



ISLINGTON

**Social Services Department
Highbury House, Highbury Crescent, London N5**

Report of : Executive Member for Health & Social Care

Meeting of Executive	Date 5/9/02	Agenda Item C3	Ward(s) All
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Subject: A new charging policy for domiciliary care services and final evaluation of consultation with service users

1 Synopsis:

- 1.1 This report presents a final evaluation of the results obtained from consulting users of domiciliary care services about proposals to revise our charging policy to bring it in line with Department of Health requirements. It also sets out recommendations for a new domiciliary care charging policy which takes account of that consultation, government statutory guidance and the financial constraints facing the authority.
- 1.2 Consultation with service users was undertaken following instruction from the Executive on July 4th 2002 and in fulfilment of a requirement imposed by statutory guidance issued by the Department of Health in November 2001 (*Fairer Charging Policies for Home Care and other non-residential social services*). A preliminary report was presented to the Joint Board on August 6th.
- 1.3 This reports covers:
 - i) An outline of the Fairer Charging requirements
 - ii) An overview of preparations for implementation across London
 - iii) A summary of the consultation process
 - iv) An evaluation of the responses to consultation
 - v) Discussion of the recommendations

2. Recommendations:

- 2.1 That the Executive takes account of the evaluation of the views expressed by users in response to the consultation exercise.
- 2.2 That the Executive agree a new charging policy for domiciliary care services including:

- i) setting a maximum weekly charge of £235, based on two thirds of the cost of an older person's residential care placement, to be up-rated annually;
- ii) an assessment of the disability related expenditure of all service users;
- iii) a disregard of savings & capital equivalent to the upper limit applied in residential care (currently £19,000), to be up-rated annually;
- iv) a disregard of all earned income and income analogous to earned income, (e.g. Statutory Sick pay, Statutory Maternity Pay etc.)
- v) a phased implementation of charge increases over twelve months where the new charge policy results in an individual facing an increase of more than 50% of their existing charge;
- vi) limiting charges to 75% of disposable income, with the Director of Social of Services in consultation with the Executive Member having discretionary power to set a lower limit in the light of operational experience of the impact of the charging formula.

3. Outline of the Fairer Charging requirements:

- 3.1 The Department of Health guidance, *Fairer Charging for home care and other non-residential social services*, was issued to local authorities in November 2001. The main objective was to introduce greater consistency in the design of charging policies across all authorities with social services responsibilities. The guidance applies to all non-residential social services other than meals in the home or in day centres and services provided under s117 of the Mental Health Act 1983.
- 3.2 The main requirements of the statutory guidance include:
- i) Free provision of services to users on defined low incomes. (At 2002 rates, the defined low income for a single person of 60 or over would be £122.70; low income for a younger person with disability would be either £96.20 or £110.25.);
 - ii) Where charging against defined disability benefits, including attendance allowance, disability living allowance (care component) and the severe disability premium of income support, the authority must carry out an individual assessment of the users disability related expenditure;
 - iii) To promote welfare to work policies, all earned income must be disregarded in assessing liability for charges.
- 3.3 Implementation of the requirements is in two phases. From October 1st 2002, all users on low incomes must be exempted from charges and earned income must be disregarded; users provided with more than ten hours care per week must have an assessment of their disability related expenditure if charges are levied against the defined disability benefits.
- 3.4 Users provided with less than ten hours care per week can continue to be charged under the current arrangements until April 1st 2003. After that date, assessment of their disability related expenditure is required if charging against the defined benefits.
- 3.5 Officers will monitor the impact of the charging policy on service users and its costs of administration.

4. Preparations for implementation across London

- 4.1 Informal working with other authorities has disclosed some lack of preparedness for the new arrangements across London, with a number still to carry out consultation and decide policy. Only one out of eight authorities is said to be ready for the implementation of the first phase of the new requirements and, even there, final policy is still to be decided.
- 4.2 Thirteen authorities have responded to an informal survey of their proposed policy intention in relation to key areas of local discretion: whether to set a maximum charge, what capital limit to set, what percentage of disposable income to take in charges.
- 4.3 Only three authorities intend to charge the full cost of service with no maximum charge. The other ten are intending to set a maximum charge ranging from £81 a week to the full cost of residential care.
- 4.4 Most authorities intend to follow the capital limits applying to people in residential care and apply a full cost charge, or their maximum charge, against savings of over £19,000.
- 4.5 Authorities have discretion as to the level of disposable income they take in charges, after taking account of the disability-related expenditure faced by the service user. Five authorities propose to take 100% of disposable income into account. Others are considering charging against only 50% or 75% of disposable income. Because of the novelty of the new assessment requirements, no authority is currently able to cost the impact of the various proposals.

5. Summary of the consultation process

- 5.1 The topics for consultation were prescribed by the Department of Health. An extensive postal questionnaire, supported by a freephone number for assisted form completion, was complemented by more informal, face to face meetings with users and carers.
- 5.2 The questionnaires were designed in consultation with representatives from a number of voluntary sector agencies including: In Touch Islington, Centre 404, Islington Carers' Forum, Scope, MIND Islington and Disability Action Islington. All of these organisations provided public contact numbers for service users requiring help in completing the questionnaires.
- 5.3 In early July, questionnaires were sent to all 1,300 users of those domiciliary care services affected by the statutory guidance. Social services staff and independent service providers were briefed about the consultation process before the questionnaires were sent to service users. At the close of consultation, 284 completed forms had been returned, representing a response rate of just below 22%.
- 5.4 Specially convened consultation meetings, some originated, supported or facilitated by voluntary sector agencies, were held with service users and carers at Centre 404, two older people's day centres and regular user group venues. These meetings offered the opportunity for broader concerns to be raised and clarified with officers.

6. Evaluation of the responses to consultation

- 6.1 Independent analysis of the questionnaires was carried out by Kingswood Research. The results are presented in tabular form and have been incorporated in a sample questionnaire, reproduced as [Appendix 1](#) to this report.
- 6.2 The results show that a significant proportion of the respondents, ranging from a fifth to almost half, were either unsure, or expressed no opinion, in response to the questions.

In a number of instances respondents also explicitly stated that they did not understand the questions. This is felt to reflect the technical complexity of the issues that were the required subject of the consultation and the vulnerability of the groups being canvassed.

