



# **Contributions Policy Consultation**

**Consultation Report:**

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## Contents

Purpose and key findings .....	3
Background .....	3
Consultation Process .....	4
Questionnaire Response Analysis .....	5
Analysis of Focus Group discussions.....	9
Who responded.....	11
Actions .....	13
Appendix 1 - Adult Social Care Contributions Policy Consultation Questionnaire.....	14
Appendix 2- Examples of Disability Related Expenditure calculation.....	18
Appendix 3 - Frequently Asked Questions .....	21

*Italics* indicate verbatim quotes.

All responses are anonymous

## Purpose

This report summarises a public consultation carried out between January and April 2018 on proposed changes to the Adult Social Care Contributions Policy, following a review of the Policy in 2017. Its purpose is to provide more detailed information on the consultation process and responses received from users of services, carers, members of the public, stakeholders and partner organisations.

### Key Findings

- Respondents were broadly in acceptance of most of the proposals.
- Respondents were split roughly 50/50 on the proposals relating to Disability Related Expenditure and Recovering the Full Cost of Services.
- A consistent message from carers and service users was the need to be treated fairly, consistently and compassionately.
- There is a need for very clear and accessible information to be provided to vulnerable service users and their carers, with a lengthy notice period of any changes before implementation.

## Background

1. This consultation sought the views on proposals that change the way Oxfordshire County Council charges for adult social care services. These services support adults living at home (for example, home care, day care and transport) and in residential care.
2. The proposed changes aim to:
  - Ensure a fairer and more consistent approach to assessing the financial contributions made by individuals towards the cost of the social care services they receive.
  - Simplify the financial assessment to make this a shorter and less invasive process.
  - Better align the charging arrangements with the guidance on charging in the Care Act 2014.
  - Enable the council to recover the actual cost of providing these services to people in Oxfordshire.
  - Support the financial sustainability of adult social care, ensuring that frontline services for the most vulnerable are protected
3. More than 4,400 people directly affected by the proposals were written to and over 620 responses were received from adult social care users, their families, carers, partner organisations and members of the public. People responded online, by post and through focus groups, emails and phone calls.

4. A response rate to the questionnaire of 14.3% is accepted as being at a good level of engagement.
5. Submissions in the form of letters, e-mails and phone calls were also received and analysed.

## **Consultation Process**

1. Letters and questionnaires were sent to all residents receiving a service that could be affected by these proposals. This totalled in excess of 4,460 people.
2. Online consultation questionnaires hosted on Oxfordshire County Council e-portal. The survey included only open questions around the proposals to allow respondents to express views in their own words.
3. It was clear from responses received during the first few weeks after the launch of the consultation on 24 January, that many people found the information supplied confusing, and did not have sufficient understanding to make informed responses to the consultation questions.
4. People also said they wanted to know what potential changes would mean for them, resulting in them being either unwilling or felt unable to respond to the consultation. However, providing this information was not possible or appropriate until the policy was approved as it would require individual assessments on draft proposals.
5. To address this issue, council officers responded to these concerns by producing a document of Frequently Asked Questions (FAQs) with illustrative examples. This clarified those questions which were not well understood; specifically, that around Disability Related Expenditure.
6. The FAQs, together with the questionnaire and a covering letter explaining the above were posted on 14 March, with an extension of 2 weeks to the length of the consultation (10 weeks in total). The extra time, together with the additional information provided, resulted in a further 235 responses being received over the final 2 weeks of the consultation. This was equivalent to the number of responses received (240) in the period before the second mailing. The proportion of people responding to the second mailing, who said they didn't understand some of the proposals fell significantly.
7. Focus Groups were held with service users (including older people, family members and carers of people with learning disabilities and people with physical disabilities). These took place in Banbury (27<sup>th</sup> February), Oxford (6<sup>th</sup> March) and Didcot (23<sup>rd</sup> March). A workshop for Providers was also held in Oxford on 7<sup>th</sup> March.
8. By the end of the consultation 634 people had given their views:
  - Online responses: 45
  - Postal responses from first mailout: 240

