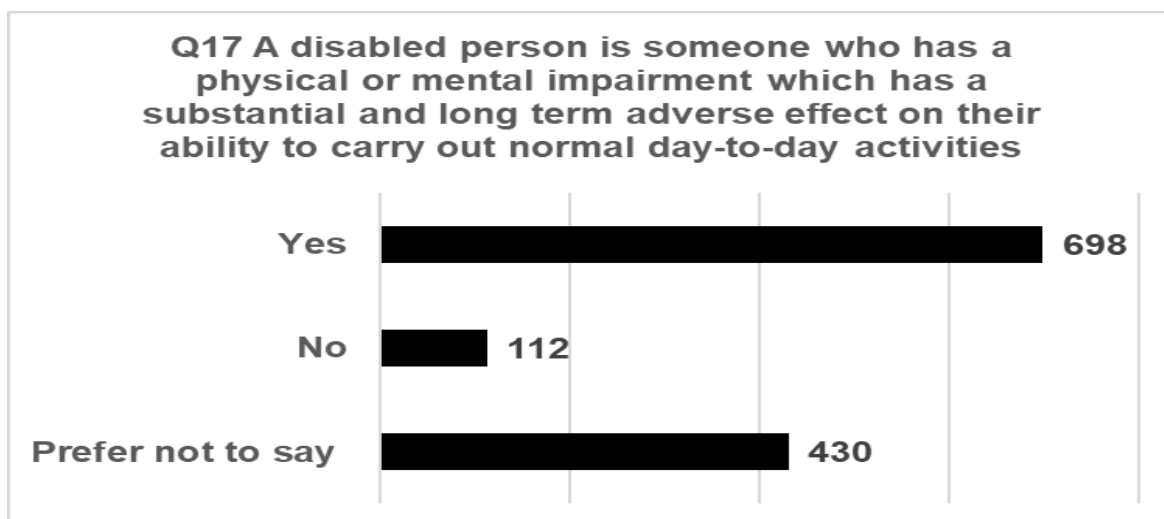


Q15 Are you:



Q16 What was your age at your last birthday?





List of all comments captured during the from 2023 Consultation on changing the Charging Policy for local residents in receipt of adult social care support in the community

If my daughter was in residential care, then her home and assets would be counted but for people that live in the community only their assets are included. There is a disparity.

My son is in supported living, he already pays a substantial amount of his pip and other benefits to fund his care and extra hours that DCC won't fund. You are wanting to take more money from him. There should be an extra allowance that young people just starting out at being independent and having a life will need to keep more of their income. There should be a different framework for younger disabled adults.

Think carefully about young people just starting out, don't penalise them when they want a life, job, hobbies and holidays like everyone else.

You give substantial sums to residential care providers, and they just expand and expand. That money should go on caring for people with disabilities.

The online calculator, it is not clear that you aren't storing data, this may put off people from using it in case they make a mistake and give the wrong information.

Supported living shouldn't be considered to be different to residential care because it's still 24-hour care in a building

You haven't offered the option of no change in the document

This is a tick box exercise

The fact 'no change' isn't an option on the questionnaire means that it has already been decided

People who haven't got the internet are stuck (accessing information on reports and cabinet decisions)

Document doesn't explain how projections are calculated

The income from co-funding should be ring-fenced to adult social care and not lost within DCC

Given the overriding concern is long term sustainability, have you looked into making changes slower? There could be a phased approach over a number of years

I have done the online calculator for my mum, and she could lose a huge amount of income. She may not be able to heat her home as much as she needs

We've never been told how our son's contribution is calculated. We don't know whether he gets the disregard

The glossary of terms lists buildings and land as a part of capital. Needs clarifying that primary residence is not included

A ruling a number of years ago meant that my son received a large back-payment of 6 years' worth of benefits. This was not intended to be considered his capital. It moves his finances into a category he shouldn't be in. It wasn't our son's fault that he received a large payment. He needed that money years ago, but he didn't get it then

You've sent these letters and worried us. Benefits are the only money our son gets. It is not fair, and it is misleading.

There is no way my mother-in-law who is totally independent would be able to do the financial calculator even over the phone with help

When we've been overcharged, we have had to fight for a refund from DCC

Parents of people with LD are always fighting for our children. There will be lots of parent carers out there who have LD themselves and can't fight for their kids

concerns about one off disability related expenses, such as a wheelchair, and the amount of time it would take to get a decision made about the one-off disregard)

I'm worried people will be using their MIG money to buy disability related things because of time and effort needed to apply for disregard

Costs because of mental conditions and LD are more difficult to measure than physical aids

dubious/mistrust that everyone will get a new financial assessment)

Often "public domain" doesn't mean information will be easy to find

We don't know to ask for more information about things if we don't know they exist in the first place

Letters about other matters could be enclosed with other letters already being sent such as co-founding charge

In my opinion rather than taking money from you and giving money at the same time, we need to encompass the ins and outs as 1 payment. It is inefficient

In one hand and out the other

The sceptic in me thinks that by giving us 3 options (80/90/100%) you've already decided on 80% so that it looks like a better decision than 90 or 100%

Derbyshire has been generous up until now but now you want to offer the bare minimum set by the government. Letting a lot of people down and making the cost-of-living crisis even worse. Shame on the local authority

You are taking from the most vulnerable

unimpressed that they'll have to do the financial review every year

How come we can spend £200, 000 on cameras for recycling centres to make sure people don't come in from other authorities but we need to change this to save money

We are only being informed of this now so they cannot go back to look at our finances from the last 7 years

Everybody's council tax has social care charges included which comes up to way above £2million

Nobody in this meeting wants to see this happen but it will happen anyway so why have the consultation process when it will happen anyway

I looked very briefly at the questionnaire but frankly I am not computer literate enough to do that on a computer or phone

There seems to be three choices, 100%, 90% or 80%. Why would anyone vote for 100%?

Derbyshire was the most generous county but now want to go to the national way. You won't have planned for this. It will have a big impact on you

I don't think you understand the impact this has. We actually looked to move but we made a decision to stay here based on the social care situation. Now if we have to end up paying for all social care it isn't worth staying but it is too late to move

I have been very sceptical about why I am putting all this information into a system where I thought I was getting a light-hearted look at finance. It would be helpful if it said at the beginning that you didn't have to give your actual name or national insurance number. You say that these are proposals but the fact that the financial assessor system is already there puts doubt into minds that a decision has already been made

I think it is scary to hear it like that with what they will take from my money

I have come here today because I have no idea what this will look like and that is scary. I need to know real figures for what could happen

I'd like to offer an option 4 – everybody currently claiming, they do nothing. Then gradually introduce a new system for new claimants. Everyone in this room has different needs. They aren't all equal, so you can't then say you can make it equal

The terms you sign up to when you do the financial assessment online are scary. Something needs to go on there to say you are not signing up to legally commit to something. This system is putting people off from finding out where they potentially stand in the future

My worry is that there are a lot of people who don't have the skills to understand what was sent to them in the letter

We don't have enough social workers to aid people with financial assessments – so this is a concern to me if the proposals go ahead that the support will not be available to guide people through the process

Need to talk through the changes with someone who is an expert as not everyone is on-line and able to carry out the online calculator themselves

Since lock down there is a huge difference in what activities my sister can do as the day centres aren't open to her any longer. This has already impacted on the money she has available to spend and if these proposals go ahead, she will have less money

The consultation needs to be publicised more – perhaps put posters in doctors' surgeries

Meetings aren't very well spread out across the county – we have had to travel here today from Eckington – there should be more meetings local to where you live

You need to have a way of making sure there is some way of recording any anomalies

I need to make sure my son is able to live a reasonable quality of life. I need to know it is fair and just. This is a big responsibility. He gets PIP and I agree that you should contribute to the care you receive – but this needs to be equitable to the amount they have and that their quality of life is not affected. It needs to be a fair and just system

Obviously, Derbyshire County Council is looking to be less generous in their financial support of the vulnerable in the future

The consultation needs to be publicised more

I haven't received anything as a foster carer or a supporter – why were we not written to – if it wasn't for our ex foster son telling us about this – we would not have known and been able to take part in the consultation – it needs to be better publicised

If you are a person who is unable to ever be in employment, you consider their income as chargeable (in response to employment wages being exempt from consideration)

Charges have already increased this year due to inflation raising benefit entitlement

ESA is given to people because they cannot work, but you're taking it from them. If they could work, you wouldn't be able to take their income

People are being reassessed and being given fewer days in day care. We are being encouraged to pay for extra days, but we won't have any money for that

I would hope that Motability car and any transport such as taxis would be counted as a disability related expense and disregarded

Money is being given in one hand and taken away with the other. People are given disability benefits because they need them

The online calculator sounds rigid if it only allows you to select 1 level of ESA. Can this be revisited with Welfare Rights?

Couples where the higher earner needs care could end up in a bad situation if they have separate savings

The consultation information and contents are quite complicated and should have been made simpler for people to understand

Would have been better to have the letters earlier so we could have absorbed the information before coming along to a meeting

The terms are so confusing in the consultation paperwork

As a carer I have not had a copy of the letter and don't understand why – if it wasn't for the person who I look after getting one I would not have been aware of the consultation

-No transport links to Risley – it would have been better to choose more central and easier to get to locations for the face-to-face meetings

DCC are in danger of putting out the message “don't save your money – because if you do and need care then they will just take it off you”

The message to everyone will be spend your money before Adult Care take it off you

My husband fell down the stairs and now requires care. We have been prudent all our lives and as ex government workers took lump sum pensions which could now be taken off us to pay for all our care costs.

The people that have not been prudent with their money and just spent it – are the winners in these proposals – it's us that have worked hard and saved that are the losers

DCC are going to the members with these options to fill the hole in the budget

I don't want to vote for any of these options – that's why we put our money on one side so we could have a comfortable retirement – not for you to just take it away in care fees

If you pay rent or still have a mortgage – the amounts that you will be left to live on are not amounts that are reasonable to survive on – let alone have a reasonable way of life

Someone who is just old needs the heating on – it's not just those who are receiving care. My heating bill alone is over £200 a month

My expenditure would be more that £20 per week – charging the wheelchair up – incontinence pads etc – it all adds up

Mum lives with us at our house – and to me it does not seem fair that you must know all our financial details as well as Mum as we are not getting any care

I could put Mum into a home as looking at the forecast cost for her care then it will be unaffordable in the future – hope you have 6500 places in your care homes as I am sure there will be a lot of people thinking the same way as us. We gave up work to look after Mum in our own home and now we are told that she will have these care costs and will have barely a quality of life as she will not be left with hardly anything to live on

Mum has no capital – so by bringing in all these charges you are making us carers think that we should just put her into a care home

My mum would be in the 53% - Mum does have a life and likes to do things – but is not able to save – if these proposals go ahead, she will just be existing

I cannot go out to work because I look after my mum – I don't know what you think peoples breaking points are – but you are pushing us near it with these changes you are trying to bring in

I help my lady at home, I do everything, cooking, cleaning etc. You are saying you want to change the threshold to £24,000, for people caring at home, the same as for people in nursing care. Caring for someone with dementia in a care home would cost the Council so much more.

The goal posts change with the amount of money you have. If you own your own home, you are likely to have savings to cover things like a new roof, boiler breakdown or general repairs. You are saying that instead people will need to use those savings to fund their care.

People are being penalised if they have savings. It is unfair when people have worked all their lives and they are being asked to use the savings to fund their care.

People save for emergencies, a new car, boiler etc, £20,000 isn't a large sum of money. It is unfair to take these savings.

You are penalising people that have worked hard. £20,000 is such a low amount to people to have to pay for all of their care. The £20,000 would soon go.

This just doesn't seem fair at all.

We started to do the financial calculator, but it looked like we were applying for a new financial assessment, so we stopped. It is very confusing.

I don't have a computer so therefore I am at a disadvantage.

I've tried to do the calculations on paper without the online calculator and worked out that my son wouldn't even be left with enough to pay his utilities.

My disposable income and savings are to replace my 20-year-old car or boiler, I don't want to be rushed by DCC to replace them. If I don't buy them now you will take the money for care. I want to be able say when doing my financial assessments that these are things we need and is what the savings are for.

My mum is in her 90's and we are essentially subsidising her as she doesn't have enough to live on with the rising cost of everything. On paper you may decide she has enough to live on, but she hasn't.

A single person is expected to live off £214.45 – that doesn't go very far nowadays. These proposals will leave people with very little.

People may struggle to claim the relevant benefits. I have concerns it will put more vulnerable people or people on low to moderate incomes in poverty. Not everyone has help with their finances.

People will surely transfer assets to family members to avoid having to use all their savings to fund their care.

These proposals will push more people into poverty, by your own figures 50% of people will pay more.

If people really can't afford the new charges, then I worry what will happen to them.

Think we all need to lobby our local MP's because much of this is due to national policies.

I work in local government, so I understand how difficult it is for local authorities. I have serious concerns that vulnerable people- will be sat in cold, not putting the heating on in order to pay for the extra care costs.

My mum doesn't have enough money to live off now, but she is lucky to have us to help her out, not everyone has this support.

People don't always know what support or extra help is out there. There are different schemes with different companies such as reduced water rates.

There should be an option to do home visits for financial assessments if necessary.

I'm devoted to my lady with dementia, I'm giving up my life to be with her. Changing the thresholds means I'm no better off caring for her at home than I would be if she was in a nursing home. It would be wrong to make the two rates the same. The figures do not equate. It would cost you significantly more if she was in residential care. I do everything for her, and the carers take care of her hygiene needs. You are not valuing carers with these proposals

This is definitely going to happen, the options are charge on 100% of income, save a bit or save a bit more

I don't have an issue with the Council saying you need to raise more income, but this hasn't been made clear. It is peculiar that all 3 options are exactly the same but with two options we get to keep a bit more of our income

These options are so similar, you aren't giving us much choice

What is the point of this consultation, it feels disingenuous as you aren't really giving any options

The DRE Policy is a nightmare, getting a decision takes months, this will get worse when more people are claiming DRE

With more people claiming DRE there will be more bureaucracy and you will need more staff to process these claims. This will reduce how much you make from these proposals

I've not seen anything in the media about this consultation, it might be worth having some information of websites such as Derbyshire Carers

More publicity of this consultation is definitely needed, you could send information to groups such as those supporting people that have had strokes

You haven't made it clear there is a 4th option which is to disagree with all 3 options and go back to the drawing board

People used to get 5 days at a day centre but now they only get two but still pay the same amount of Co-funding

This may sound simplistic but could you not just raise the care cap

This forum and being able to ask questions to have been really useful

I am listening to everything you are saying and wondering if my dad should currently be paying anything at all

Since covid, people aren't using respite services. Services aren't being used therefore you aren't maximising your income

I did not feel the letter and information reads clear that there is an option to not agree with any of the 3 options. My parents certainly did not understand it to be such.

I also feel that the letter doesn't explain that there will be opportunity to suggest possible alternatives that the LA can consider. So, it would be great if this could be made clearer too, even if this is to direct people to come into these forums as this has been fantastic to be part of.

Need to be forums all the way through the consultation

I have read the paperwork and it seems like there is only 1 option that has a sliding scale

I found the document confusing. It isn't clear how the amount is calculated. The letter didn't give enough information for us to give informed feedback

(In relation to somebody's capital regularly dipping above and below the 14k threshold) it would be a mammoth task if somebody with borderline finances had to phone up to weekly to update (meaning for the client and for DCC)

The phrase "charge on" in the letter is a deliberate red herring to put people off. You're trying to throw people off the scent of what you're trying to do

We're talking about saving (the council) money. The cost (to DCC) of individual reviews, financial assessments and other assessments: will you make any savings at all after you've done all of these?

You are talking about people's benefits. The cost of bureaucracy for disabled people

I know the council has to make money. But if my son was able bodied, he would have been able to have a job and save his money to do things he enjoys. Doesn't he have a right to have a life? A holiday? It is no fault of my son's or anybody with a disability. Why should people just exist with just enough to survive? Why should somebody with a learning disability never have any money to live with?

If you move the minimum income guarantee it won't leave enough for people to live with. The cost of living has gone up for everyone.

The proposals need to consider the cost-of-living increase

Is the minimum income guarantee set at the same time as benefits changing? Benefit rates are set 6 months before they come into effect, if the MIG is set at the same time it might not be enough for people to live on 6 months down the line based on inflation

A more even spread of face-to-face meetings would have been better

I'm concerned about PIP being taken into account. It would be unfair to put it in because it's about people's psychological wellbeing

People who get PIP should have those payments ringfenced and not taken by the council

I think most people believe that the decision has already been made.

When Co-funding started it was much lower. The charges keep going up and up even though you are getting extra funding via the council tax precept.

I am already paying more council tax than most people as I am in a band of property, I am getting pretty much nothing for all that money I am spending.

You are getting all this extra money in council tax and yet social care is still struggling.

If you didn't have the carers particularly family members supporting people, then all this information would be so confusing. We need support to understand all this financial information. No full-time carer wants to give up their caring role as this all gets too much.

The information you have sent out is so confusing. What we want is one single point of contact that deals with us and answers our questions. We don't want to pass around from person to person.

You mentioned that you receive money from the council tax precept, but you also get funding from central government specifically for social care.

The bottom line is that this isn't for anyone's benefit. You are consulting because you have been told to save money. You should just be open about the shortfall and how much money you need to raise.

Derbyshire County Council as well as the integrated partnership board have signed up to the living well charter. People don't understand the information you have sent out which has caused a lot of fear and panic. If you are going to get on board with the living well project, then you need to help people to understand this consultation. The language is complex, and it is just too complex for most people.

The way the information has been written is so confusing, we don't understand it, especially older people. You should just have said this is the national policy and we are just going to move to follow that national policy.

You could have been clearer about Derbyshire's position compared to the national policy. Give people the choice between the Derbyshire position or the national policy.

Given that people are struggling to heat their homes, to eat – they are visiting food banks. There is a real worry that these financial assessments will leave people with nothing if they need to replace white goods within their home.

A lot of people already pay for their care out of their PIP so this will really impact on them.

These proposals do not take into account the family carers. They are on a low income because they are caring for someone. These proposals affect the whole family's finances.

It would be cheaper for people not to have care and to struggle on.

Long term older carers can no longer claim carers allowance or pension credit from DWP, so they are already struggling with finances.

You should have extra income as you shut the day centres, you are no longer running these services or running the buildings so that should be extra money in the social care budget.

I think services are already being cut to the bone, I think vulnerable people are being penalised.

There aren't enough social workers now to do assessments and reviews. I've been asking for a carers assessment for years but not got one.

You need to regularly review those that will fall just above the threshold as over time they will become eligible for assistance with their social care.

When my carer leaves, I am alone for 21 hours. If I need to go shopping, to appointments or if I fall and someone needs to come and pick me up, then I pay people as they have had to take time off work to help me. Under these proposals I wouldn't be able to afford to do that so I would be sat at home, going nowhere, and seeing no one, just rotting away until I die.

If people can't afford to have care, then it will seriously affect them.

This is all online, so many people aren't capable of calling someone or using the internet.

It is important to know what your indicative budget is so you know what you will be asked to pay for. We have been asking to see the indicative budget for ages but not had it. If we don't know the budget, it's a guessing games to know what we will be asked to pay.

These proposals leave people with no leeway for essential home repairs.

Transport in Derbyshire is expensive and difficult to find for Disabled people. The infrastructure is just not there. If people have less money to spend then they will have to rely on cheaper forms of transport to get around.

We never know when our co-funding charge is going to leave the bank, so it makes budgeting difficult.

This is a tick box exercise; the decision has already been made.

I would like a one-to-one meeting with someone face to face to discuss the financial assessment, I am happy to travel to Matlock.

If someone suggests making a change then it makes it difficult to comment on these suggestions that aren't already mentioned as proposals – I don't think is made clear in the consultation paperwork

It is not clear that 'other' options may be considered – so I don't think we will be adequately informed to comment on these alternative suggestions during the consultation period

If these proposals do go ahead – everyone will be paying different amounts. I think this will be chaos. I think there should be a cut-off point on the amount you pay. I think you have failed to describe and clarify why you are doing these proposals. It will be interesting to see how many people have taken part and been able to understand what it may mean for them in future care costs.