- 6.3 In relation to most of the consultation questions, no clear or unequivocal views can be inferred, however, about 25% of respondents also wrote additional comments that are reproduced at [Appendix 2](#).
- 6.4 On setting a maximum charge: Discounting respondents who were unsure or expressed no view, there was a small majority in favour of setting a maximum charge based on a proportion of the cost of older people's residential care placements. (Questions 1 & 1b) Comments were made by some respondents that comparison with residential care was inappropriate because the level of service provided in residential care settings was far higher than is provided in the community. However, only a small minority (17.6%), was in favour of setting a maximum based on the actual cost of service. These views were reflected in a consultation meeting held with nine people drawn from the social services database. A report of that meeting can be found at [Appendix 3](#).
- 6.5 Treatment of disability related expenditure: Among those who expressed a view, there was a more significant majority in favour of taking disability related expenditure into account for all service users. (Question 2). This view was also strongly reflected in the balance of written comments received and in consultation meetings.
- 6.6 Treatment of capital & savings: Of those who expressed a view, a majority were in favour of taking savings and capital into account in assessing charges. There was a very clear majority in favour of disregarding savings that are held to meet a particular need related to disability. (Questions 3a & 3b). Written comments received were strongly opposed to penalising people who had saved and there were strong objections to the proposal to treat savings between £11,750 and £19,000 as generating tariff income. These points were also reflected in the consultation meeting with a sample of nine people, see Appendix 3.
- 6.7 Implementation of changes leading to individual charge increases: Clear majorities opposed proposals to protect charge payer's income, either by assuming that they face particular disability related expenditure, or by phasing in individual charge increases over six months or a year (Questions 4a & 4b).. This hostility to ameliorating the impact of a rise in charges seemed anomalous in the context of the general feedback from face to face meetings with service users and carers. Further analysis by Kingswood Research showed a strong positive correlation between disagreement with charging in principle and disagreement with phasing any increase in charge. It is highly probable that the opposition to phasing in charge increases reflected disagreement with charging in principle rather than a wish to see charges increased at a stroke. This is certainly reflected in the written comments and verbal feedback obtained from meetings with service users.
- 6.8 Although it was made clear that the Authority is not proposing to abandon charges for domiciliary care services, users were asked whether they think that it is fair in principle to charge for community care services and a clear majority said that they were opposed to charging in principle. This is reflected in the written comments received, although there is significant acceptance of a reasonable charge where the ability to meet the extra costs of disability is protected. There were a significant number of comments linking charging with value for money and quality of service.

7. Conclusion & reasons for recommendations

- 7.1 The recommendations at 2(i to v) cover those key areas where local discretion in the design of our domiciliary charging policy is retained and over which we were required to consult.
- 7.2 The review of our domiciliary care charging policy needs to balance the interests of service users as charge payers with their interests as users of services which are part-funded by their charge payments. It also has to balance the interests of council tax payers.
- 7.3 Setting a maximum charge: A maximum charge means that service users are not liable to pay for the full cost of their service above a set level. In Islington we have maintained a maximum charge of £220 a week for several years. This was originally based on two-thirds of the guide price for older people's residential care placements, but has not been up-rated. The purpose of setting a maximum charge linked to the cost of residential care is to avoid creation of a perverse financial incentive to enter residential care. Although only about four service users are currently liable for the maximum charge, the policy objective remains sensible and is in common with many other authorities. None of the views expressed in the consultation undermine this conclusion and, therefore, the original proposal is reflected in recommendation 2.2.(i). The discretion to charge up to a maximum of 75% of chargeable income will allow the Director of Social Services to meet budgetary requirements by modifying the charge formula in the light of practical experience of operating the new arrangements.
- 7.4 Assessment of disability related expenditure: The guidance from the Department of Health requires authorities to take account of disability related expenditure only if it seeks to charge against the defined disability benefits, such as attendance allowance and the severe disability premium of income support. There were strong views expressed in the consultation that service users should be treated equally, irrespective of whether they receive disability benefits or not, and this is reflected in recommendation 2.2.(ii).
- 7.5 Treatment of capital & savings: Capital and savings are taken into account by most authorities in assessing service users' ability to pay. Where authorities take savings & capital into account, the Department of Health guidance requires authorities to follow the provisions applying to people in residential care settings. At current rates this allows for a total disregard of capital up to £11,750. For capital between £11,750 and £19,000 authorities may assume a tariff income equivalent to £1 a week for every £250 (or part of £250) above the £11,750 limit. For capital above £19,000 authorities may apply their full, or maximum, charge.
- 7.6 While some 44% of users agreed that it is acceptable to take savings into account, there were many written comments objecting that the proposals penalised the prudent. In particular there were strong and cogent objections to the proposals in relation to the tariff income set out above. In light of those objections, and in recognition of the fact that the same savings would also generate tariff income under housing and council tax benefit regulations, recommendation 2.2.(iii) reflects a modification of the original proposals and sets a single capital limit of £19,000 above which the maximum charge will apply.
- 7.7 Disregard of earned income: This is required under the terms of the statutory guidance, but recommendation 2.2.(iv) extends the disregard to income, such as statutory sick pay, that is analogous to earned income. This will currently affect only a small number of users but is a further commitment to supporting people with disability into employment.

- 7.8 Phased increases of charges: The Department of Health guidance requires authorities to consider and consult on how to deal with instances where an individual's charges increase. The proposal to phase in significant increases in charges was rejected by the majority of respondents to the survey. However, in the light of the analysis suggesting that this simply reflected objections to charging in principle, and in the context of the positive responses given in face-to face contacts with service users, recommendation 2.2.(v) maintains the proposal to phase in significant increases in charge liability.
- 7.9 Limiting charges to 75% of disposable income: The new charging arrangements require authorities to disregard the basic levels of income as set out in paragraph 3.2.(i), above. Beyond that, they must also take into account and disregard the reasonable extra costs of disability faced by the charge payer. It is not, at this stage, possible to estimate what level of disability related expenditure will have to be discounted, although the Department of Health's view is that many users will be likely to claim for only a small number of items.
- 7.10 If 100% of disposable income is taken in charges, a single pensioner could face a weekly charge of £35.35, even after allowing for disability related expenditure of £20 a week. Setting a limit of 75% of disposable income would reduce this charge to £26.50 and would also ensure that service users retained an incentive to claim higher rates of benefit.
- 7.11 If service users with a potential entitlement to attendance allowance (and, as a consequence, the severe disability premium of income support) see no financial advantage from claiming the extra benefits, they may choose to remain on basic income support of £98.15 a week. Under such circumstances the authority would be unable to charge the individuals for their domiciliary care services. There would be an additional loss through the impact on the standard spending assessment, which takes into account the number of pensioners on attendance allowance resident in the area. The recommendation at 2.2.(vi) aims to prevent such losses to the authority.