- Postal responses from second mailout: 235
- Participation at three service user and carer focus groups: 66
- Participation at one provider focus group: 5
- Responses received via the dedicated consultation phone line: 36
- E-mail submissions: 4 (including Carers Oxfordshire, MS Society & 'Keep Our NHS Public')
- Phone calls to dedicated consultation phone line: 442
- Provider responses: 3 (from My Life My Choice, Age UK Oxfordshire and 'anonymous')

## Questionnaire Response Analysis

### Q1. Disability Related Expenditure (451 responses)

- More people responded to this question than any of the others.
- Respondents were split approximately 50/50 in agreeing or disagreeing with this proposal.
- Of those that disagreed, the message was that 25% allowance for DRE is too low; 50% is suggested as more realistic.
- People were particularly keen to see savings reinvested in adult social care
- Greater clarity with a fairer and more systematic approach would be welcomed by many.
- Respondents wanted an accurate assessment and the right to an independent re-assessment.
- Concern was expressed about the blanket percentage being discriminatory, particularly for people with more complex conditions and disabilities, learning disabilities or mental ill-health, who may not have the capacity to know that they could request individual assessments.
- Concern was expressed about the need for re-assessments and whether this would cost the council money, if the majority of service users requested a re-assessment.
- Respondents emphasised the importance of the individual and the wide variation in what constitutes DRE.
- People are already paying for additional (essential) care out of Disability Living Allowance.

#### **Respondent quotes representative of key messages above:**

*"I think this is a fair way to assess this type of expenditure as it will be less intrusive and will mean that people will not panic if they have lost receipts that prove their expenditure,"*

*"A person's Disability Related Expenditure does not allow for spending on Social Care expenditure that promotes social Independence and mental well-being. Hence, the proposed (25%) allowance puts people who are solely dependent on DWP benefits at a financial disadvantage."*

## **Q2. Arrangement Fees (384 responses)**

- Of those who were likely to be affected (48% of total responses), 56% agreed with this proposal.
- 41% of those who responded said that this would not affect them as they did not have enough savings – so no comment
- A majority were in favour of the fees being cost neutral. It was important for people that the fees remain fair, consistent and transparent.

### **Respondent quotes representative of key messages above:**

*“I think people with a prognosis of less than 6 months, for example, shouldn't have to pay this.”*

*“Agree with these proposed changes, however I do not agree that any changes should be made towards those people who are so severely disabled that they are medically proven to be unable to arrange their own care services.”*

## **Q3. 12 Week Property Disregard (344 responses)**

- Of those who were likely to be affected (47% of total responses), 62% agreed with this proposal.
- 42% said that as they don't own property they won't be affected
- Concerns were expressed that the 12-week period puts additional stress on a person and their family, and may not be a long enough period.
- Queries were raised over how property disregards are applied where people enter a care home for a significant period of time, but do not become a permanent resident.
- Providers were broadly in favour of aligning the current policy to the Care Act 2014 but wanted to see clear definitions around discretionary disregards.

### **Respondent quotes representative of key messages above:**

*“Any information needs to be provided clearly and in a timely manner, with a clear appeals process. Staff need to be clearly briefed on this.”*

*“I agree that there should be a period of 'grace' but 12 weeks was not enough in current market.”*

## **Q4. Assessment of couples (351 responses)**

- A strong majority of people agreed with the principle of being assessed as an individual.
- There was a key concern that women may be disproportionately impacted, as they are more likely to have built up lower value pensions or male spouses/partners may control their financial assets.
- Where people agreed to the proposal, they said that this seemed fair, and that it made sense to treat people as individuals.

- Where there was disagreement to this proposal, it was because people who were married and held joint assets wished to continue to be viewed and assessed as a couple. It was suggested that some individuals would want to continue to be treated as part of a couple at such a vulnerable stage of their lives and that assessing everyone individually does not reflect the spirit of the Care Act 2014.