May people will not know how to get involved if they are not online

Carers are not clear on what the proposals are – they are very confusing

It takes over an hour to do the online assessment. The only people that are going to benefit from this are the council. I will be on minimum income – I may as well be in the poor house

All people using your services need to have more than just the costs for care – you are taking us down to the bare minimum on which you can survive – not live

You are going to make people unreasonably poor with this

I am worried about the people who can't come along to these meetings or make phone calls – that they won't understand the proposals and be able to have their say

It is a big jump (the increase in cost)

You're counting people that don't work and that's all the benefits they get

What is being proposed here is a double whammy

People might receive income from their capital which means they're being penalised twice

What is considered as an essential expense is a matter of opinion. An autistic person might need to buy something not 'essential' but important for their wellbeing

Can the changes be phased in?

People have come from other areas of the country for Derbyshire's adult social care

Not charging on the earnings of people who can work - doesn't that discriminate against people who are unable to work?

If my Mum pays for all her care what rules apply? For example, can we have a PA pay family or other arrangements not allowed by the council?

My Mum has no chance of working she has done her work and paid tax

Seeing as my Mum would seemingly have to pay 52k per year what questions are being asked about value for money & what happens when her money runs out?

Most people receiving substantial care are unable to work. A few can, and they already lose around 70% of their earnings to tax, nics and clawback of

Universal Credit. Rather than discriminating against people who don't work, I see this as not penalising even more people who work.

Someone with a learning disability would really struggle to understand this. Is just not accessible from them

How would someone with a Learning Disability who doesn't have support be able to understand the proposal

These proposals could be huge for vulnerable people – is there a plan to phase these in and give them a chance to adjust

What % of a person's benefits is likely to go? How and when we find out?

You say that no decision has been made yet – you said exactly the same when you consulted on Alderbrook day centre for people with a learning disability - yet you still closed it. I don't believe this process is true as you as saying the same all over again

£50000 is a reasonable amount for people have in savings – to have this reduced and have people pay for all their care until their savings have reduced dramatically – this is just not fair for people who have worked hard all their lives and saved for a comfortable lifestyle.

My sons electric and water are the same as they are now despite his age of 23 – where they received reduced benefits due to their age – this is not fair on him

Under 25's also receives a lower level of Universal Credit so they will be less able to afford higher charges

The exclusion of mobility element benefits is not made clear in the proposals
Is £20 enough given the current costs of electric and gas

We can't be expected to comment in an informed way in our questionnaires on the proposals by the 4 October deadline without this information

Could the upper Care limit be left as it was or just increasing the cap? This would be better if it was considered as an option

Seems to me we are going to get one of the three proposals no matter what we suggest as I feel that with the economy as it is – Derbyshire County Council need the money to continue to provide the services

People are going to have less money – people should get more options than just the three choices – even the 80% is not a reasonable amount

The wording on this consultation is just so complex and confusing – how are we supposed to understand and make our views known if we don't properly understand the implications

People who work who receive care don't contribute their pay that they receive towards their care – I feel that this is important to be kept as people with disabilities that can work should be encouraged to work as much as they want to

Elderly people are more likely to have savings & pensions and save up those with severe disabilities can't earn so why is job income excluded - why are we suddenly at this point. Older generation have planned and saved seems like the council & government have not

I also feel it is indirectly discriminatory that younger people are less likely to have the option to save

What impact would these proposals have on reducing people's assets, so they were forced sooner than otherwise into Derbyshire care homes.?

Considering Derbyshire's demographic, I think the council should be more lenient towards that demographic why does it have to go from 50k to MIG not a middle ground

The £14250 is worth less than it was when the Care Act came in in 2014 – this is just not fair on people who need care who are struggling

People who are just living on benefits – this is just going to make them poorer. My son has “treats” that aren't massive – he may not be able to afford these if this goes ahead

With the cost of living increase it is having an impact on how we live – if this goes ahead it is going to have a massive impact on the vulnerable people who rely on care in the community

The level of heating that could be used to add extra amounts to the disability related expenditure policy could be argued dependent on who is doing the calculation – the carer or Derbyshire County council – this would need to be really clear - as my idea of heating the home and that of the local authority may be different

At Derbyshire – the current charging policy treats people as an individual – under the new proposals you will penalise me for living and supporting my wife who depends on the community care she receives

In the 6/7 years of Domiciliary care the standard of care is the worst it has been. The standard of staff is not what they were. Potentially this is going to see people who need care seeing their contribution for the care rise – and yet

the standard of care is the worst it has been. The standard of staff is not what they were. Potentially this is going to see their contribution rise – and yet the standard of service is the worst it has ever been

If these proposals go ahead will the standard of care also be raised to an excellent/good level?

The standard of care is not what it was – we don't have an allocated Social Worker any longer. The standard of care in Derbyshire doesn't warrant this amount of rise in charging

You are expecting us to pay more for a poorer service!

This is frightening for people with disabilities if it goes ahead – this is really going to affect the most vulnerable

The estimated cost that my Mum would pay if the proposals went ahead are horrendous – they go up so much from what she currently contributes that I thought I had put incorrect figures into the calculator

The council needs to take into consideration that we have to save for things – like an adaptation that is not covered from public funding – this needs to be taken into account as part of the capital we can have

Some circumstances are very different and 20.00 per week does not cover 75.00 per week launderette bill where older pensioners have no facilities, I echo what Adrian has just said about elder disabled in future worse poverty and Helen on carers.

our care for our loved ones is take advantage of by the care system

I am a financial deputy appointed by the Court of Protection for my three adult children who have Down Syndrome and lack financial capacity. I am therefore speaking on their behalf. Whatever option the Council decides on, it should NOT increase co-funding contributions for people on standard state benefits beyond the rate of inflation as annually applied by the benefits agency. Any increase beyond this national rate would erode the spending power of their state benefits by requiring them to contribute more from their weekly income on an ongoing basis than their benefits have been raised. This kind of increase would therefore penalise poor and vulnerable adults whom Derbyshire County Council have a fundamental responsibility to protect and to enhance their quality of life. I would like this comment included in the feedback given to Councillors in your final report verbatim - and in addition I would like to ask the Councillors whether they are comfortable supporting proposals which may reduce the everyday spending power of the most vulnerable adults in their community and impoverish their quality of life still further when they have already borne the brunt of many cuts in their services

already. You should NOT penalise disabled people further. Disability is not something that happens to other people. Anyone can be affected - a road accident, a stroke, or just old age. Councillors, please do the right thing and find the money elsewhere.

the Council are picking on ' soft targets.

The last few years have been nothing but a train wreck in terms of the reduction in service for people with LD and autism in this county. (In the country as a whole too, of course. Austerity has punished the vulnerable) it is quite outrageous that people could be paying more for less.

The survey is not set up for comments to alternatives it is just tick box It would be better to feed in on.

comments box, as it is set up it is like there WILL be change which is worrying

No Carer, based on our experiences over the past 12 years, has any confidence that we are being listened to when we say how hard things have now become. If you propose increases in charging you are rubbing our noses in it. This is unfair, unacceptable and cruel.

I'm sorry to say - I have never found them helpful. Maybe a restructure within the DCC is required to somehow work more effectively.

If it means gaining money for DCC it will be done ASAP that's for sure!

I wonder how we would evidence increased laundering, as part of a family setting.....?

Some of these will be one off or infrequent costs. E.g., we bought an electric wheelchair to try and improve mobility

Thank you for arranging this consultation meeting. However, I am left with the feeling that the local authority has momentum on this one and it is very likely that my disabled daughter will be worse off come what may. The only question is by how much on the choice of other options.

The frustration that we carers are feeling at how wretched the Services have become as a result of over a decade of cuts.

I've done some research into savings people have and many people have a nest egg for emergencies £14,250 – £25,250 is quite a low amount for people to have to pay for their care when times are already difficult.

Our current account, which is joint changes on a daily basis. Some days we will have over the £14,250 and other days we will have less. We attempt to maintain a balance in the account for a shock such as a broken appliance. Many people will always be close to that £14,250 but it will fluctuate.

There are likely to be lots of people currently getting help that have between £14,250 & £25,1250. It would be helpful to have some transitional arrangements for those people.

My relatives worry about saving and providing for their own funerals and like to save for that. These proposals do not make any allowances for funeral savings.

The amount people will pay will almost double. An amount which is a half-way house, rather taking the full amount would be useful for the Council to consider.

I would like the Council to consider an amount between £24,000 and £50,000.

Family finances shouldn't be taken into account even if a person lives with family and can't manage their own finances.

Regular reviews will be needed as finances fluctuate.

If Adult Care accounts for 48% of the whole council budget and you are trying to claw the money back. You should consider looking at residential placements to make sure we get value for money and what we need.

Charging on 100, 90, 80 is going to be more than people currently pay now. It shocks me that my son gets the maximum number of benefits now but even for basic activities such as going out with a carer/PA for a coffee or for swimming it is expensive. Social workers doing assessments don't truly understand how expensive these things are for people who are disabled. You need to also consider that many disabled want to volunteer and give back to the community, but they need support to this, and it costs money.

These proposals are certain to increase old age poverty and disability poverty. I would like the Council to consider much less drastic proposals.

For working parents whose disabled family members don't receive a big enough care package to cover all their care needs. We already pay out extra for them due to the shortfall, so that we can go to work. Consider the impact on carers with these proposals as we are saving the Council money by looking after our loved ones at home. You could consider reimbursing extra care days with the Disability Related expenditure policy.

At the moment there is a £50 care cap. The day centre my mum goes to is a life saver. With these proposals you would take her much needed attendance allowance and we may have to reduce how many she attends. We are helping you by caring at home but with these proposals we may no longer be able to afford to care.

The capital and assets review makes sense to me. The income review I don't agree with as things are already difficult enough for people. Please consider capital and assets and but not income to make it easier for people.

I've been pushed to put my son into care. Some placements are £1,000 a night. We are saving you so much money, but you are pushing carers for more and more. We are already paying so much from his very small income.

There is an unfairness in the current system which will get greater under these proposals. My daughter can't work so she will be treated more harshly than a more able disabled person who is able to work as they will be allowed to keep their earned income. More severely disabled people will be penalised as all their benefits are counted as income.

People won't be able to afford this. They will just say I can't afford to pay so I won't have any social care support.

52% of disabled people already live in poverty. 1 in 3 households will really struggle. Disability rights UK say people with disabilities are already being penalised and this will only get worse.

I work with people with dementia, it is already difficult to get people to ask for and accept support due to the cost of care. This will only get worse; people will have no support and will go into crisis.

We have heard you are reviewing respite next. You really are making life very difficult for carers and making them struggle unnecessarily.

With the extra money you will raise with these proposals you should provide extra services, especially for those with disabilities. There is so little for them to do.

My husband is my main carer, we have been waiting since February for a review. I keep asking. If it already takes so long to do assessments and reviews, I don't see how you will be able to get through all these reviews.

Carers see so much stripped away with the withdrawal of services and increasing costs, it's very unfair.

If these proposals are adopted there will be less money in the bank for people to have to spend on essentials – why would anyone vote for 100% - it's like a turkey voting for Christmas

Our feedback doesn't have to be actioned by the elected councillors – it just has to be listened to – this is a done deal

I appreciate that more and more people need care these days – years ago people looked after their own family – but now we do not always have family nearby that can provide care – so we do need community care that is

provided. I appreciate that this is not straightforward given the amount that providing care costs the County Council and that something does need to give

This questionnaire for people with disabilities is just so very difficult to understand – how are they supposed to have their say if it is impossible for them to comprehend the contents of the consultation

If Derbyshire County Council adopt these proposals, you are going to make our old age people pay for this and they need their care to live. Over our working lives we have paid tax and national insurance – yet we are still asked to contribute more and more when it is time for us to be looked after

The people at this meeting today are not stupid and yet you can tell we are all struggling to understand the proposals as they are so complex. The terminology used for the finance aspect is just ridiculous.

I got a letter with all the contents sent to me on behalf of my son who was starved of oxygen at birth and therefore needs care. How is he supposed to start to understand this and what it could mean for him. It's just so complex I have really struggled with this

This will have a huge impact on the carers who look after their loved ones. We already struggle to do all the things that we need to ensure that they are cared for properly and still have to juggle everything in our own lives. This extra complex consultation is something else for us to worry about

If these proposals are brought in – it will strike at the most vulnerable people in society – it is just not fair

Where are you going to get the extra people from to do all of these financial assessments – just doing this is going to cost the council lots of money – it just doesn't make sense

Why have you made it so complicated – why couldn't you just make it 10% of what the person needing care has and take that as their contribution to their care

I am more confused now than before I came – it is just so complicated to understand what this will mean and how much we will have to pay in future

The people here have come to the conclusion that the decision has already been made and this consultation is just a tick box exercise

DCC is cash strapped and so are other authorities who have already made these changes to how they charge – no matter what we say the councillors will bring this in because they have to do it to stay afloat and provide care in the future

Natalie Hoy should be here in person to hear what we have to say, and she should have attended every meeting

These changes are drastic and so extreme – there will really be felt by anyone who needs care in the community. My son can't go out on his own – he relies on his carers. The extra burden and worry that this will put on the people who care for the people who receive care in the community will be massive. As older carers we already struggle sorting out our own financial affairs let alone having to go through this minefield to try and help our loved ones

What is wrong with charging 30, 40 or 50 percent instead of these huge amounts

Following a care needs assessment, they may only get 2 calls a day – why are people being asked to use their savings to sort their care out – this is just not fair

(In relation to concern over staffing to perform all of the new assessments) Social services are already too stretched as it is. We had to fight for a new social worker after ours left.

My son has never been able to accrue assets. The online calculator doesn't work for him. He has never had assets or an income other than DLA.

If my son's contributions go up anymore, he'll have no money to live off.

DLA and PIP were not historically considered as income.

It sounds like going forward any bills should be going in a book so that in future expenses can be claimed back. Keep receipts to be offered as evidence of disability related expenses.

If it's not broke why fix it?

My 85-year-old wife is bedridden. We can't get any help. I've had heart attacks and a stroke. She gets PIP but we still have to buy bed sheets etc. It's tiresome.

My social worker knew nothing about these proposals or consultation.

We are all feeling the loss of comfort because of inflation.

If we all say we disagree, the council can go ahead and override it by looking at their bank accounts.

Everyone's story is different but personally we want to make sure when the time comes, she will get assessed again.

It is like when we had meetings about closing day centres. They did not listen. You gave us this spiel then.

If inflation has gone up surely the government should increase payments to Derbyshire.

The government don't keep pace with our costs.

We are talking about the most vulnerable. We are trying to protect them.

We worry. It's frustrating.

One proposal is to protect different percentages of income. Nobody is going to choose the higher amount (to be chargeable)

The majority will be paying more and totally worse off.

The bills at home are still increasing.

The proposals are draconian.

They are talking about depriving the most vulnerable in society.

What you see as disposable income is what gives people a quality of life. Everyone is entitled to a quality of life. It is going to impact the most vulnerable and the council needs to acknowledge that.

The council may end up having to pay more to compensate for what they have lost.

It's the suddenness of these changes. It hits hard and it is difficult. Can the council consider a phased approach to introducing increased charges?

You say it won't happen overnight but one day they will wake up in the morning and face new charges.

If somebody reduces their care due to cost, it is going to affect their quality of life.

My son's rent is constantly increasing.

Questionnaire too complicated, offered to assist but not interested. Worries about his privacy when filling it in and personal details, explained the questionnaire didn't ask for any personal details, said think would leave it but may call back for assistance at later date.

Questions too complex

No option to suggest payment percentage.

Additional stress caused to carers

"Won't be filling in the questionnaire as it doesn't give enough options and it's too difficult to understand"

concerned that areas discussed in letter and questionnaire not clearly defined. Example being Disposable income. Does this include funds to attend activities. Also feels that this is an attempt to "drive" people out of their homes and into DCC care homes.

thinks the changes are terrible, her mum doesn't have much but will now have even less. Her mum has managed to save a bit through her life by being careful but now will have to spend it on care, it's not fair the people not got anything carry on same or the people with lots will hardly be affected.

stated that she knows the council have already made its decision and just needs members of the public to tick boxes and agree. Has stated that if we put up the co-funding her dad pays, they will cancel his care. She is appalled that people have paid into the system all their lives and now the council are trying to squeeze every last drop out of them. Annoyed that people who have never paid into the system will get away with paying nothing.

Letter not always sent to the best person to be of assistance to client

"Would like to thank Derbyshire County council for all they have done for her and her recently deceased husband.

Why should an individual have to the full amount when there is a legitimate reason why they are unable to attend an activity

"Has been sent the form 3 times and sent it back twice. Annoyed at the amount she has been sent and won't be filling it in a 3rd time. Apology given

"Not happy as has only just started to receive DP again as had to cancel as couldn't afford the Co funding charge. Commented that if it's increased, he will need to end his care as he struggles to meet the charge now and has already made cutbacks.

Form too complicated to understand.

"Stroke 7yrs ago. Stated that he has been trying to understand the form for over 3 hours, was shaking and panicing. Thanked me for explaining and said a cloud had been lifted once we finished the online version. Thanked me for being calm and understanding of his speech and confusion.

Stated she is disgusted that this would be sent out and that a simpler shorter questionnaire would have been more suitable. Said that whoever out this together clearly hasn't sat down with an actual person and gone through it with them. Said she is too busy to fill such a ridiculous form in and said that people will not reply as its too complicated and the council will take that as people not being bothered and do what they want regardless. Stated that her social worker knew nothing on the consultation.

Got given letter from friend asking what it meant. He is not surprised, He thinks most difficult questionnaire to fill in he has ever seen, how anyone even with a slight learning difficulty is supposed to understand is beyond him.

You need to get your information straight before you send letters out to people saying they receive community care when they do now. I used to receive community care but that was a while ago.

Rang to inform had never received co-funding or community care other than reablement after leaving hospital. Said service he received was ok. Wanted to know why he had got the letter, seemed very complicated and didn't really understand it.

Letter caused some concern in case she was being billed for care she is not receiving. Also felt questionnaire quite difficult to understand.

Glad of the opportunity to voice his concerns. Has previously felt well supported by his social worker who helped him when carers fell short in their service

Confused why received the letter twice, was it because he didn't fill it last one, his wife's social workers told him he didn't need to if didn't want to. Explained that wasn't the case and apologised for him getting it twice, explained up to him if he wanted to fill in but was a good opportunity to put his and his wife's thoughts across, was very thank full around receiving a call back so quickly and for putting his mind at rest

"Angered at receiving the form for the second time. Only cremated her mother yesterday and stated that she has already insisted she no longer receive correspondence from adult care with regards to this consultation.

Older carers should be given a lot more consideration when they care for family members and don't get additional support or financial help.

Questionnaire very "official" looking and has caused some concern. Once explained that simply a questionnaire all fine.

It is difficult to make a decision on future funding/services when DCC are consistently "back tracking" on current promises. Example being adaptations to kitchen that at first promised then refused.

Very unhappy with the proposed changes. Unhappy with the form not giving the amount for the National Minimum income guarantee. Says it won't leave her or her mum enough to live on. Says her mum will never afford to be able to leave the house. Says unfair sending these letters out that are very complicated to people who may not understand them, she has received the

letter, but she knows other people who have not. Not happy it doesn't breakdown the finance details more but unwilling to use the financial calculator as feels is a GDPR issue.

Thinks the proposals will leave people with very little money and force them into poverty, also found questionnaire a bit confusing but grateful for help to complete it

Had 2 previous brain operations and the questionnaire has caused her anxiety and very tearful. States it's very confusing and too complicated to understand.

Very grateful for the care she received from DCC in the past, is hopeful other people will be able to receive it in the future. These letters are scary and hard to understand and hopes this won't put people off asking for care when they need it. Understand the council has costs and needs to make saving but taking off people who have so little is very harsh. Not had a penny off the council all my life, and if I was to need it now would have to pay a lot towards.

Annoyed at previously requesting all correspondence to go to her own property and not that of her mother's as it confuses and causes anxiety to her mum.

This is more means testing

Covering letter may have caused less anxiety if worded "you may be receiving adult social care"

Sister of client currently self-funding. Recently found out she has leukaemia and worried for brother as he requires palliative care and if he has to continue to self-fund will he be able to receive all the care he needs.

Trying to use the Better Off calculator however not prepared to tick the conditions box that states DCC may take action against you as not 100% all the information accurate and therefore the system will not allow her access to the 100,90 and 80% outcomes.