8. Implications

Financial Implications

- 8.1 The budgeted income from domiciliary charges for 2002/03 is £547k. The changes to charge arrangements are unlikely to be cost neutral for the Department, particularly in the first six months of implementation in 2002/3. Contingency of £100k in lost income has been agreed although, until assessments under Fairer Charges principles are carried out, estimating loss of income remains approximate. Excluding tariff income from the assessment of savings between £11,750 and £19,000 is not expected to lead to significant loss of income to the authority. In a sample of 107 service users, average savings were £2,300 and only one service user had savings that would generate tariff income.

Legal Implications

- 8.2 The council has a discretionary power to charge adult recipients of non-residential services under section 17 of the Health and Social Services and Social Security Adjudications Act 1983. The council must have regard to the guidance issued by the Secretary of State under section 7 of the Local Authority Social Services Act 1970 in exercising its charging functions.
- 8.3 The statutory guidance includes advice on the issues where the council needs to take particular care to ensure that its charging policy is reasonable. The council must ensure

that its charging policy is demonstrably fair as between different service users and also promotes the independence and social inclusion of service users.

8.4 The council is required to consult on the matters set out in the report. Where changes would result in significant increases for some users, this should be specifically explained and considered as part of the consultation. The users, carers and other consultees must be provided with sufficient information while the proposals are still at a formative stage, given sufficient time to respond and the responses to the consultation must be taken into account by the council before it reaches the final decision on its charging policy.

Equalities Implications

8.5 Users of domiciliary care services are invariably living with disability and they and their carers are often on low incomes and face additional expenses as a result of disability. The changes consequent on the implementation of the guidance will give relief to those on lowest incomes and will protect income required to meet the costs of disability. Notwithstanding these advantages, some users are likely to face increases in charges.

Background papers:

- Fairer Charging Policies for Home care and other non-residential social services, DoH, November 2001. Available:~ <http://www.doh.gov.uk/scg/homecarecharges/guidance.pdf>
- Involving Users: Improving the delivery of local public services, National Consumer Council and others. ISBN 0 7115 0373 7.
- The Price is Right? Charges for council services, Audit Commission 1999, ISBN 186240 1519.

Final Report Clearance



Signed by

Executive Member for Health & Social Care

Date

Received by

Head of Scrutiny and Democratic Services

Date

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ISLINGTON

SOCIAL SERVICES DEPARTMENT

A FAIRER DEAL ON CHARGING FOR COMMUNITY CARE SERVICES

YOUR CHANCE TO COMMENT

Every council social services department has been told to make changes to the way they charge people for the services we provide to support people living independently in their homes. These include community care services such as home care, day care, tele-shop and home bathing. It does not include meals in the home or meals provided at day centres.

The new rules on charging for community care services are intended to make sure that different councils charge people fairly and do not leave anyone with less money than they need to live on.

- Everyone will have a basic amount of their income ignored for charging purposes.
- The new rules will mean that some people will pay nothing.
- Some people may pay more if they have a relatively high income and low outgoings.
- Everyone will be offered help to claim their full benefit entitlements and may actually be better off.

The rules still allow councils some choice about the local charging policy. Your views and opinions are important to us and will help the council to make the right decisions about charging for the services we provide in Islington.

Our proposals for community care charges are set out in the attached survey. In each section, we explain our proposals and ask you give your views by ticking the appropriate box. Please tick one box only in answer to each question. There is ample space for you to write additional comments, but please continue on a separate sheet if necessary.

We will take your views into account and change the proposals if we think it is right to do so, but we cannot change the Government's rules. **Please return the questionnaire to WRU, 95A Sotheby Road, London N5 2BR by August 5th, or as soon as possible.** Use the pre-paid envelope enclosed.

If you have any questions or problems in completing this questionnaire, please ring

 **freephone 0800 731 8081**

1. Setting a maximum charge for community care services

No-one can ever be charged more than the cost of their community care services. If someone has a high income, or savings over £19,000, we can set a maximum charge as long as it is less than the full cost of their services. Many councils, including Islington, do this to make sure that service users are always better off living in the community than they would be if they were to go into residential care.

We are proposing to set a maximum weekly charge based on two-thirds of the cost of residential care for an older person. The amount of the maximum charge would be increased annually to keep in line with the costs of residential care.

(a) Should we set a maximum charge?

Yes No Not sure

Based on first 231 responses

Answer	No.	%
Yes	104	36.6%
No	84	29.6%
Not sure	71	25.0%
No reply	25	8.8%
Total	284	100.00%

Our maximum charge at the moment is £220 a week. Less than five of our 1,300 service users currently pay this maximum charge.

If we set a maximum charge at two thirds of the cost of an older person's residential care, the maximum charge will go up from £220 to £235 a week. A small number of people will be worse off.

If we set the maximum charge as the actual cost of the service, the charge may be higher than £235 a week.

(b) How should we set a maximum charge?

Should it be based on the actual cost of service?

Yes No Not sure

Answer	No.	%
Yes	50	17.6%
No	92	32.4%
Not sure	94	33.1%
No reply	48	16.9%
Total	284	100.00%

MAXIMUM CHARGE, continued

Should it be based on a proportion of the cost of residential care?

Yes **No** **Not sure**

Answer	No.	%
Yes	91	32.0%
No	63	22.2%
Not sure	90	31.7%
No reply	40	14.1%
Total	284	100.00%

2. Disability-related expenditure

In working out what charge someone can pay, the new rules allow the council to charge against disability benefits including disability living allowance (care), attendance allowance and the severe disability premium of income support.

In Islington we currently charge against these benefits. In future we will have to ask what extra costs the service user has because of disability and make sure that the charge does not leave them without money to meet those costs. By costs of disability, we mean things like extra heating costs, special diet, additional laundry costs, the extra expense of having a personal assistant etc. We propose to treat all service users alike and take disability-related expenditure into account whether they get disability benefits or not.

(a) Should we take disability costs into account for all service users or only for those getting disability benefits?