**Respondent quotes representative of key messages above:**

*“The Care Act states that people should be treated with respect and their needs and wishes taken into consideration. An individual part of a couple would probably need and wish to be treated as a couple at this very late or vulnerable stage of life.”*

*“I do not think this is fair. In the past, many women did not work but stayed at home to look after the children and the household. They will therefore be reliant on their husband's work pension and this should be taken into account in the assessment.”*

**Q5. Full cost recovery for home care (341 responses)**

- A slight majority of people disagreed with this proposal.
- The current average hourly rate of £19.40 was not considered a realistic figure.
- There were fears that the cost of privately arranged care is higher because providers are compensating for the lower hourly rate they receive from the Council.
- There is significant concern that the use of actual hourly rates will mean that some people will pay more for the care and support they receive and that this would create a post code lottery. With restricted choice in care homes, concerns were expressed that people might be forced to pay more, due to the lack of choice.
- If people cannot afford an increased contribution, there were fears that this could compromise the quality and level of care they receive. Providers expressed concern that people may decide to stop receiving the required amount of care if it costed more and that this may lead to longer-term effects on health and wellbeing, putting a strain on the Council and partner organisations.

**Respondent quotes representative of key messages above:**

*“If you are going to charge the cost to the client as charged by the provider, then there should be a choice of providers offering different rates for everyone who needs to have home care.”*

**Q6. Non-statutory services (327 responses)**

- A substantial majority of respondents supported this proposal.
- Respondents considered that unless a service forms part of a care plan then residents should pay for it.
- Several responses indicated that people were not aware of the services in question and would have found it helpful to know about them.

Some respondents, including providers, highlighted that this change could have broader consequences on people who are receiving these services without charge but do not have a financial assessment. There is fear that those who currently receive a free non-statutory support service would no longer choose to pay for this if it became chargeable, leaving them at risk.

**Respondent quotes representative of key messages above:**

*“I think you should make it clear the services you provide - I was not aware you provided them.”*

*“If people require laundry service or blitz cleans, they often require these because of disability or mental health needs. It may help people stay at home for longer if these services are offered.”*

**Q7. Comments about Council managing impacts (322 responses)**

- After the initial mailout, respondents commented that they found the information provided inadequate, with questions being complicated and confusing. Following the FAQs and secondary communications by officers the response rate increased significantly as a result.
- Respondents wanted plenty of notice about changes: they wanted to be communicated with in a timely manner and at a level that vulnerable groups could understand clearly. They wanted advisory and support services in place to help residents cope with the proposed changes
- Respondents wanted to know how the proposed savings would be spent, to improve other aspects of social care.
- Respondents voiced their concern that the Council must protect its most vulnerable clients.
- Respondents wanted transparency and fairness on financial assessments
- There was a general perception that the proposals would make the system fairer for everyone, and that this is important.
- Respondents were concerned over possible delays during the system changes which might affect vulnerable residents financially.

**Q8. Other comments (239 responses)**

- Respondents emphasised the complexity of the social care system and therefore the difficulty for vulnerable people in understanding the proposals and their impact.
- Some respondents voiced a considerable level of stress and anxiety about the proposals, emphasising that changes must be carefully made with vulnerable residents in mind.



## **Analysis of Focus Group discussions**

The majority of those attending each focus group wished to talk about Disability Related Expenditure as this was viewed as the most confusing aspect of the consultation.

There were many questions about the proposed introduction of a 25% allowance figure.

Comments were made about the consultation process itself. There was agreement amongst those attending that the questions should have been tested before the documents were made public. and that worked examples were needed on the portal and on paper and case studies should have been supplied.

Anxiety and worry was expressed by many who attended. However, this decreased as more worked examples were supplied by council staff, together with FAQs, and the facility to discuss and work through different DRE scenarios.

Several commented that longer assessments were needed by professional health clinicians or social workers should be trained to understand medical needs that are complex.

Other comments included:

- More transparency needed about NAFAO (National Association of Assessment Officers) guidance as this does not appear to be independent.
- Some costs are not considered e.g. TV licence, water rates, rent.
- Tighter financial restraints make it more difficult for people to stay in their caring role.
- Several comments were made about recent changes to daytime services having a profound effect on carer and service users' lives.
- Training of staff to supply up to date information and advice is important.
- Saving in administration could be swallowed up in re-assessments. Has that been put into the calculation? How will OCC manage the potential increase in financial and care re-assessments?
- Peoples experiences are that the system is under stress – so getting reassessments done in a timely manner is seen as unrealistic.

## **Key messages from the Provider focus group**

Feedback was generally in line with other responses.