"Would have been less complex to simply ask if clients agree to a reduction in capital and to suggest a percentage of disposable income they wish to be considered towards care.

Father-in-law self-funds, has dementia in care home. Annoyed that he has been sent the form as he cannot fill the form in as he would not understand. Son also receives care support and has an LD, Tracy stated that she doesn't understand the questionnaire herself so how is her son supposed to.

Wife passed away in March. Disgusted and upset that people still get correspondence after passing away and DCC being informed. (Looking at page summary we have not been notified)

Worrying to receive the letter, didn't really understand it. Think taking more money off people is terrible but doesn't think will affect him at the moment. Won't fill in the questionnaire as very busy at the moment if he doesn't have too. Declined help to do it.

Was concerned as felt covering letter was to do with his finances and confused as he does not receive care.

Although support is available as X has issues with her sight, she would have preferred either much larger lettering or a version in braille.

"When people are in need from different countries, we dig deep but when it comes to looking after your own disabled and sick you try to get as much out of them as you can and squeeze every last drop from them.

Concerned that by using the better off calculator it will trigger a reassessment of care package.

Think 8 / 90 /100 are very high amounts and should have had options for lower

has had some issues with the better off calculator and tell. adultcare email. Will be attending online meeting 02/08/23 so may raise issues there.

Will participants be informed individually of the outcome of the consultation? If not, will participants be informed that it is available to view?

Concerned that the questionnaire and covering letter too complex and appeared more like an assessment form.

Worried that care providers do not have enough information regarding questionnaire causing additional concerns

If possible, in future could there also be an easy read version of questionnaire

Are there any additional face to face meetings planned

Seems like a really big change which will affect his mum a lot. Infect some of the figures are more than she spends so wouldn't help her at all.

Glad to see additional date

Documents quite complex and difficult to understand. Glad of telephone support

The person receiving the support/Co-funding is not always legally listed as the individual to write too. Correspondence sent incorrectly, as in this case, can cause distress.

The letter update appears more like a reminder to complete the questionnaire than simply the offer of a set of additional meetings.

Would have preferred the option of suggesting a percentage amount of disposable income to be considered.

On NO account should the authority increase the co-funding costs for vulnerable adults who lack capacity by more than the actual % increase in benefits as applied by the Benefits Agency each year.

Any increase by yourselves over and above a Benefits Agency increase means that these recipients of a Derbyshire ASC Personal Budget would be required to find the difference from within their monthly state benefits and so would end up with less 'spending power' as a result. This would be unfair and discriminatory, especially as many vulnerable people to whom this applies will not be able to express their wishes clearly. I daresay that IF X, X and X could understand money, and I told them that they would have to pay more to attend their day services they would be annoyed about this. Who wouldn't?

Happy with everything, thinks it all sounds fair and is very happy with the care she receives

Understand the proposals are a necessary evil, worried it may affect him and leave him short of money thought. Unable to attend a meeting, thinks he has already given his feedback to a carer but unsure if sent off

Not happy no meeting held at Matlock, hard for people to get to the other meetings.

Felt that face to face meeting was too busy and wasn't able to discuss his queries privately.

Would prefer they leave things as they are, doesn't like the proposed changes

Stated that she has written questionnaires and reports all her life and she has never come across such a poorly written and complicated questions in all her life. She said how anyone can understand the questions is beyond her and the letter explaining it all made it all the more confusing.

Would like to say option 3 is the best of the 3 but would like it to stay as is at the moment

Questionnaire quite difficult to understand and looks too much like an assessment

Thinks it's disgraceful that the council are proposing these changes now when people have paid into the system for their whole life. There is a lot the council doesn't think about, like people who have had equity realise so have cash in their account which isn't really there's

Extra meeting a good idea and a useful reminder to people who may not have bothered with the original questionnaire to ask questions and get involved.

Thinks the letter and attached table are complicated. Also points out that it doesn't mention in main letter around the change in scrapping the maximum cap and also the possibility it could change people from single status to couple status in the national income guarantee. Thinks the changes are bad, will cost some people a lot of money and put them into poverty.

Follow up letter with extra dates looks like a letter telling people they must complete the questionnaire.

Thinks it's terrible, worked her whole life in public service and the amount they are lowering the threshold to is lower than her and husbands lump payment. Also, her disabled sons house is in her name which will be used against her when calculating her assets.

Very grateful for call back. Had been concerned as health issues have prevented her completing the questionnaire.

Very grateful for the support and information from the co-funding team. However, wishes son's social worker and care co-ordinator had more information as they have said that they are unaware of any consultation

Negative around consultations in general whilst also being critical that this consultation will leave his family worse off

Just please put a note that I'm disgusted with DCC. They used the pandemic to close virtually all-day services and now they want to chase after the most vulnerable. How about some reduction in the obscene wages the top bods are paid!! Thought not!!

I agree a review is required and that many people my mum included, may well have to pay a larger proportion towards her home care package. She has capital well below £23k, and you intend to take as much as 100% of her disposable income. It is therefore essential that she has sufficient income to continue to live in her home, maintain her standard of living as a 90-year-old and to have the finances to maintain her house when needed.

The jump from £50,000 in capital assets down to £23,250 seems a very big and sudden jump and is currently causing my parents some concern.

They're both reporting that the documentation is complex and difficult to understand; they're asking if an easy read version can be produced? Is there one

Already? They'd like to contribute to the consultation but feel without this, they're going to struggle.

It would have been good to give background as to the changes, and I appreciate the balancing act DCC have to do funding wise, but this is going to

damage people financially at a time when there are innumerable pressures on individuals already. DCC already take away the majority of our daily living allowance which is meant to aid us with the cost of day to day disability, I understand co-funding but not taking away money meant for the extra costs incurred by disabled people provided for that sole purpose, DCC have always counted this as 'Means' in their calculations of income when it is ignored for any other benefit or service i.e. Housing benefit. This will I am sure drive many of us into poverty, because of the way DCC do the calculations they have always taken Daily living component into account in the initial calculation and then it is part of what is then in the excess income taken as co-funding: a double whammy... of course I accept that Funding isn't a bottomless pit but this seems ill targeted.

My answer to Q5 is the following, please can you capture this part of the questionnaire outcome:

If you take away 100/90/80% of disposal income how is my son able to access the community as he would have no money left. My son has learning and physical disabilities therefore unable to work. He has no income apart from PIP & UC. If you take away 100/90/80% of his disposal income the impact will be:

- * Social exclusion - to access community, going bowling, meeting his friends, attending day centres etc.
- * Mental health - depression, anxiety, challenging behaviour increased, effecting his confidence.
- * Limited accessibility to medical equipment & facilities.
- * Financial instability.

It also reduces presence of disabled people within communities as they cannot afford to go out. We should be encouraging all diversity to access the community. It isn't my son fault he is disabled, how is it fair taking his PIP / UC (100/90/80% of his disposal income) away from him? If he could work, he would, but unfortunately his circumstances are different. I am very concerned disabled people will be living in poverty, effecting their mental health, social exclusion and not encouraging diversity within our communities. £20 per week as an additional / top up for a disabled person is not enough to support their care needs.

Hi re your recent letter of 15/8 concerning the above. I did take part in the online meeting of the 21/8 with the help of my niece.

Reply following second letter re cost concerns

Reply by councillor Natalie Hoy to David and Hilda regarding questions around if the changes are needed and if they are the best way to go

E-mail from H+W officer regarding comments from resident: • As a housebound lady of 87 with limited online skills both the consultation group and online group sessions were inaccessible

- The options offered were very limited
- The paperwork that came with the options was dense and there was a lot of it, it was confusing, and it was very hard to understand it all.

There was never going to be enough money to cover all the demands of care in the community, it was a misguided pie in the sky option in the first place

Mostly negative. Points around funeral costs, the fact it is such a big jump, how respite care may have negative effects. Also, an understanding that Derbyshire is very generous currently

Whilst I understand the need for the council to seek to alleviate the very high costs of Adult Social Care, I am concerned at the very high costs to be borne by some residents who are far from well off, and the impact of the new charges on their living standards.

I am also concerned that the highly complicated calculations and difficulty in calculating Disability Related Expenditure for people receiving care will mean the council will need to spend a disproportionate amount on staff to implement the new charges, and that vulnerable residents could end up being over-charged due to inability to challenge DRE decisions.

Specific points are:

1. More needs to be done to ensure the proposals are clear and can be understood by residents and their families. Having attended several of the consultation events, both in person and online, I was appalled by the lack of clear explanation of the proposals.

No slides were presented to set out the proposals, no worked examples were given. Even people of high intelligence and financial capabilities – including accountants and other finance professionals – remarked they could not understand the proposals from the explanations given. One attendee in Buxton remarked she was more confused after the consultation meeting than she had been at the start.

When people cannot understand the proposals, it is impossible for them to provide an informed response. For example, one resident in Buxton said he had simply ticked all of the middle boxes as he didn't understand the

proposals and their implications, and he felt his wife – who had dementia – would not understand either.

2. Impact on particular residents: the Cabinet paper makes clear that some residents will be hugely impacted by all 3 proposals. Appendix 4 shows that:

- Example J – a pensioner aged 76 with no capital above £14,250 would go from paying nothing to paying either £498.10, £448.29 or £398.48 per week for care – up to 75% of their total disposable income for their care.
- Example L – an 89-year-old disabled pensioner on Attendance Allowance with no capital over £14,250 would go from paying £51.07 to paying £252.94, £227.65 or £202 per week – 54% of their total disposable income.

These are far too great amounts to be levied on older people with almost no notice.

The lower amount of 80% should be levied and there should be a transitional amount of a maximum of 50% of disposable income for those currently receiving care.

Transitional protections are an established and legal means of introducing changes to benefits – e.g., in the switch from tax credits to Universal Credit, or the Severe Disability Premium.

3. I have received no answer to my question to Full Council on how the Council propose to protect couples' income from falling below the couples' MIG when the partner not receiving care has income of less than half the MIG.

The council will need to establish whether this may be the case, and if so then partners' income needs to be assessed. If their income is below half of the MIG, then the partner receiving care should be charged a reduced amount to ensure the couple's combined remaining disposable income is above the couple's MIG plus DRE.

This can be a common situation, especially where the male partner is receiving care and the female partner has a reduced state pension entitlement – as so many older women do – and no occupational pension or other income.

4. Pensioners who receive Attendance Allowance should receive the Disability Premium in their MIG. Failure to do so would discriminate against people of pensionable age and fail to take into account their additional costs and constraints of both age and disability.

5. Where people pay themselves for part of the necessary care set out in the Care Plan – for example where the council have been unable to commission sufficient carers to meet their assessed needs – the amount that the residents pay themselves should be deducted from their care charges or treated as Disability Related Expenditure.

6. Assessment of DRE: the Council has never properly assessed DRE. This will be a huge task for all those who are eligible for a higher amount than £20 per week.

First, it will be vital that residents understand how DRE should be calculated and that they have the right to request a full assessment of DRE if it is likely to be higher than £20 a week.

Then the council need to ensure sufficient staff resources to not only complete all of the financial calculations, but also all of the DRE assessments. This will require a significant number of properly trained staff to understand both the care requirements and their financial cost.

No resident should be charged for care until their DRE has been calculated as residents could end up without sufficient income to get by, or to afford the DRE that they need if they are charged up-front and then DRE is assessed later.

"My daughter is in receipt of your letter dated 10 July 2023, requesting her consultation on your proposals for Community Care Charging.

X receives support from adult social care for her needs, as she has learning difficulties* (including comprehension difficulties), is on the Autistic Spectrum, and has coordination difficulties and anxiety. She is vulnerable in many ways, is not able to access the internet or use the telephone to make new calls or leave messages.

The letter and associated paperwork were sent to x directly. She opened the letter in front of me and had no idea what it meant. After reading through your letter, I have to say that it absolutely does not explain in plain English what the consultation is about. There was no 'easy read' explanation to support the letter. My daughter has no comprehension on what you are asking. It is also very difficult to explain this to her when its full of lengthy jargon and financial wording.

Within your letter you state - ""We are proposing three options to be considered which are designed to make our policy fairer and equitable when considering people who receive adult social care support"". In order to be

fairer and equitable you need to consider who you are sending the consultation to.... The three options are impossible to comprehend unless you understand financial jargon. Even within the questionnaire it's difficult to understand / explain to x, the terminology for the pricing policy. The consultation is too lengthy (5 separate wordy papers included with the letter) and does not explain things in a way that someone with needs and who accesses DCC adult social care services, in a way that they can understand or respond. The questionnaire is too wordy for someone with learning difficulties and autism to understand, in fact it raised anxiety in attempting to read and explain it to her.

I find it appalling that you ask those most in need of support, about the charging tariff proposals for the services they receive, in this way. If I had not been able to read this through, my daughter would almost certainly have ignored the letter and its contents as it is impossible for her to comprehend it. She would also certainly not have read to page 4 of the letter and requested an easy read copy. As it is, x is not able to respond to your consultation, she is therefore excluded.

If you would like a response to this consultation in a 'fair' way, please re-write and re-send in a format suitable for those who have complex needs and who are in need of support"

What is the point in completing questionnaire when decision have already been made

Concerned about the proposals and how the consultation has been done.

This is about my disabled son X. I look after my disabled son's finances although he lives in supported living with 2 other disabled young men supported by United Response. I am X and live at X. As you are no doubt aware the County Council Community Care Charging Consultation is out at the moment, and this requires a financial reassessment of disabled people. I have done the reassessment for x and the likely charges are horrendous, x currently contributes £51.07 per week which increases each year. Under the proposals Joseph's contributions will increase to a minimum of £81.44 per week or possibly £91.62 or £101.80 per week. These proposed increases mean a minimum of a 60% increase or possibly up to 100% increase in charges. I am extremely concerned that this will leave x without enough money to live on and feel he is being discriminated against, being disabled, as he is an easy target. I understand that community care is a very expensive part of the County Council's expenditure, but it is impossible to justify such huge increases. Again, this conservative Government / Authority says it will protect the disabled but does exactly the opposite. I could understand a slightly higher than inflation increase but these proposals are monstrous and

should be opposed vehemently. Could you please confirm your opposition to these proposals and make my feelings known amongst your fellow Councillors.

To be honest I don't understand any of it

The most vulnerable in society are once again being selected as easy financial targets

Keep weekly cap

We are struggling to pay bills now (utilities) and do not get wage rises e.g. (up to 27% some are asking. Its more burden on pensioners who are unpaid carers.

To remove the maximum capped charge completely (or set it at the actual cost of care) will cause a very significant increase in charges for some.

Disability payments should not be included they are to pay for expenses such as a mobility aid or special taxi

I think only a small amount of disposable income should be considered 20-30% at most

I don't think attendance allowance + pension should be included as disposable income when they are my right after working for 55 yrs. Private pensions/work pensions yes.

"Disposable income"? How can a stranger identify what is disposable income. We often have to save our disabled sons excess money to purchase therapies, equipment or one holiday a year (+2 carers to go with him).

If you have money its ok but I haven't got enough to save. I haven't got much money as we lost it years ago. That is why I have to have help.

Disabled people have a right to savings, this isn't " disposable income", this is exactly the same as non-disabled people have- money to save up for a better quality of life- to buy a home, a dog, to buy clothes that meet their needs e.g., sensory. Disabled people face significantly more financial expenditure than non-disabled, why are you only accounting for only £20 when the average additional expenditure is 63% (!!) Of a disabled persons income. (Scope UK).

Feel it should stay the same

This is absolutely barbaric, pensioners are struggling already to make ends meet, this will drive a lot to cancel care due to not being able to afford. You are essentially going to kill people.

How can a council know what people's disposable income is on guess work?

Not above 80% because of increases in the cost of living.

Should be a min or max amount on when peoples should start paying for care

I would like to know what you regard as disposable income. Do you class benefits such as attendance allowance and disability living allowance etc as disposable income? I feel we need this clarifying more clearly.

Disposable income in these times of £400 monthly fuel bills food bills stratospheric? Are you people not satisfied with your extra slice of council tax?

People with more disposable income should pay more

I think social care charges should not be based on income as in line with disability benefits which are not means tested.

You have a duty of care to provide social care do not tax the sick and disabled!

It should be done on an individual basis how much each person has. All benefits should be disposable income related.

The wording and presentation of this questionnaire which will ultimately be a large cost of money and only lays out questions most over 70s people will be unable to answer.

Relate chargers only to dale/pip? All of which are no means tested. People who are saving towards retirement should not be penalised for their disability.

It is not disposable income it is our father's case, his pensions which he has earned and paid into his whole life. He has also paid his national insurance and tax his whole life. This vast amount of tax money he has paid into the government coffers for 50+ years should allow his care to be paid for by the state in its entirety.

Individuals on benefits, should not be charged anything and the minimum income guarantee should be abolished.

I honestly do not completely understand this.

O A P's are not getting the support from government that it should

I really don't understand any of this. But I would like to say that just as child benefit is given to everyone, so should disability benefits + personal care. Those who are careful with their money should not be discriminated against.

An old person would not be able to understand the proposals. Unable to get on your website to find out more information. The proposals are too complex to follow for 99% of the population!

I did not understand your questions I am deaf and housebound therefore I request a home visit x. If you change my funding without visiting me, I will regard as discriminatory

There are not enough options. Our daughter will be very much worse off financially.

The cap should not be removed savings would not last more than a few months.

Individuals with current climate of living crisis cannot afford to pay out of their disposable income.

The charge should be the same for everyone regardless of disposable income.

The £20 disregard for disability related expenses will disadvantage many who's disability expenses significantly

Stay the same

My daughter is unable to work because of her multiple disabilities so any money owed to derby county council has to be paid for out of benefits.

I have no income i.e., retired at age 65

I find it unbelievable that after working all your life and paying tax. Going without things to save for a rainy day - you then get penalised and have to pay for your care. Whereas people who don't work will get it all free.

My sister-in-law does not have much income left after all the bills are paid my sister-in-law does not use any of the services apparently co funding should provide don't think she should pay for this.

People are left with nothing on disability already. If you ask £10 month from people that may help?

I understand that costs increase and agree that maybe we need to increase our current £50.07 paw but to use such a high percentage of what you would call disposable income is not justifiable, life is hard. Enough for a lot of disabled people. A huge increase in contributions will mean the difference between living and existing.

I think the system is fair at the moment.

Pip is non-means tested. Payment should be dependent on rate of pip or dale. Disabled people face extra costs to daily living already.

Change should never be more than care component part of pip or DVLA allowance

Disabled people are already on the poverty line and shouldn't be penalised for their health/disabilities financially.

What happens if you have none.

Totally unfair to charge for care for some and not others, especially if already receiving care.

Don't agree with qu4 but 80% is the lesser of the 3 evils! It should be based on a much lower %

It should be separate

With energy + food bills being so high and inflation showing no signs of reducing significantly in the near future I suggest the changes need to be phased in to allow time for the cost of living to come down.

What happens if you have none left.

This survey appears to be an excuse to penalise the already disadvantaged disabled community. To strip them financially on top of their disability.

The disposable income takes no account of necessary expenditure such as rent/mortgages, gas, electricity, water. It can't be a blanket amount.

Retain existing scheme.

Continue with present policy.

Leave it alone in this day and age all money is needed to live.

My niece lives in a shared where her bill is horrendous if it was based on her income with those percentages, she would not have much left for clothing + new bed 1 chair furniture.

Have a scooter to get about, can't walk far

The majority of people getting social care support are in a situation they never thought they would be in as most have played into the system. All their lives they should be able to get a bit back not much disposable income left this day.

I don't believe that social care should be means tested and people who have made additional provision for their retirement at their own cost should be penalised and that those who haven't should be better funded - it removes the uncertain for people to make good provision for their retirement!

I strongly agree if a person has more than £23,250 up and above to £50,000 then they should not get the financial help that a person gets he/she has less than £23,500

65%-70% of disposable income as a maximum seems more reasonable. What happens if your disposable income isn't much to begin with?

Clearly 80% is the most-acceptable option as food, fuel and all costs are rising (inflation currently at 17%). It is a worry as we can't know how prices will continue to increase. Furthermore, we cannot know how landlords will increase their service charge in supported living situations.