All users

Only those with disability benefits

Not sure

Type of user	No.	%
All users	134	47.2%
Benefit recipients	71	25.0%
Not sure	58	20.4%
No reply	21	7.4%
Total	284	100.00%

3. Savings and capital

The new rules allow councils to take savings into account when assessing charges, but we don't have to do so. If we choose to, we can ignore them completely, no matter how much money a service user may have.

In Islington we do already take savings into account. We ignore savings up to £16,000 (£32,000 for couples). A single person with savings over £16,000 is required to pay the full charge for services, up to a maximum charge of £220 a week. About 45 of our 1,300 service users are affected.

In working out charges for community care in future, we propose to treat savings in much the same way as we do for people living in residential care.

We propose to apply a full charge only if someone has savings over £19,000.

We will ignore all savings up to £11,750.

For savings between £11,750 and £19,000, we propose to calculate the charge on the basis that the user has income from savings equal to £1 a week for every £250 (or part of £250) above the lower limit. This means that someone with savings of £12,300 would be treated as having an extra £3 a week income.

These changes to the treatment of savings and capital would mean that some people pay more in charges for community care services.

(a) Should we take savings and capital into account when assessing charges?

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
<input type="checkbox"/>				

Answer	No.	%
Strongly disagree	32	11.3%
Disagree	65	22.9%
Agree	65	22.9%
Strongly agree	61	21.5%
Not sure	51	18.0%
No reply	10	3.5%
Total	284	100.00%

SAVINGS & CAPITAL, continued

(b) Should we treat the savings of people living in the community more generously by ignoring savings that are being held to meet a particular need, for example, because they need to buy special equipment or pay for adaptations to their home?

Yes **No** **Not sure**

Answer	No.	%
Yes	193	68.0%
No	25	8.8%
Not sure	44	15.5%
No reply	22	7.7%
Total	284	100.00%

4. Dealing with increases in charges

The new charging arrangements mean that everyone will have a basic amount of income ignored for charging purposes. People with higher incomes who do not have high outgoings may be charged more. This may particularly apply to older people and people who don't have anyone to help or advise them.

(a) Should we assume that everyone with a particular disability (such as incontinence) will face extra disability-related costs (such as, laundry and wear & tear on clothing) and protect the income they need to meet those costs when setting the charge?

Strongly Agree **Agree** **Disagree** **Strongly Disagree** **Not Sure**

Answer	No.	%
Strongly disagree	102	35.9%
Disagree	94	33.1%
Agree	19	6.7%
Strongly agree	15	5.3%
Not sure	41	14.4%
No reply	13	4.6%
Total	284	100.00%

The changes to the treatment of income and savings may result in increased charges for some service users. Such increases could be applied straight away or, if the increase is a lot, it could be phased in over a period that allows the service user time to adjust.

(b) If a service user's charge increases significantly, should the new charge be phased in over a reasonable period, such as six months or a year?

Strongly Agree **Agree** **Disagree** **Strongly Disagree** **Not Sure**

Answer	No.	%
Strongly disagree	87	30.6%
Disagree	100	35.2%
Agree	14	4.9%
Strongly agree	10	3.5%
Not sure	56	19.7%
No reply	17	6.0%
Total	284	100.00%

5. Community care charges in principle

Although we do not intend to provide services free of charge, we would welcome your views on the general principle of charging for community care services. In funding local councils, the Government assumes that we get some of our income from charges for community care services. We charge for services so that we can provide more support for people in their homes and to develop new and better services. The services provided are often expensive and the charge is only a contribution to the real cost.

(a) With this in mind, do you agree that it is fair to charge a reasonable amount for community care services?

Strongly Agree **Agree** **Disagree** **Strongly Disagree** **Not Sure**

Answer	No.	%
Strongly disagree	24	8.5%
Disagree	137	48.2%
Agree	33	11.6%
Strongly agree	36	12.7%
Not sure	44	15.5%
No reply	10	3.05%
Total	284	100.00%

Thank you for taking the time to give us your comments.

Please return it to the WRU, 95A Sotheby Road, London N5 2BR by August 5th, or as soon as possible. Use the pre-paid envelope provided.

If you want any help in completing the form, please call:

 **freephone 0800 7318081**

Comments from questionnaires

Qn. 1a Set maximum charge?

Reasonable charge OK

"Everyone should be charged on what they can afford to pay"

"People should be charged according to their means - poor people should pay nothing or only what they can afford"

"Everyone has a different income and that should affect the amount they get charged"

"If you have the money you should pay but 2/3 seems too much"

"People should pay what they can afford"

"If someone is really rich they should pay full cost until their savings are down to a reasonable level"

"Just keep it as is - don't put up the charge"

"As long as the charge is a reasonable set charge that is affordable"

"If a maximum charge is set it might make things better for the person concerned . Everything has gone up in price so you do not have much of a choice. You must look closely at the income of the person using the service - some are better off than others. But please don't make it too expensive"

"People with that sort of money should pay the maximum for their service so as to prolong the life they have left and be comfortable in old age - you can't take it with you"

Comparison with residential care

"It is shameful that elderly people many of whom have worked hard and paid taxes should pay anything towards their care. I resent the inference that all service users should be candidates for residential care- this is a ruse to increase charges. Does it really matter what people think? You haven't taken any notice in the past!"

"This statement is unclear as to the exact comparison with residential care. Not all home service users need the full range of services provided in a care home, and the actual cost of these services varies. A full "menu" detailing costs of each service element should have been issued with this questionnaire to prove that 2/3 is really a fair amount to charge. Another table showing gradation of charges to savings should also be issued. Then these questions could be answered"

"If you live in the community you have to pay a lot of expenses to live – 2/3 of residential care may be too big a slice of someone's income with these bills to pay. Residential charges vary a lot – who would decide what was the "rate"?"

"If governments and councils want to care for people in the community they shouldn't also try to save money - the two don't necessarily go hand in hand"

"The cost of living in the community changes, whereas in residential care it stays the same"

"People would not be able to meet a charge as high as 2/3 of residential care"

"This assumes that all care is provided by council workers, that all elderly people at home live alone, and so they will pay two thirds of residential care. This ignores the contribution of family/friends who may provide 99% of care around the clock. The person living with the client should get an allowance higher than two thirds residential care."