Disability Related Expenditure:

- Generally, this proposal was positively received
- Concern that the main driver was budget cuts
- A question about the process for backdated benefits

Full cost recovery:

- Concern was expressed that people will stop receiving the care that they need because it costs them more
- £19.40 per hour is significantly higher than the national average

Non-statutory services:

- Non-statutory services become statutory if they form part of a care plan - at that point the council are obliged to provide it
- People will refuse to pay and may fall into crisis - people may make bad decisions

General points made:

- Will the effect on people be monitored?
- Confirmation was given that savings are to be reinvested into adult social care, not external organisations

Online responses from the three provider organisations were in line with other responses from individual responders.

### **Phone calls and emailed responses**

The main consultation phone line was staffed by the council's Financial Assessment Team, who received a total of 442 phone calls over the period the consultation was open. A dedicated email address was also in use to allow people to respond through this route, if they preferred.

Overall feedback received was centred on a lack of understanding and concern expressed about the information provided. Many emails and calls indicated that people did not understand that the papers they had received were a public consultation. However, in most cases, Financial Assessment Team staff assisted people's understanding.

### **Key feedback from the consultation phone line**

Many respondents indicated people would prefer to leave disability related expenditure as individually assessed because 25% would not cover costs. They were clear that the new individual DRE assessment must be implemented so that items specific to each individual are considered, and that this should also form part of the support planning process.

People also wanted further information about how the proposed changes would impact them individually, although this information could not be provided, as it would not have been appropriate to do so until any changes had been approved. Some comments were received about the need to make a phased introduction for any changes.

### **Analysis of Respondents**

The consultation received a wide range of qualitative responses. All free text comments that were received were collated and organised into common themes and analysed accordingly.

Responses are self-selecting: only people who chose to give their views have had them recorded. Attention has been paid to understanding who has responded to the

consultation, to understand where some groups are being under or over represented through the findings.

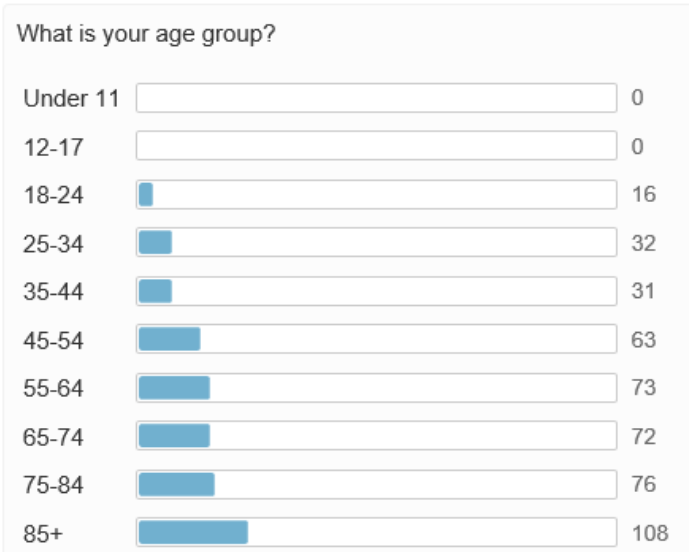
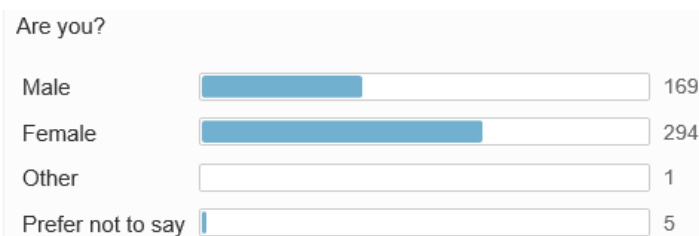
The primary method of analysis is qualitative with an approach used to understand the issues raised by those who have contributed, to capture the themes that emerge from responses and gauge the strength of perceptions by different groups.