If these proposals come in people, might as well go into a care home where you can keep £23,500 income get 24 hr care, food etc and my cost would have to be paid by the council approx. £800 per week, talking about trying to keep people in their homes, it's a joke! You need to build more care homes as majority that don't own their home would do this and cost the council more money.

Disposable income is already under strain because of the cost of living a utility cost. I need my heating on at all times and have 4 carers as I have mobility problems.

Why should I pay

After paying tax most of my life I think that charging people for the care is despicable.

Individuals that have worked all their lives and been cautious with their money should not be penalised for having savings. Everyone should be given the same.

Disposable income should be banned, those with excessive amounts of disposable income should contribute more, i.e., more than £50,000 care is expensive and when you don't qualify for the you need i.e., under the council guidance you have to pay for more anyway as I am currently doing.

I don't have saving £1,000 but it for emergency if I have any. I get industrial injury £40 a week pip a month 249 ESA 250 a fortnight. I have a mutability car 72 a week for hiring of it

Not at all, stop using vulnerable people to save money

Disability related expenditure may be hard to measure and prove. E.g., helpers/gardeners may be paid cash in hand. It would make more sense to increase the maximum capped charge. Why is this not listed as an option?

With the cost of living going through the roof, how are disability people going to afford the extra costs you are proposing, we are struggling to feed a heat as it is.

There are not enough options. I would be a lot worse off financially.

Income calculations need to take more account of individual circumstances and properly reflect the additional costs incurred by people with disabilities.

No one is going to opt to pay 100% of their disposable income - what an absurd question. Why isn't these an option for none of the above??? A fourth option should be to change nothing.

Obviously, people will opt for option 3. Who's going to ask to pay more??? Why isn't these an option 4 - leave things as they are. Elderly and disabled people are always discriminated against

I think it would be very hard for retired people if one partners income was reduced so much

As we have worked all our lives into our 70's, I object it's this money grabbing, as the cost of living, food etc? Increasing my husband is 88 yrs. has myeloma, diabetes and stroke etc

Would not like to see higher than 80%

These questions are not easy to understand.

Disposable income should be looked at in regard to where that income comes from. If your income is from state benefits only, then this should be completely disregarded.

I'm really struggling with this form I don't understand half of what's being asked, and we certainly don't have that kind of money

Do not change the current formulas and agreements

I feel that those who are most vulnerable are being targeted. People are okay to refuse care or have to decide on care/? / ? Making health deteriorate requiring more care

Why adopt on the national minimum income guaranteed rates, when you have a perfect system already. Keep what you have and drop the new proposals.

People who have worked all their lives or who have savings because they choose not to drink, or smoke should not be treated indifferently to those who squander money.

Should only have to contribute D L A/pip a/a care which is supposed to be for care but those with fewer hours should pay less

Same charge for everyone. None should get it free.

I think the move to any of these arrangements in one move will likely cause distress and hardship. Your current scheme is particularly generous a service

users will notice a huge change in the amount they are charged. Could you consider a more staged or staggered approach?

How about 50% of disposable income.

We are happy with the contributions system as it is at the moment. It has worked for us for many years.

I cannot afford to live now!

The more disposable income a person has the greater % should be charged. For e.g., charging 80% of £100 leaves the person with £20, but charging 80% of £500 leaves the person with £100. It would be fairer to charge say 20% to the person with £100 disposable income leaving them with £80 and 80% to the person with £500 leaving £100.

All 3 the % options detrimental to people on a lower income. You should consider charging a higher amount or 100% to those with a greater amount of disposable income. This would protect those on a lower income and be a fairer approach.

Have no capital

I believe that with the present cost of living that £14,250 is dangerously low to start relieving people of their capital.

£14,250 is too low to be taking an individual's capital.

Seems you want to make people struggle more to save yourselves money

The reduction in the capital allowance from £50k down to £23,250 is too bigger step. This adjustment should be done over say 2-3 years.

Disgusting. What have you done with the council tax charge we all pay called 'adult social care precept'? Leave people with £50000.00 in assets/savings which is not that much money these days. People can stay in their homes for longer, but they need maintaining/ modernising/ new boilers, 23,250,00 is not enough.

Life assurance bonds should be excluded.

Pensionable age customers generally have capital tariff as £1 for every £500 when assessing benefits which you would at the least to be applicable when assessing care costs.

Cost of living increases over time- it does not diminish. The £50k limit should stand. To reduce it takes even more of the assets any disabled person has acquired.

If you have been co funded previously - its better a high % to have extra 80,90 a 100% of disposable income-charged on - how about only 50% of disposable income.

It should be treated bearing in mind the people that need care are ill or too old to look after themselves and need extra money to be able to pay people who help them as well as carers.

Percentages are too high (way too high) cost of living expenses have increased so much that disposable income has reduced significantly. It may get a point that I cannot afford a lot to keep my disabled son living with me and have to consider full time care- at additional cost to adult services!

Disposable income is difficult to define when living with illness. These are many expenses that do not qualify as disability related expenses such as recommend supplements extra water and cleaning charges from more frequent washing etc.

Disability incurs many additional expenses pip (attendance allowances) daily living is not just for personal care it covers other aspects inc extra food? Heating cost/ etc

During a cost-of-living crisis, the vulnerable and disabled have little lesser for reduction in so called disposable income.

Disposable income assessment should take into consideration all potential expenditure that helps improve quality of life as well as things like clothing etc.

Do not understand the above.

People living in their own homes have seen a dramatic increase in expenditure in terms of increases in council tax, fuel bills, water rates, food etc etc etc

If there are changes made, those whose payments increase significantly should have the increase phased in over a period of time.

People don't have the money for you to be taking it off them.

I think the percentages are all too high. We both worked hard & saved for our retirement. However, most of our savings have been spent on care. (approx. 500,000)

As always people who save through their lives to leave a small nest egg for their family are penalised leave at £50,000 and say 50% charge above this.

Suggest 50%

Regarding q4 - 80% is the best of a bad bunch but we are not really happy. Why was there no proposal for charges to remain the same, with inflation increases?

You shouldn't be looking to take money off the most vulnerable people in society at all. No system you are looking at is fair to disabled and vulnerable people. You should run your whole operation more efficiently and with the public in mind all you want is to take, take, take. You should be ashamed of this and any proposal like it.

I believe that a lower proportion of disposable income should be used - say 50%. Could the changes be phased in, starting with a lower % of disposable income + increasing each year until the desired % is reached. More items of expenditure should be included before disposable income is calculated, e.g., an allowance for repairs/maintenance on an owner-occupied house to bring them into line with rented properties.

Where the mental health of someone isn't fully taken into consideration (because of the changes). I believe is unacceptable.

There is no such thing as disposable income - as every penny is valuable and needed tax and nil are paid all working life, which should be enough.

This is basically a money grab on the lines of khans ulez to hit people who have done the "right thing" throughout life, accrues? Wealth paid taxes, in et and then afflicted by serious illness in? Light years are penalised.

To a larger increase in one go is too much with everything going up will be a struggle.

Not known

Under the headline 'additional costs' on the D R E fact sheet, mention is made of 'normal household expenditure' but these costs will differ widely from household to household. Some will be single person household, some family group with more than one wage earner. As a result, each case would have to be considered separately to arrive at a figure for 'normal household expenditure'.

The adult service has been screwed enough. Leave them alone go somewhere else for money.

When you work out disposable you don't take into account living costs such as board / rent, why is this?

Another example of these who haven't contribution, i.e., chose not to work still get away with contributing nothing with people who paid their taxes all their all their working life picking up the bill.

In principle this seems like a fairer way to do this, but the disposable income needs to be calculated fairly + regularly re-assessed in line with inflation etc. Current on 60-70% would seem fairer.

Do not touch any body's disposable income

Some people are better off than others so can afford to pay more. I worked 38 years and paid a full insurance stamp I was in nursing

If the disabled person has savings and income, it should not be used for care unless this has a lead in period of 10 years.

This should be an individual benefit regardless of saving etc.

If the council cannot afford the prevent arrangements, they should bring in changes gradually over a period of years.

I feel that it is unfair to currently have a cap on the amount that people are charged and potentially some people could be a lot worse off under the new proposal I think there should still be a cap on the amount, even if it is slightly higher.

A fair and equitable limit would be no more than 50% of disposable income.

Why are people who have worked and saved being punished

There should be more bands

Non means. Tested benefits should not be included in calculations. Taking 100% or even 80% of someone's disposable income will lead to people being miserable, which will cost the country more in health-related expenditure due to poor living conditions. Disabled people deserve happy lives too.

With the cost-of-living crisis ongoing, I think it's despicable to consider taking 80-100% of people's disposable income. They can't work due to rare + support needs, so will be forced to either live in poverty or go without care. Non means tested benefits (pip etc) should not be included.

People who have worked all their lives or who have savings because they choose not to? Or smoke should not be treated indifferently to those who squander money.

Should only have to contribute dale/pip a/a care which is supposed to be for care but those with fewer hours should pay less

Same charge for everyone. No one should get it free.

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Do not understand the above.

People living in their own homes have seen a dramatic increase in expenditure in terms of increases in council tax, fuel bills, water rates, food etc etc etc

If there are changes made, those whose payments increase significantly should have the increase phased in over a period of time.

People don't have the money for you to be taking it off them.

I can hardly afford what I am paying now.

My elderly mother aged 97 worked all her working life so should be able to receive all her entitlements.

An alternative would be to increase the current cap to generate more income. To calculate at a lower percentage than 80% as people will be left with little or no money.

People with low incomes should pay less!

The council needs to get to grips with people who are giving false information!! Regarding capital assets (I know this is a fact)

This does not seem to take into account other needs i.e., nappy pads and sheets, washing for person with incontinence.

With the cost-of-living increase, people with disabilities are struggling financial and cannot afford to make further contributions, carers are contributing towards their costs with transport etc

Yeah, I'm all for it, take my money

Can't pay won't pay

By using disposable income, you are depriving people of the ability to pay for their basic everyday needs such as utility bills, travel costs, shortfalls in rent. What about when people have deductions from benefit leaving them with less than the government applicable amounts for basic benefits. Your plan gives no incentive to for people to claim disability benefits or pension credit. You are causing people to choose between care or having medication, heating, or food. Its abhorrent

Under the equal opportunities act the council must be treat local residents equally and provide the same set of opportunities regardless of their age, sex, race, disability, sexual orientation, disability, culture or anything another

personal characteristic that might be discriminated against. Those who are entitled to adult social care support are often on the lowest incomes and near the poverty line. It is unfair to view their "disposable income" as a means to fund the deficit in social care.

The contributions should stay the same as they are now. The other options are too much. The people affected have worked and lived a long life and should not have so much worry about their finances like this. They have paid into the system for decades as it is.

The current method of calculation should not be changed.

Should not move to a disposable income test. Maximum anyone should pay should be the benefit amount less £20

Taking more disposable income from people will lead to more people falling into poverty which's means more use of food banks, discretionary fund etc. It will also result in some vulnerable people refusing care as they will feel they can't afford it or are causing their partner/family financial hardship. Social care should be free at the point of need as the NHS is and this should be done by increased taxation at a national level.

When someone has contributed to society all their working life, and have lived a simple life to create savings I feel it is unfair and cruel to take their money away to pay for care when lazy people who have never done a day's work, never contributed to society, and have frittered their money get everything paid for. The Council also waste money on useless schemes and unnecessary training, furniture and pay-offs to senior management that could be better spent on care of its residents,

I've worked hard all my life and brought my 2 children up on my own and never claimed anything. I get my pension and that's it. I do everything for my daughter now and she gets disability benefits so why should she pay that back to the council when she was born disabled. She gets very little as it is. Can't take blood out of a stone.

It would not give my husband enough money to pay his half of the household bills and I would have to pay to support him. I think this is unfair as I am struggling to work full time and care for him, I might as well give up and put him into full time residential care. I feel that there is not support if this happens for me to care for him at home.

As with so many of these proposals they are targeting those who deserve the help whilst leaving funding for those that do not. All those responsible people who saved are punished, all those who frittered their money away are rewarded. Frankly the whole system is loaded against those who work hard in favour of those who have not

50% is a fairer price people who have worked for 50 years of their life and paid taxed shouldn't be charged more because I'll health especially as some of the health problems have been caused by their work done and work environment which they had no control over

People who are on benefits are going to struggle if they have to fund an increased funding towards their care.

Because people may have worked during their lives and have a private income as well as PIP, in some cases it is wrong to charge anything. Especially when the person was born disabled.

A lot of people will struggle especially as everything is going up

It is disgusting that you are introducing proposals that will make over 70% of the elderly receiving adult care worse off, it's bad enough with the cost-of-living rises, energy costs rising, food costs rising that you are proposing to take more money from the elderly.

I am only on ESA and pip benefits. If my contributions went up to 100%, I would end up having to stop my care package. My pip and ESA go on bills and disability costs. I cannot afford to pay more than £51 a week. The council says we can get money off the contributions cost, but I know it will be very rare for the council to reduce our contributions cost. I feel the council is all about making money and taxing disabled people.

There needs to be transitional relief for people especially affected

I can only just about afford the current capped co-funding amount. After filling in the calculator I will be paying more. My DP helps me to have assistance to attend hospital. If the co-funding charge is increase, I won't be able to afford this support and would not be able to go to appointments.

Due cognisance should be taken of the fact that people living in their own will have maintenance costs to maintain their property.

Depends on people's circumstances

According to Retirement Living Standards in order to maintain a "moderate" standard of living in retirement a single person requires an annual income of £23300 and the equivalent figure for a couple is £34000 (London rates are higher than this). I consider these amounts to be a fairer basis for determining amounts of self-funding. I also consider that the proposal to remove the maximum contribution cap entirely to be very unfair. I would prefer to see the cap raised by a reasonable amount.

What is really meant by Disposable Income as that can change from week/month/year due to personal circumstances

Basing any support on Disposable income is unfair, if for example If I've worked hard all my life and done without to make sure I have enough to retire on, whereas someone earning the same as I did could have spent all their money 'living the life of Riley'. Under the assessment you would 'give' more money to them. Any assessment should be based on what you have paid into the system. Also, I'm now 96 and looking at having to replace my bathroom (as I can no longer get in and out of the bath) ...

People get disposable income from working hard and paying into pension's so that they have a little bit extra to spend during their retirement often going without in younger years. It does not seem fair that again people who have done little or no work will end up with a similar amount of disposable income as someone who has contributed into the tax system and helped keep the county going.

The proposals are a drastic change from the current situation. The current rules allow people with modest income to live with dignity. I am angered that under the new proposals I lose most of my disposable income if I we're to need care to remain independent at home.

The £20 disability disregard is too low. People with disabilities face a raft of extra expenses which might include: £200/year on wet wipes if one has a stoma/stoma bag; thousands of pounds over 5 years if one has to purchase, service/repair a stair lift; extra transport charges for increased health appointments; increased laundry costs if one is incontinent; purchase of mobility aids not provided free etc etc. It would be demeaning to ask people with disabilities to prove this extra expenditure

Those receiving benefits should not have to pay towards cost for care. Adult Social Care should be supplied by the State so that a proper check can be carried out on internal council run provision. The Care Quality Commission is an ineffective, corrupt organisation that works hand in hand with the very people it is supposed to be checking. The veracity of documentation provided by private care providers is not thoroughly checked.

If you take away 100/90/80% of disposal income how is my son able to access the community as he would have no money left. My son has learning and physical disabilities therefore unable to work. He has no income apart from PIP & UC. If you take away 100/90/80% of his disposal income the impact will be: * Social exclusion - to access community, * Mental health - depression, anxiety, challenging behaviour increased, effecting his confidence **Does not allow me to type more info in this box**

How can I agree to you charging for my daughter's care at these rates when I would not have any say in these rates? It is already unfair that she is so disabled that she cannot support herself with a job like her peers. If you want

to take all her money off her, I may as well do it myself and I might even find better options

To the credit of DCC they have had a higher threshold than the national MIG rate - important in such a large diverse urban/rural catchment area. One size does not fit all.

The current system provides the best means of charging for this service.

I completely disagree with the use of any disposable income in these assessments. This discriminates against people with disabilities who are already struggling with the cost-of-living crisis

It is deplorable that at this time of great need for people in this country and especially vulnerable people, that Derbyshire County council is advocating making the poorest people even poorer. Your proposal is genuinely chilling and shows a shocking lack of both empathy and a lack of understanding of disabled people's situations. This 'disposable' income you intend to take more of, is not disposable. It is vital money for already struggling people and in my opinion, it should be raised not lowered

Continue with the current system

I feel the care element in PIP should be used for care costs.

Current proposals do not take into account existing expenditure on utilities bills, food, transport etc.

You don't appear to make any allowance for current household expenditure. Especially with utility and food bills so high at the moment, it is going to be impossible to feed myself and heat my small bungalow if I have to pay so much extra for care

I think this could not be across the board and that every individual's circumstance is looked at separately rather than conformation

If it is not breaking, do not fix it

Unfair on poorer people who have little savings, they end up with minimal £23500. There should be a higher cap to protect the savings of people who have earned less. E.g., someone who has saved carefully with £100 000 is more likely to pay for their care and use most of it. Someone wealthier can spend on their care and it will be a drop in the ocean not affecting their savings as probably their income can cover the cost of care. Put up the threshold for savings not down!

Not even worth the paper it's written on plus your changing for changing sake and not on any of our needs

Disposable income is currently affected by high gas and electric prices. My nephews summer bill is £150 which has directly impacted on how much money he now has after other essential. Inflation has impacted massively, scooter insurance up, servicing up, food up, taxi price up. He no longer has any surplus and is already on austerity measures. Further increases will see disabled people shouldering the cost of inadequate funding and throw them further into poverty.

What differences are there for people living on their own as opposed to cohabiting?

With the cost-of-living crisis still on, going, people are struggling to pay for the energy bills due to the Energy companies corporate profits scheme steered by the present government.

PIP is paid to the person to promote their independence in the community - taking it into account in the calculation of disposable income totally negates the underlying intention to allow the person to be independent

I am already trying to cut back on what I pay. I'm just keeping my head above the water at the moment.

I think that people should have more support.

This is all very dependent on an individual's circumstances but 80% seems too much for my Mum. (£103.34 a week worse off at 80% and £84.03 at 70%) I understand totally that people need to pay more but there seems to be insufficient allowance made for 'other costs' that are essential for wellbeing when you are alone at 89 (hair, chiropody, gardener, window cleaning, taxis for hospital visits,) plus maintenance and repairs to an old bungalow. 70% would make it more manageable with less worry.

There needs to be more transparency and clarity around what is considered 'disposable income' for many people who require care services they do not have disposable income at all costs of living can be higher e.g., needing heating on more frequently or modified diets making shopping more expensive however this is not taken into account

Disposable income should be taken into account of what's needed in the home for long term illnesses for example personal hygiene pads toiletries washing clothes because they've been soiled etc

I believe a lower proportion of disposable income should be used, say 50%. Any changes should be phased in, to give users a chance to adapt to what could be a significantly lower level of money available to spend. Any changes need to be fair to all, regardless of their circumstances - if people in receipt of

DLA will be allowed to keep the mobility element, then there should be an equivalent disregard for those in receipt of Attendance Allowance.

Maximum of 50% would be a fairer rate. Given how quickly the costs of everyday items are increasing the disposable income purchase less and less every week

Not sure what is considered 'disposable' income is but either way it should be considered in the light of current national financial situations which affect essential life sustaining costs. E.g., With high energy and food prices someone's 'disposable' income is going to be substantially lower than it has been in the past.

Please keep everything as it is now.

Cost of living crisis

If charges are to be made on disposable income, then every single penny of expenditure needs to be included in the calculations. The current calculation only includes a few pre-determined expenses. E.g., I am a tetraplegic paralysed from the neck down and consequently require considerable help and support. Much of this is provided by my 80year old husband. This is having an adverse effect on his health, so we are gradually using more of our disposable income to pay for additional help in the home.

Whilst understanding that a change needs to make, I think that the proposed percentages are too high. I think 50%/60% should be the maximum. The MIG would not be enough to make up the gap between DCC payment and what the care actually costs. Currently we are receiving the maximum amount for care at home which doesn't reflect the number of hours care we actually need so all of the disposable income is used to make up the shortfall and give us a choice of quality of care.