"Not sure about setting charge in relation to cost of residential care because if that cost rises sharply there is no way of controlling it"

"Carers who look after family members at home should get support from social services. If they choose residential care they should pay maximum charge"

If charges too high people go elsewhere

"Charge should be based fairly on the actual service and as an encouragement to keep people at home, use the service and not cancel it"

"What would you charge for 1 hour non-specialist personal support? The present maximum is £19.40 a week. How do you relate this to residential home care? Private workers of this sort charge £7-£8 per hour. I pay this to get my flat cleaned as Islington Care Worker does not do housework"

"with limited resources I have to rely on family support"

Other Remarks

"For the most vulnerable who live alone who will police the service to ensure a good standard? Who will deal with their complaints?"

"The amount of maximum charge must be lower than what you propose above"

"People with disabilities would never have the sort of money you are talking about"

"I don't think charges should be made. Myself and others have had to wait a long time to get any care at all. If our disabled children were in Council care they would cost a fortune. We should have more, not less, money"

"Enough money has been paid by each tax payer who is now a senior citizen during their lives and to penalise them now is wrong"

"In Scotland people don't have to pay for services. It would cost the government more if people were in hospital"

"Amount of maximum charge must be lower than what you are proposing"

"Everyone should be subsidised to the same amount"

Qn. 1b How set charge?

Comparison with residential care unhelpful

“The costs of living in your own home are very different from the cost of living in a residential home, so it does not seem fair to me to base the charge to everyone on what those in residential homes pay”

“This is not a fair comparison as residential care provides much more than community services”

“Is the sum of £235 fixed or will it go up as the cost of residential care goes up?”

“In either case the costing is arbitrary. Are capital costs taken into account in the residential care costing? Admin costs in the “actual” costs?”

“It costs more to live in the community and replace things like bedding and household appliances”

“2/3 of residential care costs seems rather high. Residential care includes accommodation , insurance, staffing 24 hours a day etc. A maximum of 50% would be more appropriate”

“It costs more than a third less to stay living in the community”

“People living in their own homes should not pay the maximum because they have utility and food bills to pay”

Take individual circumstances into account

1 “Depends who they are and how much money they have got”

“Charge should be set according to the individual’s ability to pay. Savings should be included in the assessment – those with savings should pay more, those without pay less”

“it should be based on ability to pay”

2 “Older people who have saved shouldn’t be penalised”

“Maximum charge based on actual cost may penalise some people”

“Charges should be based on individuals ability to pay, not a set charge”

“Every family’s circumstances are different and some will be on income support with no savings or property”

“Maximum charge based on actual cost may penalise some people”

“It depends on how much the actual cost is - £15 a week is quite a big increase”

2.1 Wrong in principle

“If people were being cared for in hospital they wouldn’t be charged - care services should be free!”

“Maximum charge should not be set”

"Should be a fixed charge regardless of cost"

2.2 Value for money

"You have to ensure that cost = value for money. At present carers do 20-30 minutes for each client who nominally is getting 1 hour. Therefore cost to client is twice what you say it is"

Qn. 2a Disability related expenses

Treat everyone the same

"Why should people with disability benefits get treated differently? Everyone should be able to get the same service"

"Some people are not officially registered as disabled - but have great difficulties in everyday life and need help"

"Everyone should be treated the same"

"Everyone should be assessed and those who need help should get it"

"It is better and more fair for all users to be treated the same without discrimination"

"All users have individual needs and problems. Some do not want to be labelled "disabled" but suffer none the less. What happens to people who miss the "Disabled" label?"

"Additional costs can be the same even if you don't get disability benefit"

"Everyone should be treated the same without discrimination"

"Everyone who receives any of your services is suffering a disability whatever its cause, even just old age, so charges to users should be proportionate to the service they get and nothing else"

"I think all people should be looked after and every detail should be looked into before coming to any conclusion"

Benefit recipients should pay

"Disability benefit is not available to pensioners and those of us who have tried to provide for ourselves are often the ones who are worse off"

3 "Those getting benefits will be able to afford to pay"

"People with disability benefits should pay more for their services"

3.1 Being disabled is expensive

"It is very important that everyone gets treated the same whether in or out of work. We all have extra costs relating to our disability (computer, extra showers) and relating to having personal assistants (more electric, gas, car insurance, refreshments when out.)"

"It breaks my heart using the benefit money like this . If my son was healthy he wouldn't have to account for every penny he spends"

"People don't ask to be born disabled, so why should they have to pay for it?"

"Enormous extra costs are incurred daily- fuel, diet, incontinence aids, extra clothes"

"Benefits are low anyway and people on them with disabilities need all they can get"

"Anyone with a disability has costs that others don't and this should be considered"

"I have had to buy my own wheelchair and also bathroom equipment and hand rails"

"Any charges should be minimal or it could come across as a tax on disability"

"I have considerable extra costs both because of my disability but also because of personal assistant's needs - i.e. extra room to heat and maintain, extra person for holidays, extra car insurance etc"

"This is a ruse to take more money from the disabled and needy members of society - you should be ashamed!"

"Transport costs are very high -£60 per week. All costs related to disability should be taken into account"

"I cannot afford to pay any more from my disability pension"

"It is bad enough being a disabled person without having to pay for it"

Problems with assessment

"Questioning on these matters should be sensitive. People can feel as if their privacy is being ignored if questions are seen as invasive"

"Care managers are not trained to assess"

"How can you fairly assess each person's needs/expenses realistically, and will the Council staff also monitor each person afterwards? Anyway the government's "allowances" are not based on realistic costs, e.g. Attendance Allowance - where can you find someone to "attend" you every day for £55 per week?"

Qn. 3a Take savings and capital into account?