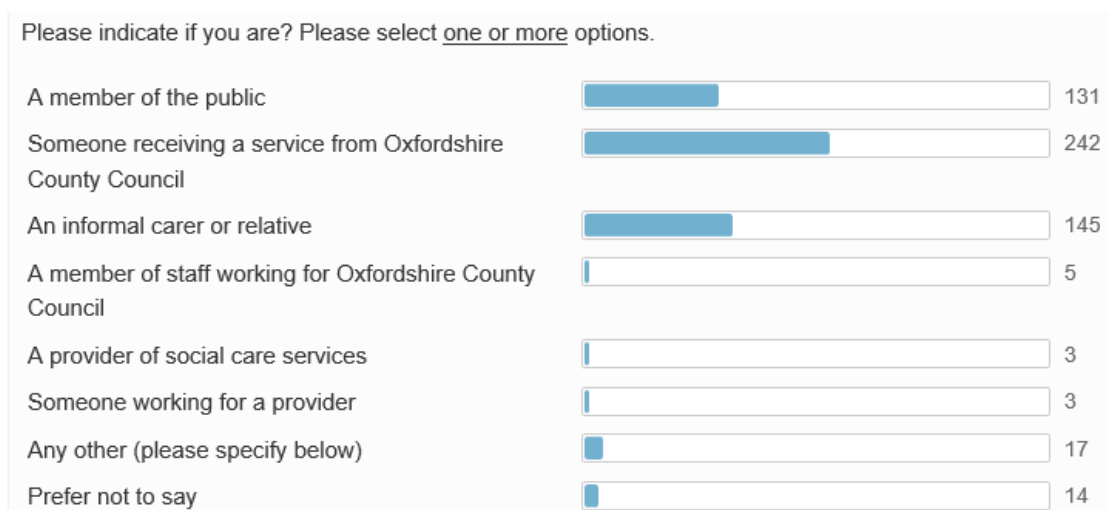
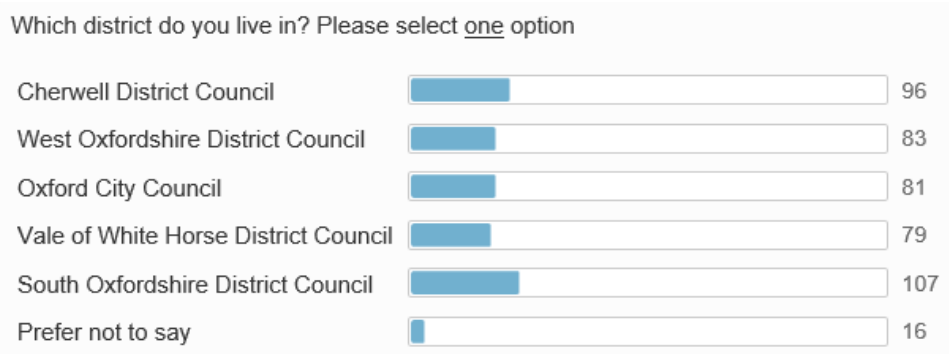
### Who responded to the consultation?

There was a good response from across the county, and across age ranges, although predominantly older people, with the most significant number of responses from the over 85 age range. Responses were predominantly from people who received a service or carers, but there was also a good level of responses from the public.

This is broadly representative of the make-up of adult social care service users, and the outcomes of the consultation have been used to inform the Service and Community Impact Assessment which considers potential impacts from implementing proposals and mitigating actions.

Whilst respondents were all asked demography questions to help us to understand who was responding, none of these questions were mandatory and therefore not all respondents provided answers to all or any of these categories.





Responses to the question – *“If you have a disability, please describe it. Leave blank, or write none if appropriate, or ‘prefer not to say’”*:

Out of a total of 347 responses received on paper or online (66.5% of the total responses received):

- 19% said none, not applicable or preferred not to say;
- 6% reported having a learning disability;
- 3.5% Autism;
- 3% Multiple Sclerosis;
- 2.5% stroke;
- 2% dementia;
- 2% Parkinson’s disease;
- 2% Down’s Syndrome.

The remaining responses described a wide variety of physical disabilities and mental health issues.

In response to the question: *“Please describe your ethnic group or background”*:

Out of a total of 390 responses received on paper or online (75% of the total received) people described themselves as being:

- 24% White British
- 12.5% British
- 10% White
- 9% English
- 5.5% White English
- 3.3% non-British
- 3% preferred not to say

## **Actions**

This Report forms an Appendix to the Cabinet Report on Revisions to the Adult Social Contributions Policy. Cabinet will make decisions relating to the proposed changes to the Adult Social Care Contributions Policy on 22 May 2018.