There is a Minimum Income Guarantee which is age related. Personal circumstances should be taken into account as a person under the age of 25 who lives independently has the same living costs as someone older therefore using the Minimum Income Guarantee as a base is discriminating against them. Also, the fact that earning income from employment is disregarded, which discriminates against those who are unable to work.

There is an age-related Minimum Income Guarantee. A person under the age of 25 who lives independently has the same living costs as someone older therefore using the Minimum Income Guarantee is discriminating against them. Earned income from employment is disregarded this discriminates against those who are unable to work.

These proposals will increase Age and Disability poverty - Counsellors who vote in support must know that they are consciously condemning disadvantaged persons to increased poverty with all the additional risks that entails to the individual and the consequent cost to society.

Why should some waster who has never saved or paid tax get the same care for a reduced cost?

I do not think you should increase in any way the amount disabled people have to pay for their care. There is already a poverty gap for people with disabilities and you are seeking to widen this gap further, which is absolutely shocking.

The calculation of disposable income is based on artificial presumptions that do not accurately reflect the true financial circumstances of the individual. It penalises those who are incapable of working due to their disability, an injustice that already exists with the current system but with the proposals only serving to exacerbate the unfairness of someone who is working having a lower disposable income than someone confined to claiming benefits simply because earned income is disregarded.

Should be a 100% disregard

Adult social care should be free. However I don't see how this is a real consultation. The general public couldn't possibly understand what you're talking about here. It's not written in plain English it's written in council speak. Really that makes it invalid as you have things like disability disregard' 'capital assets' 'disposable income' without anything to explain what is meant by that! If you're going to consult you need to strip all this language down!

I believe the cap should remain but be increased

I believe the cap should be kept but look at or reviewing to make slightly higher

£20 is a very low allowance for all the additional weekly costs associated with being disabled for most people. Disabled people and their unpaid carers should not have to wade through even more bureaucracy in order to have to apply for a higher allowance for this. Things should be made easier for disabled people and their unpaid carers, not give them yet more hoops to jump through. Raising the 75% to 80, and even worse 90 and 100% is the council seeking to raise money from the most vulnerable.

Why does it have to be 80% the lowest. Who made this decision?

If they have to increase the amount it should be gradual 60%, 70%, 80% maximum over a 2-year period.

My husband provides most of my care needs. The very expensive provision funded by DCC only meets a small proportion of my actual needs, dressing, toileting twice, breakfast, lunch previously prepared by husband. He feeds me, which includes buying all the food and cooking, he toilets me 4 times a day, he cleans the house, he does all my laundry, he deals with all correspondence, banking, finances, organises all my medication including repeat prescriptions, arranges any outings including medical.

These proposals seem to be too complicated.

DCC should not be applying cofunding charges to any person registered with Special Needs/Learning Difficulties. Who are unable to work to supplement their benefits.

I like the current cap. But if it must be changed then I would go for the lowest level of charge on disposable income which I think is 80%. I feel this could be a huge change for people like my dad and wonder if the change can be phased in to reduce the impact?

People on ESA and pip benefit shouldn't have to make any contribution towards their care. Social care services should be free. I feel it is a tax on the disabled.

I feel this takes away choices of where to live etc. It may stop people living the life they deserve. Disability is not a choice. People with a disability also have needs + goals + we should enable them to attain these.

Someone who has worked their whole life until needing care might have savings but someone who never has worked gets everything free. I don't think this is fair.

No more than 50%.

There should be more financial support for single parent carers of young adults. When the carer is unable to work due to caring duties and inability to get such time off a job (i.e., 10 weeks summer, 4 weeks Christmas, 2 weeks easter, half term etc.

If we have to pay. 80% disposable income we would pay.

There should be no changes to current arrangements, as costs implications financial worries add to carer stress/burden who already face financial uncertainty re full time carers.

Disposable income especially for those in receipt of disability benefits is to allow the person a better quality of life and to actually live to a level of comfort. This should not be accessed for co-funding.

People with disabilities are not choosing to be unemployed or reliant on benefit. Why should they not have the right to have a holiday with any disposable income. A treat the same as someone who has a wage.

The person needing care would have no control over their own money.

Disposable income should not just be what's left after the MIG is applied. Disposable income should also be calculated based on needs. This means factoring in a realistic assessment of support needs, real care costs in the marketplace and disability related expenditure. DCC needs to factor in the real cost of care in the market, not what allowances it would like to give, because you can't recruit or retain at hourly council rates, in our rural area, care is even more expensive

Day to day living costs is significantly more for someone living with a disability - more heating is needed or health deteriorates, people can't shop around for food or clothes or insurance bills etc. All domestic bills have already increased significantly too - including food, people are still contributing a notable amount each week under current levels of the councils' financial assessments.

I completely disagree with the use of any disposable income in these assessments. This discriminates against people with disabilities who are already struggling with the cost-of-living crises.

Regular monthly expenditure should also be considered in addition to minimum income guarantee. During disposable income calculation i.e., heating bills extra care costs running a car (isolated living circumstances).

I can look at it from my own situation, but I also want it to be fair on everyone.

According to the govt. Guidance all of a person's income above the MIG should not be taken in charges, via one-size fits all approach.

DCC MIG at the current rate should be retained. No cap on co funding charges above mig.

Remain the same.

The proposed increase in tariff income would be far greater than the likely interest earned on the capital if in a savings account!

It should remain at the original 50k limit

I served as a serviceman 24 years and have an income on £500 a week as income. I am disabled and the income is as a disabled person. I was discharged with a brain haemorrhage and was unemployed. However, people who are unemployed receive there housed don't pay.

If this was the only change and you had the £51.00 cap that would be better.

Are these proposals being made, to take the financial burden of Derbyshire County council, and put it on the council tax paying public.

Because of the cost-of-living increases.

I see this as a way of dcc taking more money off of people in the community.

I suggest you would be doing a grave disservice to the elderly who have already paid a lifetime of contribution. I suggest you scrap these proposals and go back to serving your citizens.

I strongly disagree with the proposed changes to capital assets limit and tariff increases because it takes away the incentive for disabled people to work and be prudent with their finance and discounts the additional costs that disabled people in their efforts to live and independent life and contribute to the economy.

Stop taxing the sick!

The capital feels wrong not including home, should include assessment if people have second or more property assets.

These proposals do not address all the extra costs, outside dcc provision that disabled people face e.g., taxi's dietary requirements, transport to more appointments, cost of medication.

Our father has earned his capital assets he has worked hard his whole life to pay off his mortgage and owns his house to take this off him to pay for his care is disgraceful. People who could not care less about working or contribute and in some cases, claimed benefits their whole lives would get all their carefree. How can that be morally right?

Stop penalising people on benefits on their only source of income.

The proposals are fairer as they are in line with what people pay in residential nursing homes. It is not fair how those needing support living in the community is allowed to have more capital assets before they must pay towards their care.

Any person who has worked and saved all their lives should be allowed to leave their gains to the family. The care when required is exactly the same for those who have worked all time and for those who have never worked and exploited the system.

Again, I don't fully understand the ramifications but those who have worked hard + save hard should not be punished + have to pay more for the same care than those who have squandered + spent all their money.

I do not understand your questions see q5.

What they get they should keep.

I have sent my bank statement to you so you can see what I get and what comes out.

No more than 50% of savings should be counted.

Individuals have lived to their means. Cannot afford these increased costs.

It would be costly to assess it an unfair on those who have been careful + saved up. There should be a standard rate. There should be national rates + not a postcode lottery.

All benefits should be means tested leaving my daughter exempt. You could use the money you saved when covid 19 shut down England, all the places were closed obviously being group sessions to keep users and staff safe, my daughter and I would imagine lots of people couldn't access the facilities (day centre/respite care) so her and many others budget from social care wasn't used and run into millions of pounds.

With the rate of living costs rising this amount would only just cover funeral costs/solicitors etc. For savings.

This completely penalises people who work and save- instead encouraging people to not work and to spend what they have. Each council should have the power to set its own limits/ values do not take the national.

Disabled already pay for own wheelchair/ aids every month.

I think if you were to keep the existing system but increased the current assessed amounts by £10 or £15 p.m. pending on the individual's contribution this would be 20%-30% increase in contributions surely this would help the funds for social services.

People with disabilities who have savings from when they were able to work should not be penalised.

Some disabled people don't have capacity to manage their own finances and so shouldn't be penalised for savings to aid their standard of living I plan for retirement without a pension etc/funeral plan.

What happens if you have none.

Please leave it as it is. Unfair to change the calculation basis, particularly for those already receiving care. Unfair to change from 1 arbitrary figure to another regardless of the national rate.

People with disabilities should be able to hold capital like everyone else without being penalised for it. It should be kept at higher capital band cut. + higher than £1 in 500

Capital assets should disregard any savings set aside for future funeral costs. Perhaps the calculation could include an allowance e.g., £5000 or an average cost of funerals.

Just another attack on people who have worked hard and saved their money. People who have not worked or spent all their money don't pay anything.

Again, this is looking at ways to penalize the disabled with no interest in their struggle coping with disablement. Shame on you all.

Again. Proposals take no consideration of expenditure necessary.

I agree this system seems a much fairer way as it allows income savings to buy essentials + replace items etc.

Should make no difference what capital people have. Should still be entitled to care if they need it. That's what national health and social care mean care for all!

I don't believe that peoples hard earned savings should be taken into account and that people should be penalised for having been responsible and saved money for retirement. We have the highest levels of tax ever and social care should be funded from this. Looking after the elderly should be the first priority of any civilised society.

There is no mention on this questionnaire regarding the care cap being set at £86k for everyone, nor the full increase planned for 2025 from £23.5k to 100k?? How can you be asking for answers without providing all the context surrounding what is a huge decision?

Pip is not means tested so why should your care be. Why don't you charge everyone £51 -07 per week towards their care that is fairer just like Yorkshire do. And you would get more money this way as if people are ill, they get dale or pip and stop paying agency's a huge amount per hr when they only pay carers minimum wage!

£50,000 is a sensible amount to allow people to have. Leave it be. £23,250 is a pittance in this day and age.

Why should I pay more. When there are thousands who don't pay anymore. There is something wrong with the system.

Tell the big bosses to take a wage cut.

Leave it as it is

Again, every individual regardless of capital should be treated the same. There are plenty of benefits that can be applied for.

I think it could be very damaging. The older I get the more care I am needing. Care I am paying privately for on top of co-funded council care, currently it may mean that changing the requirements means I'll have less funds and could contribute to me selling my property an asset to fund further care, instead of staying in my home.

Current tariff income assessment equates to an interest of 6%. Seems high?

The cull is to rise to £100,000 from October 2025 so it is recognised that £23,250 is grossly inadequate and utterly unreasonable for those who have accumulated even modest savings during their life. According to retired living standards UK. A single retired person requires an annual income of £23,300 to live a moderate lifestyle. This could be used as a basis for the amounts of self-funding. If anything, given the increases in the cost of living the cap of £50,000 should be increased.

If you have the capital assets figure to £23,250 and still take £1 per £250 limit that would cost disabled people a lot more which again would mean the difference between care. heating or food.

I am baffled what on earth is this world coming to where is our NHS where is our government helping because we as a couple are on sick benefit that so far, we are not listened to, and NHS is supposed to be free.

Old people who have been frugal and worked hard all their life should not be punished for having modest savings especially when those who did not work will not have to pay more.

They shouldn't be assessed!

With the introduction of self-assessment (which most elderly people would not be able to do!) Who is going to monitor that people are declaring all of their capital?

With the introduction of self-assessment who is going to monitor that people are declaring all of their capital.

Increasingly difficult to understand these questions.

Again, when means testing the whole of a person's situation needs to be assessed. They may live in 'their own home' but said home may not actually belong to the individual.

Why are you changing how you currently calculate contributions? No problem with the current arrangement.

Again, targeting most vulnerable. People lose houses or have to sell for care agree need to pay but already been taxed + worked for it!!!!

Have no capital.

I believe that with the present cost of living that £14,250 is dangerously low to start relieving people of their capital.

£14,250 is too low to be taking an individual's capital.

Seems you want to make people struggle more to save yourselves money

Someone who has 3 hours care a week should pay less than someone who has 40+

People with mental health should still have to contribute. System unfair.

Disability living allowance/attendance allowance and pip should be taken in all cases as money for care should not be paid twice should not be based on savings for people who worked.

Respite should be same for everyone too many carers using pip/dla for themselves and not the person.

All people should pay same and not have to use savings.

Again. Your scheme has been very generous. Moving from this to the national scheme in one fell swoop is likely to see people refusing care or trying to manage with less care than they need in order to reduce costs. Could you move to the new position in a staged way over 2-3 years?

How about a limit halfway between 23250- 50000. I.e., 36750 or 35000.

I think the present system is fair and square and doesn't need changing.

Under our personal circumstances we would like things to remain the same.

People who need care should not be charged anymore. I am struggling already.

I have never heard of disability related expenditure. Please send me a form.

Every week can be different needs with disability!

Anyone receiving help with care should've been made more aware of benefits that they are able to claim. As I wasn't aware of disability related expenditure.

I have MS and rheumatoid arthritis; I find moving about extremely hard I can no longer shop. I have to order in the thing is I don't know when things will get any harder my sister helps me, I have carers come in and keep feed me and shower me I am 52.

More clarity is needed regarding 'evidence'. What exactly would be required? Is this just another way to make claiming difficult and a way to deter potential claimants?

If you are cofunded- the proposed charges are too great. Cannot Derbyshire have a limit midway between 50k + 23500? I.e., 36,750 at 35,000.

As capital is counted by the council at this time is reasonably fair. But the council seem intent on following central governments way of counting capital. Due to lack of funding by the government the council will probably take as much as they can off claimants.

If you save for things your penalised being disabled, I desperately need a new kitchen to help me become more independent but that will not be considered!

Use council tax benefit system to assess.

The disabled and vulnerable in society have little reserve in their benefits in a cost-of-living crisis to cope until the proposed reductions. It is immoral and irresponsible.

£50,000 as a limit allows for unexpected expenditure for example replacement of a boilers, house repairs. An even a decent holiday!

I am concerned that people are already dipping into savings to pay for additional health services - particularly hearing services, assistive technology aids, wheelchairs, mobility scooters etc. £23,500 doesn't go far especially if people are in own homes + may need to pay for new boilers roof repairs etc.

If I was in a care home all of my outgoings would be covered. As I live in my own home, I am responsible for all outgoings including the maintenance of my property, which will have to be sold to pay care home fees in the future, if necessary.

If people have paid their taxes, why do they have to give you, their money! You have a duty of care to everyone!

Start charging at £20000.

Your whole assumption is wrong re capital and your assumption of 'regarded as receiving' says everything about your policy you assume guess but take real money off real people. How does this capital give those real people real money every week that you then claim you are entitled to. It doesn't exist it isn't real income.

£50,000 limit should remain, this is not a huge sum. People around the £14k - £23k level will have fluctuating levels of assets during the month depending on the date of the assessment + when income is received each month.

There simply cannot be parity of capital assets for £23500 being cared for at home by their husband say and a care company and the same threshold of capital assets of £23500 if requiring a nursing/care home. The husband, say is giving up his life to care?? And being there. The couple require capital assets

when owner occupiers safeguard ability, to pay for unforeseen events requires. Currently my car, boiler has failed & our capital will be required to replace it. 25-year-old car will fail.

Not known.

Capital assets. I disagree with changes round this- these are savings, there is a cost-of-living crisis- this money should be available to support care in the home + by family.

As with everything these days those people who have worked hard all their lives + been careful with their money so they have some put by are penalised whereas someone who may have earnt a similar amount but has spent it all will get everything paid for them. This doesn't seem fair.

It is grossly unfair to consider taking more money from an individual's disposable income. It is even more unreasonable as pensioners and the disabled are already struggling with the cost-of-living crisis facing ongoing huge increases in food, heating and household products. What would be left for large ticket items? E.g., to replace my top loader washing machine would cost £450. I need this type because of my carer's disability.

Most parents/ carers who I have spoken to do not understand this form and feel threatened by it.

Take living costs into account such as board/rent.

A short-sighted proposal as this would lead to more elderly people put into full time care- the bill for this would eventually fall to the council as assets were quickly used up by individual costs. Rather obvious really and medium term would be very costly.

You are unfairly penalising people who have worked hard, paid tax/ national insurance all their lives, and tried to save a bit of money rather than frittering it away.

Keep it has it is we would like to live.

If a person has capital of say £40,000 for example and the new proposals come into force. Will the person have chance to spend the £17000 over on property maintenance or building work before that amount is taken by the council? It seems extremely harsh that hard earned money and nest egg/rainy day money can be taken away, when others who have squandered their income or never worked get free care.

Should be an individual benefit this form frightens working class people with? Savings.

It should be changed gradually not all at once.

I think that everyone should be treated equally and it's unfair to penalise people who have savings.

This is an attack on lifelong savings.

The people who have more, should pay more for the care they need, the council can then use more for the neediest & vulnerable people in the country.

Someone who has 3 hours care a week should pay less than someone who has 40+

People who need care should not be charged anymore. I am struggling already.

As capital is counted by the council at this time is reasonably fair. But the council seem intent on following central governments way of counting capital. Due to lack of funding by the government the council will probably take as much as they can off claimants.

If you have no capital at all you shouldn't have to pay anything to care.

If these proposals were adopted people would find their savings depleting rapidly, therefore they would be punished for having a disability.

I think that allowing people to previously build up savings to £50,000 and to now take it away is unfair. The council should also take into consideration that some people have savings to enable them to pay for equipment or large items i.e., an adapted vehicle or wheelchair that cost large amounts of money and aren't provided by any other means.

Council needs to confirm all information given.

A person living in the community in their owned home also has maintenance cost associated i.e., gardening, general maintenance of. Path drives and of the property. There is no assistance with these costs, they are paid from savings!

Can't pay.

There is just no support for families who have loved ones with dementia. Nothing. From no one, neither DCC nor health. We have been waiting months for a social worker to be allocated for my father so they can assess him for co funding. The only support was going to be financial through co funding and now you are talking about taking that away.

Tariff charges should be in line with other means tested benefits.

Capital needs to be assessed as a means to additional income. However, there are certain circumstances where disregards need to be put in place, for example if an individual is living in long term supported care and does not

have significant expenditure, they may save more than they spend because they are unable to manage money, they should not be penalised for this.

14,000 is a low amount of money to be doubling their contribution. There will be no inheritance for their children which will leave more people struggling in later life. They also need money to enjoy for holidays, activities or even essential spends like home improvements and repairs.

Even at £1 per week income for each £500 this assumes a rate of return at 10.4%, reducing the level to £250 would mean a rate of return at 20.8%. An assumed income of £1 per week for each £1000 would still assume a rate of return of over 5% but this would be more in line with current rates of interest and takes no account of the expected fall in inflation and the subsequent reduction in general interest rates.

Don't penalise people for scrimping and saving all their lives just to take it away again.

I think national criteria should apply so that all councils are treating people equally.

It seems wrong to change it for people who are already assessed under this. Why not change for new applicants only.

Think it is absolutely disgusting that what people have worked hard for has to be used to pay for care when they have already paid into the system with tax and those people who haven't worked or who have spent their money can have their care costs covered!

So, lets punish those who own their own home and have not been a drain on society? Really? Time that your house was excluded from this calculation completely as it is yet another tax on working people and with house prices at current levels totally inappropriate. The value of your home should be excluded, or you punish everyone for the incompetence of the few.

Margaret Thatcher encouraged people to buy their council homes, so they had to work more to keep them in good condition and work more to pay bills and save for a pension and now a Tory prime minister is penalising these people when they are having to deal with bad economics and government policies.

It is encouraging people to not save money or own their homes as they age or be penalised for doing so. money and houses are usually saved by people who have worked hard for it and wish to see their own family benefit from this, not to subsidize others who have never worked or have never saved.

The government need to stop meddling with a system that works.

People sometimes have savings as they are saving towards something e.g. I am saving for a new bathroom. It's not savings for the future it's for a reason. I have looked after my daughter for 40yrs, and I don't get a penny towards her care.

If people have the money, then they should afford to pay the increase.

This is a terrible thing you are proposing. Those pensioners who have worked all their lives and have built up savings are being penalised.

There needs to be transitional support for people most impacted.

The Tariff income does not represent reality, current savings returns are below the rate being applied.