Don't penalise people for prudence

4 "Some people have gone without to save"

"The limit is not generous enough. People have worked and saved all their lives and so should keep more"

"Income from savings is not as much as you think it is. I have to pay all my living expenses with no help from benefits and I pay for my husband in residential care"

"People who have saved seem to be penalised for saving for life expenses once they stop earning"

"It's our money not the Council's"

"Why should people who have saved all their lives for a few luxuries be penalised? They have also paid NI all their working lives but are now penalised because they have saved a bit"

"My husband and I worked hard all our lives and paid our dues, and saved a bit. Now others who have contributed nothing over the years, get everything free"

"People who have had the prudence to save all their lives for a comfortable retirement have already paid tax on it and shouldn't be penalised"

"No, because some people may own their house but not have enough money to run it"

"Even if people have savings they have paid taxes and are being penalised for being careful"

"Those who have paid full stamp all their lives are entitled to extra consideration in retirement"

"You just want to find ways of taking more money from vulnerable people who have worked hard all their lives"

"It is not fair to penalise people who have the good sense to save their money"

"Savings and capital should not be considered because through taxation even the wealthiest have had to financially support the needy and so they are entitled to get some of their money back"

"If people have savings why should they pay extra? They could have been saving for years and shouldn't be treated differently"

"Must take into account that these people have worked all their lives and been careful to save this money to give a feeling of security in old age. They have dutifully paid all their contributions"

"If we have to have a charge against savings I suggest that we should only charge on savings of over £40,000. This would allow disabled people to save for cars and other aids to independence which can be expensive - car hoists, lifts, computers"

"The return on capital you suggest is unrealistic. Tell me where you can get 20.8% and I will move my money there straightaway"

"Savings 'not considered' should reflect what an ordinary person might have saved. People who have worked hard and saved do not want to end up entitled to less than those who did not save"

"Disabled people who work are concerned re pensions and savings like the rest of the population. They will be penalised by this. You shouldn't reduce the amount of savings people can have"

"This amounts to a high tax on what are small savings, probably made at personal sacrifice"

"If people have any savings it would have taken them a long time to reach the amounts you are talking about"

"People born disabled have very little savings of their own"

4.1 Those who can afford to should pay

"If you have the money you should pay but if you haven't got it you can't"

"It's only fair to use some of your own money to pay towards care"

"Fairer for people with more savings to pay more"

"It is only fair if people have savings to contribute to care costs"

"If someone is loaded they should pay more"

"If people have got it they should spend it – they can help themselves"

"Governments policy is supposed to be fairness for all - rich and poor"

4.2 Don't treat our homes as capital

"Savings are different from income – capital could mean your property you are living in and don't make money from"

"Don't count property because people could lose their homes"

"Don't treat a person's home as assets and force them to sell it to pay for care"

4.3 Doing the calculations not worth it

" If you wish to apply a tapering calculation to withdraw the benefit –say so. As it is your statement is financial gibberish. There are so few relevant cases it is not worth your time and expense doing the calculations"

Qn. 3b Ignore savings for disability related expenditure?

Let people save for predictable needs

"In the long term it is better to allow people to save for their needs/equipment"

"Disabled people should be allowed to save or inherit, or buy a home or save for a car like the rest of the population otherwise it is discrimination"

"Everyone needs to replace things"

"Don't forget adaptations to cars etc"

"If you did not ignore such savings it would be grossly unfair - a real tax on disability"

"We must be realistic for some severely disabled people with high needs for special equipment and adaptations"

"Ignore money needed for equipment and adaptations and also upkeep of the home"

"We must be realistic about some severely disabled people having high level needs for equipment"

"You have to pay for your own adaptations – having them done by the Council means a long wait"

Needs close supervision

5 "Evidence could be provided of an intention to do this"

"Study each case separately to distinguish between necessary and luxury items"

"How can this be checked? If it can't you shouldn't do it"

"Only if they're saving for something worthwhile"

5.1 Isn't there public provision made for these needs?

"House-owners can get grants if they really need to adapt their homes, so they should pay up"

"Don't the Council pay for special equipment if people really need it at home?"

"Special equipment and adaptations for disability should be financed by the health authority or gvt. It should not have to come from one's own pocket"

Qn 4a Extra disability related costs

Would need individual assessment

6 "Some people who say they are disabled are not really"

"Expenses for someone with complex and multiple disabilities far exceed support received"

"Older people with no children to help should be treated differently. Children should be expected to help parents, while those with no next of kin need more help"

"It must be individually assessed. No two disabled people are alike"

"Consider every situation carefully with regard to individual need"

"Questioning must be sensitive"

"Every case would be different – for example, there is a huge difference between someone with a leaky bladder and some one with double incontinence in terms of cost"

"When people get old their dignity can be taken away and they get depressed about this – they should be treated sensitively and do need help with extra disability related costs"

"We must consider every situation individually to avoid disadvantaging vulnerable people"

Good idea

7 "I think this is a good idea"

"Benefits and income are essential for such people and they should be protected"

7.1 Other

8 "Everyone should be treated the same"

"Carers have enough worries without having every detail of our lives put under a microscope"

Qn. 4b Phase in new charges?

8.1 Yes, good idea

"This is very important. Phasing in will help where financial arrangements have to be altered significantly. Such alterations cannot always be done immediately. We assume there will be an opportunity to discuss the detail with an officer from the Council. How such changes are communicated

will be critical in avoiding upset to the elderly"

"Phase in over a year"

"Spreading the cost is always sensible"

"Charging policy must protect the security and welfare of the most vulnerable people"

"More considerate to give people time - otherwise they will panic"

"This would reduce the shock"

"You are talking about the elderly and disabled not overpaid Council employees – obviously all charges should be phased in"

"The system must work in the interests of the people in need"

"More reasonable to phase it in"

Better off can pay now

9 "Better off people wouldn't mind paying it in full straightaway"

"I don't mind paying a bit more - very pleased with what SS do for me"

"Unless people's other means, such as capital, enable them to pay increase straight away"

No increase would be better

10 "No increases should result from a fairer charging review"

"What kind of choice is this?"

"This affects vulnerable people who should be protected and not exploited"

"Makes no difference -you still pay in the end"

"If charges increase too much it would be easier to give up caring at home because of expense and health cost. We can't cut our budgets any more because they're stretched too far already"

"Don't agree with charging in principle"

"Why do you have to charge at all? We should not have to pay for care"

Qn. 5 Fair to charge a reasonable amount for services?

Don't charge at all

"Any charge is an unfair tax on my disability. I pay a lot for my independence in the form of extortionate transport costs, leisure costs (everything I do I pay for 2 people as I cannot do anything without my personal assistant)."