Implementation of any agreed changes are proposed to take effect from October 2018 onwards.

## Appendix 1: Questionnaire

# Adult Social Care Contributions Policy Consultation Questionnaire

Please complete and return this questionnaire by the 3 April 2018  
in the FREEPOST envelope provided.

### 1. Disability Related Expenditure

**Please give your views on the proposed change to the way that ‘disability related expenditure’ is accounted for in a person’s financial assessment and the potential impact of the proposal.**

The proposal is to make an indicative allowance for disability related expenditure which is expected to be approximately 25% of a person’s disability benefit. However, if a person feels their expenses are greater than this, they will be able to request an individual disability related expenditure assessment.

The criteria applied in the assessment will be based on national guidance and make it clearer for service users and financial assessors what type of expenditure is considered in a financial assessment, to reduce inconsistencies in how the allowance is applied.

This approach will also allow the council to complete financial assessments using Department of Work and Pensions data. Where a client has given all their financial details to the Department of Work and Pensions they will not need to resubmit this data to the council.

*Please write your views here*

### 2. Arrangement Fees

**Please give your views below on the proposed changes to arrangement fees and their potential impact.**

The council charges two levels of arrangement fees for people with eligible care and support needs, who have financial assets above £23,250 and ask for their care to be arranged by the council. The arrangement fees reflect the cost to the council of negotiating and/or managing the contract with a provider and covers any administration costs incurred.

The proposal is for the council to reduce the initial arrangement fee for level 1 (where the council sources care, but the person enters into a private arrangement) from £150 to £140 and for level 2 (where the council sources care and manages the ongoing arrangements) from £500 to £350. However, an annual arrangement fee of £210 will also be introduced for people who have paid the level 2 fee, to accurately reflect the ongoing cost to the council of managing the care services. This fee will only apply to those people with savings over £23,250 and who ask us to arrange non-residential care on their behalf.

*Please write your views here*

### 3. 12 Week Property Disregard

**Please give your views below on the proposed change to the 12 Week Property Disregard policy and its potential impact.**

For the first 12 weeks after a person enters a care home, the value of their home is not taken into consideration by the council in its assessment of how much they should contribute to their care home costs. This gives the individual breathing space to decide whether they wish to stay in care permanently, without the pressure of having to sell their property straight away.

The proposal is to only offer a property disregard to new care home residents or at the council's discretion. This will better align the policy with national guidance and legislation, which only states that authorities must provide a disregard when a person first enters a home as a permanent resident, and where there is an unexpected change in an individual's financial circumstances.

*Please write your views here*

### 4. Assessment of couples

**Please give your views below on the proposed change to the way couples are assessed and the potential impact of the proposal.**

Currently individuals living with a partner in their own home are offered the option to receive both an individual and joint financial assessment. The assessment with the lowest contribution is then used to the benefit of the person being

assessed. This approach goes further than the Care Act 2014 requires, at considerable cost to the council.

The proposal is to remove the offer of a joint assessment for couples and assumes that people will be financially assessed as individuals.

This proposal will better align the Contributions Policy with the Care Act 2014, which states that each person must be treated individually.

*Please write your views here*

#### **5. Full cost recovery for home care**

**Please give your views below on the proposed change to the costs recovered by the council for home care and the potential impact of the proposal.**

Currently an average hourly rate of £19.40 is used to calculate how much a person should contribute to the cost of their home care. Some care providers charge above this hourly rate and others below, which means that in some cases the council is subsidising the cost of care.

The proposal is to introduce a fairer policy that ensures the contribution people make towards the cost of home care covers the full cost of these services, based on charges by providers.

*Please write your views here*

#### **6. Non-statutory services (e.g. Telecare)**

**Please give your views below on the proposed change to charging for non-statutory services and its potential impact.**

A number of services are commissioned by the council that they are not obliged to provide, including telecare, laundry services and Blitz Cleans.



In some cases, these services are used as part of a person's Support Plan to meet their eligible care needs; however, there are currently examples of people with no eligible needs receiving these services who are not being charged.

The proposal is to ensure that if a person receives a non-statutory service to meet their eligible needs, this will form part of their Support Plan and financial assessment, but if someone receives this service who doesn't have eligible needs / their eligibility has not been established, they will be charged the actual cost of that service.