The national amount is too low should be no lower than £36,000-£40,000 would meet most people's needs. 1 in £250 is very low should be at least £350 -£400. The government have set amounts too high. The council are looking at people's circumstances and trying to be fairer. If funding doesn't increase by at least 7% then the council should Lower amount no less than £350.

The UCL will rise to £100,000 from October 2025 so how can DCC justify proposing to lower their limit when it really should be raised, bearing mind the cost-of-living crisis currently being endured? £23350 can in no way be considered a large amount of money and is coincidentally almost exactly what Retirement Living Standards considers to be required for a retired person to maintain a moderate" standard of living for 1 year!! The proposal is punishing savers in an unjustifiable and cruel way.

The proposals are a drastic change from the current situation. Under the current rules I cared for my late mother who had less than £60,000 in assets (hardly a fortune). I am angered that under the new proposals I would lose most of my modest assets if I we're to need care to remain independent at home.

The major reduction in capital assesses limits proposed is far too great a change. Some people could go from paying nothing for their care to paying everything - perhaps £2000/month if they need 4 care calls a day. This has to be wrong. The change if any should be much less and phased in over several years.

The amount of capital needs to be increased not decreased and the level nationally and locally should be more in the region of £90,000.

Disagree, though she doesn't own anything as she can't go out and earn to acquire any assets!

It looks so wrong to be penalising the most vulnerable in the community at a time of such uncertainty and austerity. I think that a less drastic approach would be more appropriate at this time.

I feel that people who have carefully saved their hard-earned capital should be allowed to retain more of it for their own benefit.

I understand the reduction of the upper capital assets limit, but disagree with the tariff system.

I think the current rules are harsh already so in no way would I support a measure to make these harsher.

Unfair that married couples can have saving at 50,000 when a single person (23,500) may be more in need of savings.

Your proposal penalises those of us who have lived frugally all our lives and have savings. While those who spent everything, drank and smoked will be funded by you. Completely unfair.

As long as it's assessed individually then that would be fine.

The Council just like always wants to rob us and feed their selfish greed.

I find it disgraceful that Derbyshire County council are stealing money from disabled people who have few or nil assets. The County council are planning to take more money from disabled people who find living difficult and have very little money and if dcc have their way these vulnerable people will have their co-funding increased by around 100%.

Compassion for human life is important whether you are rich or poor, and if the wealth was spread all could be comfortable.

Derbyshire should be brought in line with the rest of the county. I would prefer this than closing services to make up the shortfall.

Think all care should be free.

Income assessment fine for this as tariff income would be offset by interest earned.

I accept the rate for capital needs to be lowered to generate more income however the drop proposed is too much too quickly.

I believe the £50,000 limit should be retained. I do not think the tariff income should be increased - £1 income per £250 is totally unrealistic, at 20.8%, forcing people to further deplete their assets. The council also needs to improve the process of funding capital items & modifications, as people are currently using their own money for modifications, due to the length of time

that it would take the council to do the work, which would become unaffordable under these proposals.

£1 per week income from £250 = £52/year. It would require an interest rate in excess of 20% on a basic savings account which is impossible. A fair rate to charge would be to equate the cost to the average high street interest rates available which is currently about 4%. £250 would produce an income of £10 per year. I.e., 0.20p per week.

Where are you looking for these returns from savings absolutely ridiculous.

I do not believe that £20 is sufficient. People with additional needs in the current financial situation where costs are high would suffer. How would somebody afford to pay for their additional costs? They will need evidence to support a case but will not be able to get this without the money in the first place.

This will only increase costs as more cost will fall on the council as there will be no incentive to provide for yourself.

Capital should be exempt from calculating social care contributions.

I don't disagree with lowering the capital limit (to higher than the proposed figure though) but to double the contribution on the sliding scale in one go is unreasonable.

You cannot assume a fixed rate of tariff income unless you are sure this could reasonably be achieved under any circumstances. Investing capital in say a fixed term ISA does not produce income until maturity so having to pay tariff income assumes an 'income' which surely limits investment opportunities?

Taxing the working class literally to death. They have earned their capital, so why should they be discriminated for working hard compared to others have spent all their income or been on a benefits system all of their lives.

See above! What does 'tariff income' actually mean to someone who's not in either social care or accountancy?

Most people get very little interest on savings. The proposed new limits are too high. Most savings lose value because of inflation.

Taxing capital in this way prevents the elderly, or people requiring social care, saving for the maintenance of their property, which ultimately leads to a deterioration of the housing stock in the area.

Any increase in the cost of DCC charges for care would have a direct impact and reduce our income. My dependence on my husband's care would not be reduced but my financial reliance on my husband would be increased. My

demands on him would remain the same but my ability to contribute would be significantly reduced. (Please read as a continuation of my first comment).

Council is just again trying to increase there take from pensioners.

Stop penalising people whose sole benefits is their only source of income.

Extra cost is much more than £20 per week at current costs.

This would need a strict supervision as it could so easily be abused by those who know how to exploit the system.

I am educated to degree level and have no idea what this question means.

I do not understand your questions see q5

Do not understand the question disability expenditure should be set nationally + not locally.

Would need to be realistic expenditure - electricity heating etc.

£20? With the cost of living so high is a joke.

I believe a standard charge would make admin easier and probably be more cost efficient.

Disabled do pay towards other things as NHS as had cutbacks.

When initial assessments were done for my severely autistic son were carried out, the forms and hoops we had to jump through were exhausting, repetitive and sometimes dismissive and lacking empathy, treating people in this manner is appalling, so to suggest further reviews as to how disabled someone may be is wrong.

Was not aware of entitlement to disability related expenditure.

Would someone receiving only 3 hours pw care pay same as those receiving 20 hours.

Change should never be more than care component part of pip or DLA allowance.

It costs to run an electric wheelchair, electric bed, extra laundry due to incontinence, electric toilet with wash function. It also costs to have heating on higher to prevent risk of hypothermia due to inactivity 1. Life in a wheelchair.

You are making disabled people who need care into even more of a stigma an having to jump though unnecessary and humiliating hoops. I am disgusted.

I am aware of the Norfolk enq + that is why this form is being set out. Its confusing + difficult to understand + families are bullied + told they don't need to provide any information but their savings and mortgage housing costs.

Every expenditure a disabled person has should be accounted for. The council should be forthright in asking for this not understand + elusive.

Some people worked all their life took ill had to keep selves for 2 years before claiming benefit then no one would help as own property and what money left was penalised till gone then have to ask for help still get no help.

This is an attack on the disabled again!

Never had any benefits and DRE isn't something I've heard of. Is it practical?

Being disabled in this day is costing a lot more money. Our electric bill is £8125.000 for the year.

Not clear what happens with mobility payments from pip are they a disregard

I feel this could be open to abuse, too is nothing considering the c.o.l + utility increases benefits have not increased by the same so too will go no-where.

Everything is more difficult when disabled. You have to fight for everything. This should be made easier to access care financial or otherwise.

Attendance allowance and disability living allowance etc are already in place to help with this and cover additional costs incurred if you have a disability.

In essence you are changing an already complex system (again) and making those with disabilities (and their carers) re-apply for what they may be entitled to.... What planet do you all live on?!

I would expect there to be some form of reporting from dcc on the success rate of applications to increase dre. Also, for people in supported living, landlords set the amount people will pay as there is no way to make any savings by the individual.

My mum is 97 this year. She needs a stairlift for which a maintenance agreement had to be made, has 4 carers and additional help. A gardener and cleaner are also now needed, together with transport.

I feel that people should not be paying for their care.

However, suffering with dementia & Alzheimer's and mobility issues, I don't qualify for disability therefore this may not affect all care receivers.

Disability expenditure, I do agree with it to help towards cost of heating and laundry cost.

Clearer on what may be considered as disability related expenditure and the opportunity to increase any disregard seem helpful.

Cost of living energy rising cost.

For those who are severely disabled they should receive more than £20.

£20 a week is too low the payments received for dla etc should be totally disregarded.

Make it clear how to assess disability related expenditure- should Day centres be included in this.

These people are unemployed but cannot show disability. I as a serviceman can and do show disability!!! And pay the full price of rent and council tax.

More paperwork and "evidence finding " for what is already a stressful job. Surely the social worker can give an indication of a clients need. It's pretty obvious for some clients, that they need more heating and the washer on every day x2. Incontinence and immobile.

My husband gets full a/a I've got severe arthritis and I have been declined attendant allowance and I still care for my husband who has Alzheimer's disease.

See previous answer> the disgusting disregard should take into consideration the actual costs of living as a disabled person- research this as I did and work from there?

Again, Derbyshire County council taking peoples hard earned money off them.

iniquities to charge on 90% of the person remaining disposable income to charge 80% of the person's remaining disposable income.

This proposal is both mean and callous and discounts the difficulties many people face in life.

Many extra often hidden costs for disabled people and these must be taken into account.

Disability related expenditure would be, in our father's case, more than £20 per week, washing cleaning. Specialist diet, transport, equipment, maintenance, etc. Maybe 20-50£ per week.

It's hard to access disability related expenditure or justify i.e., additional heating but it is an issue when mobility is low.

I do not mind paying my share to live in England, but I do not agree to penalize people that have no choice but to sell their property in order to live. Help should be given to them to keep their homes.

Keep criteria the same as now with no changes.

Those claiming this should show proof of their needs.

Antidisestablishmentarianism

The disabled / vulnerable should not be charged at all they have hardly any disposable income as it is. Being charged for day centre care when days have already been cut is also unjustifiable. Especially as those who attend have to bring food-pads-clothes etc already.

There are many things that should be taken into account. E.g., moving close to family to help with their care may mean, more expensive housing costs and other expenses. Some consideration of the bigger picture on an individual basis should be taken into account.

Social workers should automatically provide information on DRE to clients. Been overpaying for years because I didn't know about it.

Every person's needs are different, so there should be a fair and proper assessment of each person's DRE, not a standard £20 for each person.

Examples of the DRE - as above is slanted to the physical disability. The mental disability can often increase a person's costs - please take this into consideration.

I think the practicality of this will be very difficult and over as on all sites. Perhaps a system of allowances could be adopted. For example? / Sites the need is an extra 3 clothes washes a week seems difficult task to get a? Result.

People with long term disability are more unlikely to manage their heating and appliance themselves. They have more washing, need more heating and a healthy diet.

I re-paid my national insurance and tax and now the social security takes my pension because I am on benefit even though I paid a pension since age 18. I've paid enough.

Don't think we should pay for the help I need.

If someone is disabled, enough to receive attendance allowance etc then they obviously are in need of care. This should remain front and centre when considering changes.

People must not be without adequate income.

More fairly taking into account a disabled person may need equipment not available from referral to appliance providers or extra aids. The assessor to have knowledge of a disabled persons personal requirements rather than an employee sitting at a computer making decisions.

The process needs to be pay partly all responsibility on person who may not be able to understand or undertake process again leaving vulnerable people not able to eat or heat home or accept care.

People who need to run or buy equipment as a direct result of their disability should not be penalised.

Much clearer and really available forms required.

Obviously, this should already be in place!

Judged fairly.

Essential to ensure the people who need the extra money are receiving it.

Essential to ensure those who need extra money have it.

It is important to support those whose disability require additional living expenses to support them - i.e., power for necessary equipment, hoists etc and maintenance of that equipment

I have never heard of disability related expenditure.

Every week can be different needs with disability!

Given increased cost of fuel. Other items, I feel £20 pw is on the low side. My housebound relatives heating costs are particularly high. Some people may not have the support to collect evidence and apply for a higher disregard, so you should not make the process too onerous.

People have extra needs they should be allowed extra money.

Find these questions difficult to understand. I do not like change.

Find these questions difficult to understand. We think our contributions are fair.

Disabled people unable to work should not be charged anymore. Increase council tax per household. We have already paid in our council tax and other taxes for these services in advance.

The gardener charges £20 an hr never mind chiropodist, hairdresser, shopping plus other help.

Seems fair that people who qualify for this should get extra if their needs/requirements are more.

By leaving the claimant with enough money to live a decent life for few years that most claimants have left. (That is how it should work) when things are changed.

It would be useful for council to listen to the extra weekly expenses people living with illness and disability have before deciding what is considered dire.

We already have to prove effect for pip/attendance allowance as stated earlier. Daily living allowance (includes personal care but is not exclusively for it is it carers food heating etc as well.

It should take into consideration allowance for getting people out and about who are basically housebound, this helps with physical and mental wellbeing for the person.

There are so many health-related services that are no longer free of charge - chiropody, podiatry, dentist, ear syringing, hearing aids, wheelchair servicing, emergency call services - all these should be taken into account along with additional laundry, cleaning, hearing etc.

At present I get no additional support, financially, in terms of my disability.

£20 a week sounds very fair.

But minimum £20 should remain.

This does not provide enough information to enable us to make an informed assessment.

Made up figure with no basis explained. A few crumbs that you want to throw back at people. Take money from people who are able bodied can earn more and can fully enjoy everything in life. Ever heard of equality is not treating all the same it is supporting the less fortunate.

Cash payments must be allowed as many disabled people pay for such help by cash as they are unable to write cheques or use electronic banking. Clear rules need to be drawn up.

Not a clear question. People have lots of different challenges.

We did not realise that people could currently complete a disability related expenditure form for the finance team to consider.

When you care for a partner with double incontinence and say dementia - electrical costs for laundry washing and drying, purchase of additional bedding, night attire and heating is significant, beyond that provision of wet wipes, additional bed pads etc. Currently for example, must replace our gas boiler to a more efficient one.

I have a Motability car which I need as without it I would be totally house bound which costs me all of my pip mobility allowance, but this is not taken into consideration at the moment, dcc assess me as if I have this income in my hand which I don't.

The figure of £20 is too low. It needs to be at least £50.

I need to come to the meeting and discuss all of this with a person who can shed light on all this obviously you want more money from us!

Twenty quid covers nothing in this day and age following the cost-of-living crisis - why bother!

This seems fair, as long as it doesn't make it more difficult for people who have a disability related expenditure exceeding £20 per week to get this considered.

All it will do is protect the same people, who are on pip and disability allowance.

Some clients need more care than others. Some are able to pay more.

Disability disregard should include all additional costs which are expected to be borne by the disabled person. For example, a wheelchair adapted vehicle costs the user in excess of £1000 per year, in our experience.

The proposal seems fair in the fact that people with a genuine need should still be able to get the help that they need.

There should be consideration for the cost of continual expenditure for the disabled.

Need to consider wider options for people with neuro-disabilities like autism, adhd etc. Life is expensive due to restricted diets, forgetting things, sensory needs and more.

Given increased cost of fuel. Other items, I feel £20 pw is on the low side. My housebound relatives heating costs are particularly high. Some people may not have the support to collect evidence and apply for a higher disregard, so you should not make the process too onerous.

People have extra needed they should be allowed extra money.

I feel unqualified to answer this.

Don't really understand this proposal!

Evidence. Confirmation.

It would seem you already have this covered with asking for proof of purchase etc.

Won't pay.

A disregard does not take into account the many people who pay additional rent, and this will be worse from 2024 when Managed migration starts. A predetermined list can be detrimental if there is no flexibility for other

expenses to be taken into account e.g., cost of living crisis and the arrears people will have accrued.

The council should consider higher expenditure due to disabilities, for example those with limited mobility have to have their heating on higher to reduce risk of hypothermia, it costs money to charge electric wheelchairs, operate profiling beds, and wash/tumble dry more laundry due to incontinence.

Everyone should be made aware that it is an option and that you can apply for more if your expenditure is higher than £20.

The additional £20 per week for everyone is a good idea and should be implemented. This should NOT be classed as 'Disability Related Expenditure'. In addition to this £20 there should also be any 'Disability Related Expenditure' allowed.

£20 disregard is ludicrous, with heating bills and food bills rising people have to choose between heat or eat or having carers in. £20 doesn't go far, maybe senior officers and Councillors may want to try a month in the shoes of an elderly person who needs care.

This depends on what is "evidence" - how do you provide evidence that you have to wash your bedding more frequently due to illness? As with most of these proposals incredibly badly thought out

Do you know how much it costs for some disability assistance and aids and how difficult it is to cope in modern life.

Should be made clearer what people are able to disregard and if information is not given to people how are they supposed to know to ask for it.

Thinks it should be made clearer to clients and they should be given the information as if they don't know about it, they wouldn't know to ask.

I think this is difficult to prove as every day is different. At times she has unexpected expenditure.

In some cases, it is wrong to charge because disabled may use more electric / gas & water because of their disability.

It should be made clearer to people.

I do not think elderly people should have to explain the costs related to their disability. I think this is demeaning and not practical for certain disabilities such as dementia care needs.

The council needs to actively enable people to claim DRE with dedicated officers, and no additional care charges should be introduced for any individual without an assessment of their DRE and additional benefits

Disability expenditure needs to be subject to ongoing review against market conditions as these fluctuate continually.

Look at people's circumstances increase amount to £35. £20 is too low for disabled people needs to be £30.00 much more realistic. We know some people will say much higher amounts. You have to be realistic. All depends on councils grant.

Yet again disabled people have 'jump through hoops' to explain why they need money to live with dignity. In my experience, most disabled people have enough explaining to do already.

It would be demeaning to ask people to prove disability related expenditure possibly relating to incontinence. Also, the £20 disregard is too low). An alternative would be to link it to certain disability benefits as follows: lower rate attendance allowance or PIP with components at the lower rate only - £20 disregard; PIP with one component at the lower rate and one at the higher rate - £30 disregard; attendance allowance at higher rate or both components of PIP at higher rate - £40 disregard.

Cannot comment as I have never completed a disability related expenditure form, but what I do know £20 per week to cover my son's medical equipment is not enough.

Make it easier not more difficult!

As long as it is transparent and fair it should be fine.

I have never heard of disability related expenses disregard before this, however if the cost of co-funding rises to the level you are proposing this is meaningless and disabled people will still be significantly out of pocket.

Disabled and vulnerable people should receive more money, so in this case I agree that disability related expenditure should be more and easier to claim.

However, £20 may not be enough and a higher amount may need to be considered due to rising costs and existing commitments (subject to personal change).

£20 per week is insufficient to reflect the additional costs relating to a disability. It should surely be closer to the Attendance Allowance level of £68.10 per week.

Disability expenditure disregard of £20 per week is a joke. Scope research (Disability Price Tag 2023) states a person with a disability needs £975 per month extra to have the same standard of living as a non-disabled person. And disabled couple need £1248 per month. Your proposal is discriminating against those with disabilities, not helping.

Why even think of change when you can't uphold the law yourselves.

I don't understand the £20 question.

A medical assessment should be made annually, by a professional in that disability.

Not enough info on current DRE arrangements.

It is difficult to quantify all the expenses relating to disability driven expenditure. It can vary from week to week and there can often be one off high expenditure items that can easily be missed when supplying details to the council.

DRE needs to include expenses to help with mental wellbeing (hair, chiropody etc). If someone can't afford to feel good about themselves, their health will deteriorate, and will end up costing more in the long term. I am speaking from experience here!

Making these changes feels discriminatory towards people living with long term conditions who struggle already financially. For example, supporting our service users who live with head injury, stroke and complex neurological conditions, part of their disability related expenditure may include smoking if they live with anxiety, depression and psychological issues however it is already nearly impossible to have that considered as essential expenditure.

Every disabled person is different has different needs which requires different care, aids so a form to fill in would be helpful.

Clear rules need to be set, and the council needs to be aware that many people pay for such support in cash, for which they won't have receipts.

Make people aware of this form, the majority do not know of it.

People with disability have a real need for additional funds to make their life work. People who are genuinely unable to work because of disability should be supported as a priority.

Assessment of a disabled person's needs should be done face to face by experienced health experts and require evidence. A generic questionnaire cannot possibly ensure a fair assessment

It is so important that this is assessed realistically. Heating when someone is immobile, laundry when someone is incontinent. Protection for beds, chairs etc. Wipes for personal care several times a day. PPE where family carers are required to assist with personal care. What and tear on doors, skirting and walls from wheelchairs, hospital beds and hoists.

£20 is not sufficient for those with additional needs, especially in the current financial climate where costs are rising, including utilities. How would somebody afford to pay for their additional needs without having the funds up front? They will need evidence but will not be able to obtain this without the money in the first place.

£20 is not enough for those with additional outgoings. People have rising costs in the current financial climate. How would somebody afford to pay for these costs without having the funds up front? They will need evidence but will not be able to obtain this without the money in the first place.