"People in wheelchairs don't choose to be like this. The government should acknowledge this. The sick/disabled population is rising and the government should ensure that no-one has to pay charges"

"Charging appals me as I do so much caring and don't get paid a penny"

"If people have worked and paid tax and NI all their lives they should not be penalised for being sensible"

"Gvt should help our elderly rather than taking in asylum seekers/refugees who have never contributed to the system"

"I don't think charges should be made – being disabled is bad enough as it is and you need a little money for a few treats to make life bearable"

"I don't think it's fair to charge anybody"

"I have no savings or nest egg. I get around on a scooter and save the community money by not having a bus pass. I think I should be let off even the minimum charge"

"Social Care services should be free of charge. We can see that "reasonable community care charges" will continue to rise annually by unreasonable amounts. The sick and disabled already have very little to live on and are now being penalised for their disability. What a disgrace in the 4th richest country in the world. Think again Islington"

"Looking after someone with a disability is stressful enough – and they generally have very little income anyway. Also equipment is expensive and there is a lot of general wear and tear. In addition we the carers save society a lot of money"

"We have worked hard all our lives and shouldn't be penalised"

"Care services should mean that i.e. people who have paid NI shouldn't be charged as it is a double charge – People pay in every month and all that is needed is proper budgeting of monies received"

"You say the gvt assumes you get help from us in the form of charges. It's about time they were told that we pay in other ways –we have saved the authorities an awful lot of money over the years"

"People on low income should not be charged"

"Where there is a severely disabled member of a household whatever benefits the individual receives should be counted as being for 2 people, carer and client, as the carer will be unable to earn an income from employment because of care responsibilities. You should request additional funding for every disabled person in the borough to enable you to provide the quality services they deserve"

"In an ideal world services should be free. I don't think disabled people should be discriminated against by having to spend large amounts of money on services. This is also a disincentive for disabled people to work in paid employment"

"Older people have served their country and ought to be able to enjoy what is left of their life"

"People born and resident in the UK should not have to pay any charges when they come to a stage in life when they need help, considering that they and their parents before have paid money into the system

Particularly when you see people coming in from all over the world as refugees.....If money can be found for these people I suggest to you that charity should begin at home"

"Only if "reasonable" is close to minimal. Charging the elderly and disabled for extra support that they need adds to the stress they may already be feeling. People who live in the community may rely more on family for help and additional charges could increase pressure already felt"

"Many users have dropped out due to being charged. How can you justify creating hardship at £4+ a week and panicking users into dropping the service? I know of 6 people who have dropped out. It should be free for those who are needy"

"If people have private pensions maybe it is fair, but if they are on income support or state pension no, as they are already on the breadline. Carers save Local Authorities a fortune and our health is deteriorating because of what we do"

10.1 Service poor value for money

"Why don't you set up a research project on the quality of service provided before you venture into a new charging strategy? I'm particularly concerned for people who receive comprehensive care in their homes- they save you a lot of money compared with residential care. You should concentrate on reducing costs and not putting more pressure on the vulnerable and needy - shame on you!"

"I wouldn't mind paying a reasonable amount if I got care workers who were dedicated and compassionate and knew their job and were keen to do it. I do not get this"

"Depends on how good the care is- some carers not value for money i.e. pay for 1 hours service and they stay for less than half of that"

"The residents of Islington pay high rates of Council Tax some of which subsidises services to the elderly and disabled and rightly so. It is certainly fair that users should contribute if they can afford it but the amount they pay should also reflect the quality of service they receive"

"It would be reasonable to pay a charge if the work done was satisfactory. Sometimes the client has to show carer how to do a household chore correctly and then pay! This is not fair!"

"Charge does not give value for money ie. Flexiteam who cannot provide regular service"

"Services are generally of a low standard. Workers are not properly trained and do not even use their common sense. Often time keeping is poor and replacements are sent who are more trouble than they are worth"

"Charging is fair if the service is satisfactory. At present services are appalling and not worth giving away free. People's individual feelings and needs are ignored and you do not deliver what they want"

"At present people are not getting value for money. Over the years the standard of care has been inadequate and substandard. Carers have often been inexperienced. Often no care is delivered and the office responsible provide a very poor service, no monitoring or follow up to complaints and a lack of interest in the clients well being. The service is more of a hindrance than a help"

"Payment of the charge should bring with it a serious attention to comments made by the payers. They have a right to a service which is helpful, reliable and appropriate - and to be able to make their concerns known easily"

"The service I am receiving is not good quality"

Reasonable charge based on ability to pay OK

11 "Private services would be more expensive"

"It is fair to pay something"

"Depends on how much the charge is"

"Only if the person has enough money to pay"

"It should depend on individual circumstances"

"It must be reasonable – a few pounds a week in my case, but more where people can afford it"

"I think people should pay what they can, taking into account what they have to pay out, as you do spend a lot on things you have to buy, like any other householder"

"Those who can afford it should pay a bit more to help those who can't"

"Only if the client is receiving benefit to cover these costs - anyone with income above permitted level can buy privately direct"

"In this world you get nothing worthwhile if it is absolutely free"

"Must be based on individual's needs and circumstances"

"Yes a reasonable amount - not too much"

"Charges should be affordable to the service user and their circumstances should be taken into account where possible"

"Yes, but it depends on what you mean by reasonable"

"Only if reasonable"

"I agree with this in principle".

Other Remarks

"For those of us who have joint packages funded by ILF and Islington Council there is an additional problem. If Islington assess you as having disability related costs and therefore lowers or waives the charge, the ILF will still be rigid because they charge the Higher Disability Premium and half DLA (Care Component), less local authority charge. Therefore if the local authority reduces its charge on grounds of disability related costs, the ILF will put their charge up because they do not consider disability related costs"

"The government should not use this as an excuse not to contribute enough"

"The Home Care helps are good at simple housework but less competent at things like curtain hanging or turning mattresses"

"Although charging a reasonable amount as a symbolic contribution to services is fair, I would like to point out that the gvt should increase Councils' funding to improve services which are often expensive. More should be done for disabled people in need of support instead of harassing them"

"How do you define "reasonable amount"".

"Why not ask for some lottery funding for assistance? Millions were spent on the Millennium Dome which could have been better used for this service?"

"Depends what a reasonable amount is – people with low income must be charged in proportion to it"

"If people were to apply for Direct Payments they could use it to pay privately for their care costs, so causing the Council to pay 100% of the cost. If I'm correct, this should be considered"

"I would like to know how much it would cost to implement these charges – probably more than it would raise"

"This questionnaire does not say what is proposed for people who live primarily on benefits. A lot of time will be wasted assessing the circumstances of people who should have been excluded. The NAO reported that LBI did nothing they regarded as good practice and I fear that whatever you do will be neither fairly designed nor fairly operated"

"Your questions seem to assume we all have lots of money. We should be so lucky"

11.1.1 Observations not answering a specific question

2 respondents observed that they had served in HM Forces

18 respondents gave their age and/or what care they currently receive and/or how much they pay

4 respondents expressed gratitude for help received from Social Services

6 respondents said they could not understand the questionnaire

2 respondents said they wanted to be treated like the Scots (in addition to answers quoted above in full)

12 FAIRER CHARGING CONSULTATION MEETING

Held on Monday 29 July 2002,
at the London Voluntary Sector Resource Centre, Holloway Road

INTRODUCTION

This 'Fairer Charging Consultation' meeting was targeted at older people and people with physical disabilities who receive a home care service. The majority of those invited to attend were housebound and have not in the past been involved in consultation about any of the Council's services.