*Please write your views here*


- 7. Do you have any comments on how the council intends to manage the possible impacts of any of the proposed changes to people who use adult social care?**

*Please write your views here*

- 8. Are there any other aspects of the proposed policy change that you would like to comment on?**

*Please write your views here*


## Appendix 2- Examples of Disability Related Expenditure calculation



# Disability Related Expenditure

The costs you have to pay as a result of your disability that are not considered 'normal living costs'

**How we calculate your assessed contribution:**

$$\begin{array}{r} \text{Non-Disability Income e.g. Pensions/ESA} \\ + \\ \text{Disability Benefits e.g. AA, DLA, PIP} \\ - \\ \text{Disability Related Expenditure} \\ - \\ \text{Minimum Income Guarantee (set by Government)} \\ = \\ \text{Assessed Contribution} \end{array}$$


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# Disability Related Expenditure

The costs you have to pay as a result of your disability that are not considered 'normal living costs'

Examples: Assessment for person over 65

	Current Policy Example 1	Current Policy Example 2	Proposed Change
<b>Non-Disability Income</b> - State and Private Pension	£180.30	£180.30	£180.30
+			
<b>Disability Benefit</b> - Attendance Allowance	£83.10	£83.10	£83.10
-			
<b>Disability Related Expenditure</b> - Current Policy : <i>Assess the cost of each item.</i> Proposed Change: <i>25% of Disability Benefit.</i>	£12.50	£30.00	£20.78
-			
<b>Minimum Income Guarantee</b> (set by Government)	£189.00	£189.00	£189.00
=			
<b>Assessed Contribution</b>	£61.90	£44.40	£53.62



# Disability Related Expenditure

The costs you have to pay as a result of your disability that are not considered 'normal living costs'

Examples: Assessment for person under 65

	Current Policy Example 1	Current Policy Example 2	Proposed Change
<b>Non-Disability Income</b> - Employment and Support Allowance	£125.00	£125.00	£125.00
+			
<b>Disability Benefit</b> - Disability Living Allowance	£83.10	£83.10	£83.10
-			
<b>Disability Related Expenditure</b> - Current Policy : <i>Assess the cost of each item.</i> Proposed Change: <i>25% of Disability Benefit.</i>	£15.00	£25.00	£20.78
-			
<b>Minimum Income Guarantee</b> (set by Government)	£131.75	£131.75	£131.75
=			
<b>Assessed Contribution</b>	£61.35	£51.35	£55.57

## **Appendix 3 - Frequently Asked Questions**

### **Adult Social Care Contributions Policy Consultation**

## **Frequently Asked Questions**

### **General questions**

#### **Why are you proposing to change the Contributions Policy?**

We have reviewed the current policy and think it can be made fairer, clearer and more in line with national guidance. We want to ensure everyone's contribution is assessed in the same way through an open, easy-to-understand process. We will ensure that, in line with national guidance, you have enough income to meet your living costs and any factors that are specific to you are considered.

#### **What happens after the consultation?**

A report outlining the feedback from the consultation will be published online at [www.oxfordshire.gov.uk/contributions](http://www.oxfordshire.gov.uk/contributions). A final decision on any policy changes is expected to be made in May 2018.

If the policy changes affect your assessed contribution, we will write to you to explain how it will change. These changes would not affect you until **September 2018** at the earliest. You will also be able to request a financial reassessment if you disagree with your level of contribution.

#### **What will happen if I'm not able to pay more towards the cost of my care?**

If there are factors that mean you cannot pay a greater contribution, for example because of social, psychological or health issues, we will work with you to consider these further.

We would make sure that no person's finances fall below the nationally guaranteed minimum income level needed to live on and meet their care needs.

#### **Why would these changes apply to everyone instead of just new people?**

We want to ensure the policy is applied fairly and consistently, so we are proposing that any policy changes should apply to people who already receive care and support, as well as people who will in the future.

#### **How will you safeguard the people who are most vulnerable?**

We would work with people who are affected to understand how the changes would impact them. If appropriate we would work with a person's Social Worker to understand their full circumstances and where necessary, involve an independent advocate to speak on their behalf.