£20 or any like figure does not remotely cover the additional costs caused by a disability

'Currently, people who consider that they have additional costs complete a Disability Related Expenditure form and send this to the finance team to consider.' 'This would ensure disabled people and people with long term health conditions who incur additional expenditure could have this considered when assessing the amount, they would be charged.' Are these not the same thing & if so, why are you proposing them as different?

Staple people should have a full disregard on all care expenses going forward Surely that's very complicated to do? Once you have a 'policy' there's then no flexibility in assessing other things that aren't on the list. Council officers aren't empowered to take decisions outside the policy/agreed list.

I feel a face-to-face review would be more appropriate than a paper questionnaire

Maybe arrange to meet the person and see what the situation is and why they needs are as they are not just through a piece of paper

I have already commented on this in an earlier box, however £20 per week is too low as a standard.

It certainly should be reviewed and why have we only just found out about this.

It would be good to have clear information about this. Can it include costs such as cleaning and gardening costs for those with disabilities who live alone and have care needs. Anything to be allowed for purchase, maintenance and running costs of e.g., Mobility scooter, stair lift or special socks/footwear required for oedema. Something already received towards extra electric for home oxygen machine.

Antidisestablishmentarianism

Families deserve to have the rewards of the loved ones work a savings. None of us want to leave this earth leaving the family with nothing. We work hard to give and leave our families with the best but if in our later years we need care the family seem to be penalised. At the moment the system is unfair to those who have property and money. We are taught that we are all equal, this is not so in the care fees.

I do not understand your questions. See q5.

Everything is fine.

I am sending my prescription to you so you can see what I am taking. This does not mention my attack and steroid.

Survey is complicated and hard to understand because of language used.

So many changes to structure so quickly. Individuals need time to adapt and change their current structures.

I feel this form has been worked in a very complicated manner so that the council can say that people were asked but didn't object

This is very complicated. Clear guidance for carers and what counts as capital needs to be given for individuals/carers. People who can afford their own care should pay but it is frightening to think income may decrease.

Older people will have and will still be contributing financially by council tax/self-funding contributions and or by taxation throughout their working lives. This proposal in all aspects is stealth taxation on the more weak and vulnerable in this county - shame on DCC! From a carer

I/we are happy to contribute to the care my mum receives - not sure of the finances but I think a cap should exist (£75) or at most £100.

Forms such as this are never clear as to the outcome of the proposed changes will affect the individuals and their carer/families.

Looks like these changes are to benefit the council not the people who need the funding feel that most elderly people will struggle to understand this questionnaire.

All of the proposals are unfair and will put a disproportionate level of stress & pressure on vulnerable members of our community and their families. Particularly those already receiving care. I am disgusted that the council have chosen to pursue these options for saving money. It is a measure of how civilised we are as a society. How well we look after our vulnerable community. This will be a very uncivilised & backward step.

Easier to understand. More transparent in why this is having to be done. There should be help for all disabled people to advise + help fill out this form.

I agree with the principal of charges based on ability to pay. The charges the council make compared with having to provide care privately are high value for money.

From benefits so get £163 month for me it's a joke really!! If we had never worked lived in rented property. We would have been better off. And probably wouldn't have to pay for anything instead. When left with £14,500 got help but still had to use it!! Till gone nothing left!! So, under your new ideas we wouldn't get anything!!!

This survey is a waste of time I am sure you will still do what you want to do and take notice of what anyone says you just want more money off who you can get it from.

These proposals attack the disabled - their carers- and add to the mental stress of both parties, with total disregard for their already disadvantaged life-shame on all of you!

Caring for someone is extremely difficult. You are doing a job you are not trained for and not paid for! You are an unpaid carer saving the care system thousands of pounds.

If savings are to be taken into account - this will be a disincentive for people to save money and more people will be pushed into debt and have to be funded by the state. It is not fair to penalise those who have worked hard and made additional provision for their retirement

This is all rather worrying, bearing in mind that I am charged with the responsibility of managing my loved one's finances whilst also trying to ensure his quality of life. It's also impossible to make savings. Food + fuel etc when these are out of my control (though I am watchful) I am completing this questionnaire on behalf of my X (35 years of age)

Co-funding should not be means tested, pip isn't people owning their homes need savings to do repairs etc everyone should pay £51-07 per week towards co-funding likes Yorkshire do and if this goes ahead I hope dcc funding dept lose their jobs as there will be no one left to give funding too absolute disgrace dcc care worst in the country government want to keep people in their own homes obviously dcc do not. Yet you close care home when there is a waiting list to go into them.

I am filling it in for my down's son x. He has severe learning, diabetic poor eyes and mobility, I don't really understand all the questions we have no savings, just my oap & money he gets my other son sees to X's needs.

On behalf of my mum, I have completed the on-line assessment. Mum currently pays £51.07. In each of the 3 proposals my mum's contribution would at least double for option 1 (127.36pw) option 2 (114.62) option 3 (101.89) this would cause considerable strain. There is a cost-of-living crisis and to double costs in this way would show little regard for my mum who is 97 this year! A rise of 100% is obscene at this time and in one go!

Everyone's council tax has been increased on more than one occasion to assist with social care costs. What have you done with that money?

This is a cost cutting exercise by the council. It does not say how much the council will save in a year. You say 12.3% will have to start contributing but do not say how much! 53.3% increase contribution but on an average how much? 10.7% pay all cost but how much on average? Without the how much the statement is meaningless you tell us what you want to know. But not the full picture.

The changes need to be cautiously reviewed and amended I know the proposed charges would detrimentally affect my care, the possibility of me staying in my home, and not being forced to sell my home to pay for my care. I have little savings but some of my disposable income currently pays for additional private care.

People that don't have saving should have the care people pay for caring should have same care.

There isn't enough information for parents whom young adults have a disability. It's so hard to get them support when they have left school, most young adults with a disability like everything to stay the same.

Is this proposal just another way to keep disabled people in poverty.

Money grabbing Derbyshire County council

Care + charges not to change

I have no objection to the principle that disabled people should pay for disabled care services, however the level of charge being proposed is absolutely shocking and removes any incentive for disabled people to work and contribute to society and be prudent with their resources.

Your duty of care is to your constituents.

What you are saying is basically people who can afford it should be forced to pay for private health care which is unfair unless they don't pay nil instead social care should be part of the NHS and paid for by a lifetime contribution of national insurance.

I had to spend a lot of money to furnish my home, so I do not have a lot of money to last me in my pension years.

People who have spent their money and not saved should not be entitled to free cover over responsible people who have worked hard and tried to put a little money aside to provide for emergencies in the home, paying their bills and replacing broken appliances etc.

Voters will see it as another tax on the disabled. I have one carer per day my wife is my primary carer, thus saving the taxpayer money, whilst still working four days a week. About to pay for a bathroom conversion and saving up for a mobility scooter.

I believe that anyone with savings up to £50000 should be left alone. We pay enough at the moment with the high rise in the cost of living.

Those who attend day care have to provide their own food- incontinence pads, etc. The idea of slashing their days and charging them the same or more, is to me awful. Adult social care is already paid through council tax and the vulnerable shouldn't be paying any more.

You need to make assessments on the disability not the savings/ income.

My son only has a few hours support a week yet pays as much for this as someone who has 24-hour care. How is this fair?

We have paid once, and you returned it is now again you want money.

To save money, why don't you cap the salary of directors, assistant directors etc. Anyone over grade 18 should have their pay frozen. Ridiculous amounts of money paid to people on grades 18-21 no-one should earn more than £80,000. Shame on them!

Your past history of consultations shows that you totally disregard what people say. You have already made your decision - just as you had at the consultation for day centre closures. This is a waste of public money + time

Current co-funding charges are fair to vulnerable disabled adults in Derbyshire, and increases should not be considered in the current economic climate. Thanks.

Unfortunately, if people see a massive increase in their payment. I feel they will cancel all care and say they can manage. This will then lead to health deterioration, more hospital admittances etc.

With such a large increase, I would be tempted to cancel my carers. I think these proposals will lead others to think the same. See increase in poor health, mental health and increased hospital admissions.

Clear proposals and suitable guidance and tools to make application of the roles straightforward for all.

If people with severe and enduring mental health problems cannot afford the new co-funding fees, they may cancel their direct payments support. This could result in people becoming very ill, more work for crisis teams and hospital admissions, causing the NHS costs to rise, should people who pay no funding be made to pay some

All changes should make net capital the main point to look at.

You appear (on behalf of the state) to want to reduce my assets on the basis of fairness. It doesn't feel 'fair' to me. Is the real motive the mayoral system which does appear to breed to? Why are you making me worse off? My family will not support me financially.

I feel the most vulnerable are being targeted and those who have worked hard + already paid tax targeted. I know changes need to be made but processes need to be for those with a lot of capital pay the same those who have very little why is it not tiered.

I believe the lowest proposed % of 80% is far too high, particularly when the national figure is notably lower than the current amount. The current amount is not enough to live on really despite what your calculations may say, so this will leave some people far worse off. You should take more from the richer and less from the poorer.

I think the current figure should be retained rather than adopting the national figure, and there should be a % option which is far lower 80% probably 30% there should also be a way to review the care which is being provided and so if we are getting value for our money.

There has been no information provided regarding the cost of care. Most carers receive minimum wage, but the care company charge higher hourly rates. Will there be a standard hourly care rate, if not will there be assistance relocating care to lower charging companies.

I fully appreciate that costs have to cut but this seems like a cheap shot. Maybe it would be a better idea to properly assess all claimants and stop false claims. Far too many people play the system. My daughter cannot because she does not have the mental capacity.

I realise that care has to be paid for and most clients would not mind paying more for their care as long as it's reasonable, leaving them enough money to have a decent life, not watching every penny they have to spend.

These surveys are a waste of time. People say what they want and need officials do the opposite what they want. And it all costs a lot of wasted money.

I filled the calculator in, and the additional cost were rejected/ignored. Also, it's not? How is calculation made i.e.? As means.

All final decisions should be based on each individual circumstances taking on board costs which may be incurred to help improve quality of life or mental wellbeing.

If a person moves from council paid cover to becoming self-funding for a period until their capital assets reduce to £23,500, will they lose access to their social worker b) will they have to start whole assessment process again from scratch + c) will they have to re-negotiate a contract with their care agency? All the above should be avoided.

It is grossly unfair for someone who has worked all their lives and saved a little money to be charged more than someone who has not done either.

I wonder how many responses you will get to this lengthy and complicated questionnaire. I imagine that you will get very few responses and will therefore take it as read that everyone agrees with your proposals.

For older people and younger, these questions are very difficult to understand, and we are unable to really fully give people answers. They are frightening to people living on their own.

I have found the proposals and consultation complex and despite asking I have seen no form of the consultation that is accessible to people with learning disabilities. Without this your consultation is invalid as it includes a large proportion of those currently receiving support!

I hope that claiming what I'm entitled to won't be as mind-boggling as understanding this questionnaire.

Proposals seem drastic! Implemented in one step, some people's contributions could leap up!

Put yourself in real people's shoes and stop making everything in life purely financial. If you really care for people who need it most in society and that becomes your focus the money becomes easier because you make the right decision for all in society.

The whole process is putting additional strain + worry onto the families of those who receive care. It is these family members who bear the brunt of attending meetings, responding to questions, understanding the rules, + worrying about the impact for their loved ones, when they are already stretched to breaking point supporting their loved ones as well as looking after the rest of their family.

The physical and mental health should be the number one priority for the council not penny- pinching.

Our responses reflect the fact that we disagree with the proposed changes but appreciate the financial pressures the council is under and that changes have to be made.

To conclude there should be a graduation of capital assets when being care for in your home. Not parity of £23500. The carer is clearly saving the government, the taxpayer, etc as to being in care home or nursing home.

As I am unable to write that much, I would like these comments to be taken into consideration for all sections. Under the current proposals, if the council use our savings and my disposable income (pension, ESA and pip), for my care, my husband will be better to give up work. Consequently, instead of paying tax and in, he will need to claim attendance allowance and look after me. We are also likely to need respite care to allow him a break.

Any changes to the financial contribution should not include a reduction of disposable income about current levels but should base solely on a service user's capital.

Need to talk!!!!!!

The potential on cost has not been thought out here for the sake a short-term money saving. So much for fixing the social care system.

In principle currently based more on disposable income seems to be fair but making such a drastic change to the upper capital limit seems a very unfair way to penalise those who have worked and saved their whole lives.

My care budget has been cut and cut again. This consultation is just a way to implement savings, to the council, at the expense of disabled people. The system should be left as it is.

Don't do it

I feel that everyone is struggling financially at the moment. The government have been giving cost of living payments to help people most in need. These are the type of people who may end up worse off through these proposals.

The costs charged should only cover the care provided. My current carers spend some of the time waiting for transport and not providing care. I do not want to be charged for this!

How much of these costs are being pursued to pay for immigration costs.

If people with severe and enduring mental health problems cannot afford the new co-funding fees, they may cancel their direct payments support. This

could result in people becoming very ill, more work for cams crisis teams and hospital admissions, causing the NHS costs to rise, should people who pay no funding be made to pay some.

Where does your adult respite care in Derbyshire exist?

This questionnaire was difficult and vague. I feel that I was being asked to answer questions without having adequate information provided- in spite of attending one of the meetings, and with the support of one of my pa's

I'm sorry but this is too much information to understand. Could you not just have told me how much each option would cost me. One simple letter.

No consideration given to people who pay rent or have to support other family members such as disabled children. No consideration given to services that have to be bought in because DCC do not provide. Reluctance by DCC to consider reasonable expenses such as dietary requirements, costs of medication, maintenance of property, costs of transport to help with purchasing food etc or funding lifelines like telephone lines.

The questions seem to suggest that the proposals you have made are a 'Done Deal'. Having had elderly relatives in the situation were applying for assistance a few years ago, the figure of £50,000 was never mentioned but the figure of £23,250 was. This makes me believe that either we were not given the full facts or that the £50,000 limit is a more recent limit that is already being reduced.

These proposals will mean people who desperately need care will give it up as they will not be able to afford to pay for the care at the rates proposed

People who require care for whatever reason should not be penalised, they did not choose to become disabled, frail or vulnerable. Stop wasting money in other areas and plough the money back into social care.

Disabled people need all the help they can get and at times they only have 1 person caring for them and need additional support.

Just the obvious worry that the consultation process is only carried out so that the council can say they have consulted and that whatever the results of consultation the changes will be carried out anyway. The results of these consultations should therefore be communicated to those who were consulted.

I think you are pushing households into not caring at home by this change. I work full time & care for husband with early onset dementia, yet you now want to reduce the household income by taking money off him. The minimum income is not enough to pay his half of household bills & food. I am already at breaking point caring for him at home & why should I continue to make myself

ill caring for him if you are also going to make me financially worse off since I would have to cover his living costs.

Retention of a fixed cap is essential although it could be less generous than current, say £65.

Overall, poorly thought through and guaranteed to put more pressure on councils long term - It is very clear from the proposals that the value of people owning their own home and so not burdening the welfare system has been completely missed as has the role played by relatives in reducing the care required so punishing them for needing a respite guaranteed to ensure they will think twice before taking it on. Your school report ranks this proposal as "failed"

Agrees that this consultation should take place as peoples financial situation changes over time and they may have more or less to do fund.

Agrees these needs looking at as things get left for years before something gets looked at and people's circumstances change.

I think many will decide they cannot afford such an increase, e.g., a person without capital was previously paying £51.07 if this was to increase to £252.94 p/w as case study, ref L in the cabinet report suggests, they would struggle on at home until they were admitted to full-time care or hospital. Also, I fear that if many people became self-funders, due to them having income over the cost of their care package, this would drive the price up charged by care agencies!

Although these proposals are challenging for some, I think changing the charging policy will help adult social care be more sustainable since the government has decided not to fund social care at the required level. It also means those with the greatest wealth can and should contribute more

Think the proposal on the whole is a good idea and should be reviewed as it's an unfair system to some people. Older carers should be given a lot more consideration.

You are asking for more money from vulnerable people, at a time when you have just reduced day services and closed day centres for disabled people. disgusting

All these proposals are penalising our elderly and increasing costs at the time of high cost of living increases. You should be ashamed of yourselves.

I am disappointed with this consultation the online calculator provided to enable families to assess the proposed impact of the changes required too much detailed information. I think you could have provided a much simpler tool that would have enabled families to assess the potential impact without

performing the full financial assessment. I had more to say - you should have provided a bigger text box for this field.

80% of excess income over MIG and DRE should be the maximum charged and there needs to be transitional protection for those most affected.

When people are in need from different countries, we dig deep but when it comes to looking after your own disabled and sick you try to get as much out of them as you can and squeeze every last drop from them.

Local government should ignore Conservative policy. Demand higher amounts money. Agree a fare system across board. This government gives you £1. Takes back 35p totally wrong.

With respect to co-funding, options 1) 2) and 3) all include a proposal to introduce the NCL of £23250, even though this is due to increase to £100000 in 2025. This is a short-term measure that would cause much distress for those affected. It is not just targeting the well-off at that level. Why are there no other options?! Assuming DCC needs to raise more money through self-funding increasing (but not removing) the maximum contribution cap from the current £51/week seems to be a fairer option.

This is not a proper consultation, in that the local people are effectively barred from suggesting a more moderate change to Derbyshire charging scheme. It reflects badly on DCC that it does not value the benefits of Derbyshire's current criteria for co-funding care.

Online application only allows an amount character, please can this be increased? I could not write everything in the comments field for question 5. Derbyshire County Council Facebook / other types of social media have not advertised the questionnaire, please can this be requested to be advertised asap? Also, people who are deaf how are they accessing the online and public meetings? Are BSL interpreters being provided? How has this been communicated to the deaf community?

I understand you have to balance the books, being an accountant, but adult social care is not a want a need, why should these adults be penalised whilst councillors get huge increase in their allowances - why don't they take a cut like the rest of us? I have had to give up work and all my income to look after my daughter. When every other option of all your services have been cut back beyond the bone, then let's look at taking money of those who can't answer for themselves.

I have read all the available material regarding the proposals, and I can't see anywhere a proposed implementation date. Will you publish this prominently, as soon as possible please?

I think that the whole proposition is DANGEROUS. Given the current financial position of the country I think this is likely to send numerous people over the edge. I never asked to be disabled and have no choice but to access care

I care for my 93-year-old mother and have done the financial calculator. I AM SHOCKED BY THE RESULTS. Based on the 100% option, you will basically take every spare penny of her monthly income. By the time she has paid her costs (electric, gas etc), she will ONLY HAVE £22 PER MONTH LEFT OVER - how is she even supposed to feed herself with such a small amount of cash? I STRONGLY DISAGREE WITH THIS PROPOSAL. It is grossly unfair, and I aren't telling my mother as it will scare her to death.

I find it disgusting that the conservatives, yet again, choose to punish the weak and vulnerable in our society because the majority of these people have no representation or voice. It says everything about the truly awful mess you have made of this country. Corporations and the rich should be taxed more to help the weakest people. Your priorities do not align with the majority of this country.

This is a dreadful change, too much too soon. Many elderly people will be unable to pay care costs and heat their homes adequately. The Council should be ashamed to even suggest such a huge increase in costs (6-fold for this household) during a cost-of-living crisis.

The jump from current fees of £51 per week to these levels are unmanageable for elderly people on pensions and are likely to frighten many of them from turning on their heating, eating properly or accessing the care they need to keep them safe. The council should be ashamed that they are even considering such proposals.

You don't support our needs anyway but those who tell us what they think right for us.

Something needs to change at some point so agree a review needs to be done on charges.

Previously it was 75% of STANDARD attendance allowance or personal independence payment even if person received higher or enhanced level. Is it proposed that it would be 100/90/80% of standard or of higher/enhanced (if person receives latter)? It would be cruel to make it the percentage of the higher/enhanced level as people who have been assessed with these higher needs, generally do not have a high standard of living or a lot of free cash.

I find it disgraceful that Derbyshire County council are stealing money from disabled people who have few or nil assets. The county council are planning to take more money from disabled people who find living difficult and have

very little money and if dcc have their way these vulnerable people will have their co-funding increased by around 100%.