Participants for the consultation meeting were identified from the Social Services database for home care users. In the first instance, potential participants were telephoned and asked if they would be willing to be involved in the consultation exercise following a brief description of what the meeting was about and what was involved. If a person agreed to attend, this initial contact was followed up with a formal letter outlining the purpose of the meeting, programme for the morning, time, venue and transport arrangements.

THE PARTICIPANTS

From an original list of 12 people who have physical disabilities, 6 said they would definitely attend the meeting and 2 actually attended on the day. It must be noted that of the total number, some people were not interested in participating and others were unobtainable by phone.

From an original list of 19 older people, 9 said they would definitely attend the meeting and 7 actually attended on the day. Again it must be noted that of the total number, some people were not interested in participating and others were unobtainable by phone.

The table below gives details of participants who attended the consultation meeting and the reasons why some people were unable to attend on the day.

Client Group	Number agreed to attend	Number attended	Number did not attend	Reasons for non attendance
Older People	9	7	2	1x hospital admiss. 1x changed mind.
Physical Disability	6	2	4	1x hospital admiss. 1x not ready. 2x changed mind.
Total	15	9	6	

FORMAT OF THE MEETING

In order to give the meeting context, a short presentation on Fairer Charging was given, focusing on what the changes will be, why the changes were being made and when they will be implemented. The presentation prompted the following comments:

“If the changes are about making the system fairer, does that mean it wasn’t fair before?”

“If not, what took them so long to change it?”

Following the presentation an explanation of each of the four consultation questions was given followed by a discussion involving all the participants. The response to each of the questions was as follows:

RESPONSES TO THE CONSULTATION QUESTIONS

1. Should Islington Council set a maximum charge for community care services?

The following comments were made in response to this question:

- Islington has a lot of well off people, more than there were when we were children.
- Some people who work are worse off financially.
- The more care hours a person has the more they should contribute if they can afford it.
- Why should people have to pay more than a maximum charge when they have saved, paid their taxes and national insurance, it’s another penalty. The extra money people have should be theirs.
- Should people have to pay for a service they don’t get? Sometimes the Home Carer doesn’t come and still you have to pay! You never receive a refund.
- Isn’t it an infringement of your civil rights to have to tell people how much money you have saved?
- If people can afford it, it’s okay for them to pay for their service as long as they get it in the first place!

Conclusion: 8 people or 89% of those present agreed that Islington Council should set a maximum charge for its community care services. 1 person or 11% of those present abstained from making a decision.

Should the maximum charge be based on a proportion of the cost of residential care?

- It was thought that the maximum charge should be based on a proportion of the cost of residential care, as the cost of residential care includes 24-hour support. However much support you get at home it does not add up to 24-hour care.

2. Should Islington Council assess everyone's cost of disability?

The following comments were made in response to this question:

- It was felt that Islington Council should take into consideration the costs of disability of everyone, not just those receiving disability benefits. This is because there are many people who do not get disability benefits who incur extra costs due to their frailty and immobility, for example, extra laundry due to incontinence, extra heating costs as a result of being house bound.
- If a person has a disability that causes them extra costs, then the Council should take that into account when charging is assessed.
- Islington Council should disregard benefits and treat everyone the same.

Conclusion: All 9 people who participated in the meeting (100%), were in agreement that Islington Council should assess everyone's cost of disability.

3. How should Islington Council treat people's savings?

The following comments were made in response to this question:

- The formula used to work out contributions over the disregarded sum of £11,750 was thought to be too complicated.
- It was felt that the £1 tariff generated on every £250 between £11,750 and £19,000 was unfair. It was thought particularly 'cheeky' that any part of £250 would trigger the tariff, even if it was a small sum.
- It was thought unfair that people with a disability should be penalised for having savings over a set amount. It makes it seem that people with a disability are treated differently to everyone else.

Conclusion: All 9 participants (100%) strongly disagreed that Islington Council should take savings and capital into account when assessing charges.

Should we treat savings more or less the same whether someone is living in the community or is in residential care?

- **All 9 participants felt that everyone's savings, whether living in the community or in residential care should be treated the same. In other words, people should be allowed to have savings, and not be penalised for them because they have a disability and require help and support.**

Should we treat the savings of people living in the community more generously by ignoring savings that are being held to meet a particular need, for example, because someone needs to buy a mobility scooter or something else?

- **All 9 participants felt that the savings of people living in the community should be treated more generously in order to reflect their circumstances and the cost of living in the community.**

4. What should we do if people have to pay a higher charge?

The following comments were made in response to this question:

- **All 9 participants (100%) felt that the income of those with a disability should be protected so that they can pay for the extra costs incurred as a result of their disability.**

For example, if someone is incontinent, not only are there additional laundry costs, but there are also costs associated with buying sheets/clothes more frequently because of 'wear and tear'.

If a person's charge increases significantly, should a new charge be brought in a little at a time, over maybe 6 months to a year?

- **All 9 participants agreed that significant increases in charges should be phased in rather than introduced all at once.**

SUMMARY

In summary, the consultation meeting was considered to be a success as all the participants were very eager to find out what the changes to charges would be, and were keen to have their say on how the changes should be implemented by Islington Council. As well as being consulted on their views, the participants felt an added bonus was the fact that they considered it an enjoyable day out, in that they felt they had learnt a lot, were listened to and treated very well.

From the facilitators' point of view, we felt that although the meeting was a success in terms of getting service user views on the proposed changes to the charging policy, it was a difficult task to convey, as the basic concepts of how charging works were difficult to understand. Much time was therefore spent on explaining each of the consultation questions and giving

real life examples of what was meant, before the service users could give their considered opinion.

*Kyri Theodorou and Ann Leigh
Strategy and Commissioning Officers
2 August 2002*