#### **When would these changes happen?**

Any changes to the policy would be introduced at the same time. However, after a decision is made about the proposals, the changes would not take effect until September 2018 at the earliest. This would provide sufficient time for us to contact people about how their contributions may change, respond to requests for financial reassessments, and enable people to prepare for any potential impact on their finances.

## **Specific queries relating to the questionnaire**

### **Question 1. Disability Related Expenditure. (See also the attached example calculation on page 3)**

#### **What do you mean by Disability Related Expenditure?**

People may have to spend money on items and services that help them manage or cope with their disability, impairment or long-term health condition. These costs are called Disability Related Expenditure. They may include additional gas/electricity costs, cleaning, gardening, laundry, incontinence pads, window cleaning and washing powders.

#### **What disability benefits would be considered when calculating Disability Related Expenditure?**

The care element of a disability benefit will be used to calculate your Disability Related Expenditure. This includes Attendance Allowance, Disability Living Allowance, and Personal Income Payments. Payments for the mobility element of a disability benefit would not be included.

### **Question 2. Arrangement fees**

#### **How have you calculated the arrangement fees?**

The fees cover our costs in arranging your care, including the cost of negotiating and/or managing the contract with your care provider. We calculated this by estimating the amount of officer time involved in setting up and arranging care, as well as the time spent monitoring the quality and safety of services.

### **Question 5. Full cost recovery for home care**

#### **What would happen if there are only a small number of care providers in an area?**

If there are a small number of care providers in an area, this could have an effect on the cost of the care available to you through the council. If you have eligible care and support needs, you can choose to receive a direct payment. This would allow you to organise your own care services, giving you more choice, flexibility and control over how your needs are met.

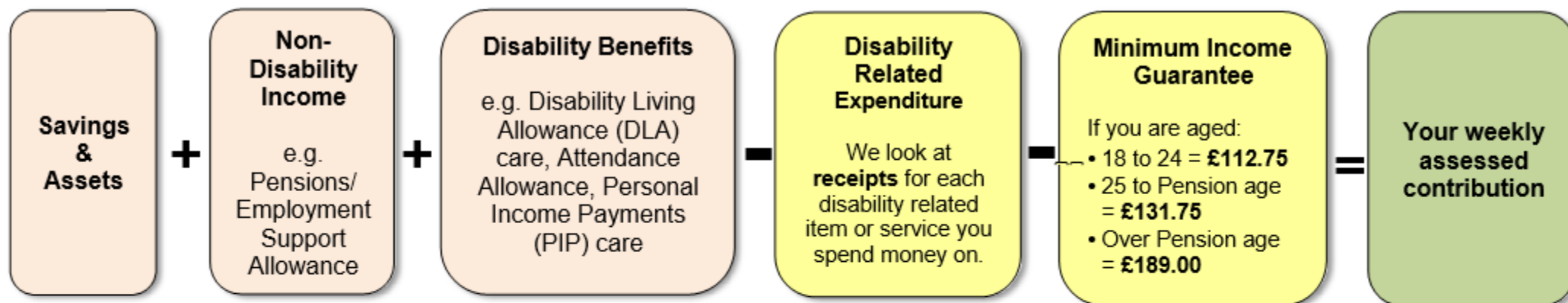
#### **How does the council negotiate the hourly rates it pays care providers?**

Based on what we already know about the rates of pay in Oxfordshire and the day-to-day costs of care delivery, we estimate an average minimum hourly rate for care that we will fund. This means we can ensure the price quoted by a care provider is sustainable and appropriate for the county.

We have a legal duty to ensure there is enough care available to meet the eligible needs of all people within Oxfordshire now and in the future.

## Disability Related Expenditure - Current Financial Assessment Calculation

We currently assess your income and savings. We then take away the amount you spend on disability related items or services (e.g. creams, gardening, window cleaning) and your Minimum Income Guarantee which is set by the Government (figures are weekly amounts from March 2018 and subject to change). What is left is how much you can afford to contribute towards your care.



## Disability Related Expenditure - Proposed Financial Assessment Calculation

The proposed changes mean the assessment is the same as above **except**- instead of looking at each disability related item, we deduct 25% of your disability benefit from the assessment. We think this allows us to have a **fairer, less invasive** and **more consistent** assessment process.