The council are intending to take money from the most vulnerable people in our society

It's very sad that people who have worked really hard throughout their lives, producing lots of tax/ national insurance money for the country are robbed in this way if they become infirm. It sends a message to all that it's not worth working hard throughout your lifetime to earn money through hard work because it will just be taken off you if you become infirm. May as well not work/ try to save for good things for the family as all will go anyway.

I have been on the receiving end of care costs as both my sister and her husband developed dementia. They thought they were secure financially, but it doesn't take long when paying care home fees to reach rock bottom. They had a disabled son who I need to care for who was classed as an independent adult, although living at home. All I can see is that you are passing the buck onto people at their most vulnerable.

Why are the leaders of the county council earning what they are, considering their is supposed to be a cost-of-living crisis?

I agree that people need to pay more if they can, but I think the 'big jump' in one go will cause a lot of worry to many elderly people. My Mum is already worrying about how much more she will have to pay, and nothing has been decided yet. Maybe the inevitable increase could be phased in over a couple of years?

This process is causing huge additional pressure on the families of those requiring support.

Consider the length of stay should be taken into consideration, i.e., the longer the stay the less the charge becomes.

The care of somebody with a disability can be extremely difficult (as well as rewarding). Please don't change the systems so that another set of assessments and paperwork is introduced. This causes so much strain and fear for very vulnerable people and their families.

Worry about the impact these proposals will have been already having an impact on my health and wellbeing.

This Consultation discriminates against people who, because of their needs, are unable to understand its implications. There has been no easily accessible support provided for them to contribute. People with Learning Disabilities will not understand these proposals and what they mean for them. As an

Appointee for my person, I have not been consulted/contacted about this. I only found out by chance; this is NOT acceptable.

Why not cut schemes like diversity training and any investment in political projects like Rainbow Week, etc

I find it more acceptable to review people's savings than their disability benefits, which regardless of any national reviews are low. If you have an autistic young person with learning difficulties who is physically quite fit but cannot work, or even find voluntary work due to unwarranted health and safety concerns, they are left without purpose and meaning in their lives and trying to fund stimulating daily activities becomes expensive. You should not be adding to age/disability poverty.

As always it feels as if there are few if any incentives for people to save for the future. I do not disagree with people paying for care in later life but do object to those who have worked hard and saved or been frugal being penalised for it. National Insurance needs to be made fit for purpose, so people start paying for minimum services much earlier in life or care needs to be assessed on state pension.

Proposals are absolutely shocking coming from a council that's cut services to the bone while increasing transformation project management and since management structure, disregarding basic care staff pay to the detriment of the service. Poor management, poor decision-making, complete waste of money. The service should be returned to the national health service.

I think this is pretty complicated and whilst I know you have to consult, consulting with no background (why this decision has been taken presumably cuts) and with complex language, makes your consultation of limited value.

I understand there needs to be some changes to the substance adult social care but some of the proposed plans are just too harsh and would leave people struggling in cost-of-living crisis we are in.

The council has got itself in a fix financially and is seeking to take money from the most vulnerable in order to address this. The disabled and their unpaid carers are seen as an easy target. Waste, unnecessary expenditure and low productivity within the council should be addressed instead. I think these proposals, particularly the 90 and 100% and the lowering of the £1/£500 level to £250, are immoral. I doubt councillors/those involved in this realise how much even £12 pw is too loose to many.

Why is this the only solution that you can come up with. We attended today's meeting explaining the questionnaire today in Buxton unfortunately the chap didn't have many answers to the questions. Derbyshire should DO BETTER. It

appears that that DCC has already made up its mind! Is this the only solution you can come up with which is to follow every other council.

I feel that everyone should have to pay some co funding, to make it fairer for everyone.

The proposals to increase the charges for social care ultimately reduces the ability for people needing care to fend for themselves by reducing their incomes. The current DCC policy for funding social care provides fair and sensibly costed provision. If this was Scotland social care provision would be fully funded.

I think that the current offering is excellent and have been pleasantly surprised. I think that some people may face a large increase in payments and hope that nobody has to stop their care packages because of this. A phased introduction would be helpful.

6,000 people are going to need financial assessments at least yearly. That is going to need resourcing and it will be expensive.

This is going to make 70% of people worse off. Safeguarding will need to be put in place. Families may decide to withdraw their social care support. You will need more safeguarding resources to protect these vulnerable people.

You aren't paying for disabled equipment anymore. People like me who have worked all our lives and own our own homes get treated more harshly than those on benefits that also get their rent paid for them. There are people that get benefits for their care component but don't have to pay towards their care. It is not fair; everyone should contribute towards their care. Hardly anyone in Derbyshire is paying towards their care as they are on benefits. You should do what Sheffield do and charge everyone. That is why Sheffield aren't in financial difficulty unlike Derbyshire.

You would take away so much of people's incomes. You would leave people with very little for emergencies like a new washing machine.

My son goes to a day centre, and they take them on a minibus to Peak Rail to do volunteer work. Not only is he working for free he is paying to be there as he is paying Co-funding. He still has to pay his Co-funding charge even if there aren't enough staff members or if there is a problem with the bus.

This seems to be bashing people who have worked all their lives and built-up savings. These people are going to be so much worse off than those who have never worked.

You are going to be making 70% of people so much worse off.

This is discriminating against those that have done the right things and planned financially.

I will either have to borrow from the value of my home or reduce my husband's package of care.

The vulnerable people are being squeezed from all angles 100, 90 and 80% is just too high. Consider a lower amount to make it more manageable for people.

The three figures of 100, 90 and 80 % are a steep. This consultation is unfair. Consider a lower amount.

The idea nationally of trying to increase income tax to fund social care needs to be introduced.

We have got the same budget for years. The amount we get hasn't gone up in 10 years. The budget is actually being eroded as carers wages have increased but our allocated budgets haven't gone up.

There has been very little publicity re these proposals. People not currently receiving care services have not been informed.

These proposals are just targeting the vulnerable.

My social worker said sell your home and go into a care home.

You work all your life, then you get it pulled away from you to pay for your care.

Calling the financial calculator, the better off calculator is just wrong.

It would be better to have an option for guest log on for the finance calculator as people will be weary of entering their details.

It's not enough that oaps are taxed on just about everything.

Why should those who have worked all their lives have to pay more for exactly the same care as those who have exploited the system and have never contributed. You cannot rob X to pay for X

Respite care is an essential need for the family. If the person refused to pay, then the relative would get no respite. Many relatives are at breaking point already.

I do not understand your questions see q 5.

Its needed

Standard charges should remain. Respite is for carers who should not be penalised if the unwell person has some savings.

This is something they cannot afford.

Respite is an essential for carers. Many relatives are caring for their loved ones free of charge saving the council thousands of pounds. Without respite many would be unable to take a much-needed break.

All benefits should be exempt.

No comments

More stress and worry for carers to make the funds stretch to cover the needs of those you care for.

Everyone should be treated equally for respite care despite their financial circumstances.

Respite is a need, not a luxury, not a want. I don't need or want to go to turkey. I do need respite to provide me and my carer a break it's a prescription item and should be viewed as such.

It's a nightmare already! 1st time starting to use it and not very good costing more than holiday not a respite!!!

Yet again, it is unfair to charge people differently for the same care. You are forcing massive issues on a very small production of the community who are extremely vulnerable.

People shouldn't have to pay for respite care.

Very unfair to people who have worked a saved when someone who has not will be charged.

Respite is not only assisting the disabled but also the carers who spend 50/60 hours a week caring-unpaid-unwanted and uncared about.

I feel respite should not be based on capital disposable income as respite help carers have respite for the care they provide.

It should be given free of charge people have worked in general from leaving school to retiring, they have paid their taxes and in contributions it should be taken from this.

Respite care should stay as a standard charge.

Trying to get respite is nearly impossible. Most council homes are closed down and private homes are just charging what they like. £1,000 to £1,400 in most cases. Respite is the thing you need most when caring for someone.

I think it is disgraceful that people are being so penalised for having led a responsible life and made provision for their retirement and this should not be

means tested- people have paid their taxes through their working life and that should fund their care.

A good idea in theory but it needs to be applied wisely. A full understanding of the cost of living and the importance of having a decent amount of disposable income will need to be taken into account by those in charge.

Ok if the policy and thresholds don't change

Leave well alone you are walking into a minefield.

Leave it as it is. Presently people have made plans and decisions based upon current contracts and conditions. Any charges should only apply to new applicants. Existing contracts should stay as they are.

Actually, getting respite care alone is difficult but I think it should be assessed in line with what the council charge. I.e., as the system is now, co-funded/contribute etc.

Yes, I do think people should have respite care, and if they have a large amount of saving, they should pay.

I tried to get my daughter into respite one or two days a week but none in my area, it's very hard for parents with young adults with a disability. I'm not putting my daughter into full-time residential

People who need respite, would not get the break they need, these proposals is going to make it harder when they have to stay home because respite is costing more than they can afford, which in turn they will need more help use more heating and the carer will have to do more, a lot of carers are not paid.

Respite care is there for people who actually need a break this should be free on any means tested benefits and have no savings.

I thought you did that already

No cost should come before any care and wellbeing for disability of any elderly person

If you live in your own house you are penalised for it, if you are a council Tennent up are privileged to get all core packages.

My husband been in respite a few times and I pay £159 a week.

Again, Derbyshire County council taking money off council tax paying public.

Very hard to understand as there is no starting or end figures

We already pay for this in your increased council tax demands.

These proposals for respite care are shocking and completely disregard the serious needs that disabled people and their families who need respite care to maintain life in the community.

Respite is what carers need not the worry of more costs!!

Respite should be free for certain clients, depending on circumstances clients who have disposable income should continue to pay.

We do not mind paying for residential care if it was reasonably minded if the charges were the same standard rate for everyone and matched how much local/ authorities pay. Currently the difference is 1000, s of pounds a month how is this morally right or even legal.

I have not had respite or holidays in 6 yrs. I would love to know how to do that. My husband died 5 years ago it was 1-2yrs before that we had a holiday.

Prefer to keep criteria as now with no changes

A wife being a primary care or even a family member well need a break at some point, or they will reach breaking point. Respite is not only for the disabled person, but also for the mental health of the primary care giver. Your proposals stink.

I think only respite you should not have to pay

Why work hard and save when it's all free for others?

A agree with ability to pay option based on income and assets.

B do not agree with move away from standard rates based on age.

Taking hard earned savings from the vulnerable is a low move! They'd rather have their health back, then to rely on carers.

Respite care is essential for people with severe disabilities. The impact it has on the full-time carer and loved one is horrendous.

Respite care is only provided as a last resort and only when the partner cannot cope - thereby, resulting in the caregiver becoming exhausted and unable to think clearly.

I'm disabled now not through choice. To, yes? My pension.

If you have a lot of money, then you should contribute more.

You are not taking into consideration the person is going into respite. The current policy is ageist.

Clear guidance. Easy to change when circumstances change.

This would be fairer than a standard charge.

Judged fairly

This needs to be clear, easy to apply and sufficiently flexible to be adjusted in line with any changes in income with immediate effect to prevent hardship.

Should people who pay no co-funding, be made to pay some as many will be on higher benefits? Do we all get to see the results of this questionnaire?

The most vulnerable with disability in society should be penalised

I do not use respite care.

If the service recipient refuses to pay because costs are too high. This will leave the Carer in a very difficult position if they feel they really need a break. Respite care usually benefits the carer, not the person paying. So, I feel you should reconsider this proposal.

You still need a framework with maximum-minimum amount so people would know what respite care would possibly last.

This sounds more complicated for me. I liked things to remain the same.

Always thought the system was fair and square. It has worked for us for a number of years.

We have the lowest disposable income as we pay more for most services due to our disability

I believe the standard weekly amount is a fair approach, but also believe this should be an up to or capped amount at an amount or % over the minimum income guarantee. Being in residential or respite care does not mean that a person has no other expenses. The weekly amount should not take a person under the mig.

There should still be a cap on the amount which can be charged. This should be an amount over the mig. There should also be consideration taken as to how long they are likely to be in residential for.

Question is not understandable

The most vulnerable with disability in society should be penalised

I do not use respite care.

Respite not needed.

Respite care is an essential break for carers as well as the person being cared for. I think changing the charging policy is going to create a barrier to the respite considerations on a financial basis.

Carers are under constant pressure and need respite. An increase in charges will lead to pressure to minimise respite care to save money. This will be to the detriment of both the carer and of the disabled person.

My family member has been placed in respite care when he has been discharged from hospital but there has not been sufficient home care available. It is unfair that someone who is just over the capital limit would be responsible for full costs in a care home because care cannot be set up at home.

This is effectively positive discrimination. Everyone should have access to the care they need. Maybe look to saving money in other areas e.g., unnecessary bureaucracy.

Think there has to be an upper + lower limit- even on individual circumstances etc so people have an idea of what respite care could cost.

People who are ill and in respite care should be looked after under the health service as was proposed when the health service was formed in 1947 by a government that cared for the sick and elderly.

It seems fair to charge based on individual financial circumstances.

I think this is a fairer way of charging for respite care required on an ad-hoc basis.

If it becomes more of a drain on people's capital (in addition to care costs) will people (carers) resist purchasing a respite service even though it may put their own health at risk.

A standard reasonable charge should be in place.

Respite care should not be charged at a higher rate.

Do not understand!

I think personally the homes charge too much

Do make it harder for carers to have a break!

Fund things properly and care for the most challenged people in society rather than hurting them more!

Respite care may become unaffordable under these proposals, putting extra strain on families. People in respite care still have significant costs of running their homes.

Should be one charge regardless of capital or disposable income. Should be a reasonable charge the same for all. Keep as is.

Everyone should be treated equally.

My wife has not decided to utilise respite care but to covid 19 fears and my guilt that I would not wish to stress her. Thus, as her carer I have not had a holiday for many years. I understand currently we are allowed 3 weeks per year respite per year respite care is of course crucial to the health or the caring partners, but I manage.

It is unfair to penalise family who wish to access support to ensure care can continue to be provided in the house with family support.

Keep the standard charge but use an assessment of an individual's capital only to determine their contribution.

Respite care is very thin on the ground anyway.

People who are not in full time residential care but are cared for by family etc save the council money. These carers- be they need full time or part time need the respite as much as the individuals having the care. Again, this will push people into full time care as people struggle to cope with full time (no time off) caring affecting their mental health.

Roll on the next election!

This seems fair, as long as it doesn't prohibit people who need respite care from accessing it.

Some people can afford to pay a bit more some can't.

Respite is similar to hospital so should be costed at the same level as the NHS, i.e., free.

This should be universal means testing hits working class people who have saved.

I don't think people should have to pay more if they have assets. Everyone should be treated equally.

Everyone shall be equal.

Question is not understandable

Depends on length of stay.

Respite care should not be charged.

I feel unqualified to answer this.

Don't understand - never dealt with respite care.

I think any person's date of birth or gender can differ so widely that any case should vary accordingly. Each case should be treated on individual basis and treated accordingly.

Terrible idea

Having different charges for different incomes is not a fair way to do it. If there is a charge, then people should be aware it is a set charge.

Charges for respite should come out of their personal social care budget. It should not be another financial burden on the individual or their families (where applicable) who are already on the lowest incomes in the region.

Everyone (especially carers) needs respite regardless of their financial situation. I would hate to think that the cost of respite put off someone from using the service even if they are wealthy. I know wealthy elderly people who are already refuse help because they are not eligible for help towards the cost. They see their hard-saved money as an achievement and don't put themselves first to use it for care. How rich you are means nothing when you are struggling to care for somebody and need help

Respite care should be fully funded up to certain limits e.g., Up to 2 weeks to allow family/carers a break for a summer holiday, plus additional periods of x number of overnight stays and/or day care.

Respite is just that, short-term care giving a carer a break or rehab after hospital. Charging for it will put a strain on already burnt-out carers and families

Respite care benefits carers as well as the person needing it so any higher charges could be detrimental to the carer and the person involved resulting in carer stress and breakdown of informal care

Respite is an important part of keeping people who care well. Without regular respite, carers will end up having carer breakdown and not be able to cope so the person they care for will end up in full time care

I both agree and also disagree. If the respite care being requested is a one off then there should be a minimum charge based on the incremental costs of the person being in respite, e.g., Food, laundry etc. Fixed costs etc. Staff wages should be disregarded. Frequent users of respite case, e.g. More than 3 times in a 3-year period should pay the new proposed rate.

Another example of poor thought process, so the value of your house - which you cannot spend is taken into the calculation - what genius came up with that? Then you decide to punish those who are doing your job for you by charging them when they need a holiday from the unpaid work by putting their relative in respite care for a week or two? Jolly good so now people will say forget it you can have the problem all the time. You should be encouraging people by providing free respite care

Respite care should be limited to 2 weeks a year for children and adults, but this should be free. This is for families caring for a disabled person.

People should be charged on what they have in savings as some people may have more than others and should contribute more.

Agrees that is people have more money in savings they should contribute a larger amount to the respite care they receive.

If people have more money, they should be paying more and if they have less, they should be paying less.

I think respite could be included for people with capital, however it may stop people wanting to take respite when needed due to the increased cost, which as a consequence may result in more hospital discharge, increased pressure on informal care and the person may be reliant on more care in the long run.

It should be on the individual person

Respite care should be affordable as it's necessary for all families who receive it. Without respite, many family carers couldn't cope

The health and wellbeing of the carer should not be undermined by their ability to pay for respite care.

Seems much fairer way than charging a standard rate to everybody. Should depend on what money person has. No one should pay more than 65%. totally wrong touchable higher.

Should be charged on overall ability to pay/subsidies

Does not affect me

Respite care is often a necessity for some families at certain times. A standard charge would reduce the bureaucracy, paperwork and cost for all concerned.

I disagree that people who have been prudent with their finances should be penalised when paying for respite care. The current system is the most equitable and doesn't need to be changed.

This does not affect me personally at present, but I disagree completely with the proposition

Respite care is essential for the health and wellbeing of carers, who are already unpaid or underpaid, and whose health suffers as a result of caring responsibilities. 40% of carers die before the person they are caring for. It is inhumane to deprive carers of respite care on the grounds of cost. Most elderly people will refuse respite care if they have to pay so much for it, which fails to help carers at all.

40% of carers will die before the person they care for. This proposal makes it even more difficult for unpaid or underpaid carers to get any relief from caring duties. Workers all have statutory holiday entitlements, but carers who often care 24/7 get nothing, and this proposal will price them out of respite care. Another discriminatory measure against carers of disabled people.

This has been lapse for many years and many cases need to be looked into
Like everything else you do is criminal and must stop

Charges should be the same for all if they are getting the same care. It's unfair for some to pay more than others because they have earned more money at work during their working lives. They have worked long hours in the past at work which has helped the country in terms of tax etc They are then punished for working hard throughout their lives. Could looking at the amount they have given to the country throughout their working years be considered? Otherwise, there's no real incentive to work.

I would like to see an updated national policy as promised by the government who have been in power for 12 years rather than leave it to local councils.

Age and wisdom will overcome youth and skill.

Have no understanding of this but seems unfair for standard rate as will be too much for some people whilst others could afford to pay more.

All this means is that people will choose not to have respite putting more strain on already exhausted families.

Respite care may become unaffordable under these proposals, and it is the families of those that require support that will bear the brunt.

Respite care charging should be based on need.

Should be free for all

Respite care is already a difficult & emotive subject to raise with loved ones & the new charging proposals would just make it more challenging with the cost more likely to fall to relatives rather than the recipient.

Shocking, adult social care should be sussing out their top-heavy overpaid management structure and return the funds to Care Community

Your current policy appears ageist. Age isn't necessarily correlated with the cost. Equally if you base it on capital income (do you mean income or assets?) Then that's not accessible cash to pay for care. Rethink? Base it on disposable income minus eligible expenses? Otherwise, how can the person keep their household functioning?

I would prefer to pay when and if I ever needed it

People might never need it so why pay for something we might not ever use

Elderly carers caring for a spouse are less likely to seek the necessary respite breaks which they need, to help them continue their ability to care for their spouse, ultimately increasing the need for local authority provision.

Any increase in the cost of respite care will make it even less likely that my husband will use this as a break for him as a carer. The provision is already expensive and difficult to organise to suit.

If this is arranged in an emergency situation, then there may not be time to assess the costs before the person is admitted. Could there be an initial standard cost while the person, their family and/or care workers evaluate the patients' needs/ability to pay.