

# Changing our approach to charging for short stays in a care home (‘respite’)

Consultation 21<sup>st</sup> October to 16<sup>th</sup> December 2022  
Report



**With help from Healthwatch**

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# Introduction

## Background

North East Lincolnshire Council, in conjunction with the NHS Integrated Care Board (ICB) and Focus Independent Adult Social Work, has been considering the fairest way to charge for respite care. Respite is a short-term placement in a residential care home, which can last anything from one night to eight weeks.

Each year, between 200 - 300 adults in North East Lincolnshire access respite, some of them on more than one occasion. On accessing respite, adults are charged one of four flat fee bands, depending on their level of savings and which benefits they receive. The fee bands are: the full cost of care, £115, £90 and £70 per week. These have not increased for some years.

A public consultation on this approach to charging for respite ran from 21<sup>st</sup> October to 16<sup>th</sup> December 2022. The consultation asked for respondents' views on replacing the flat fee bands with individualised contributions, based on what each can afford. This means that each adult accessing respite would receive an individual financial assessment to identify what they can afford to pay, using the assessment rules for charging for care at home, as set out in the Care Act 2014. Respondents were asked to agree or disagree with the proposal, or select the 'don't know' option.

The views of given by respondents will be used by the Council's Cabinet to decide whether to make any changes to the way it charges for respite, from the start of the new financial year 2023.

## Adults who access respite: a user profile

During the consultation period, records held on SystemOne and Controc (adult social care client record systems) indicated the following:

1. The largest number of respite users are older adults (aged over 65)
2. A significantly smaller number of respite users, primarily those with a learning disability, are younger adults (aged under 65)
3. An even smaller number of respite users are mental health clients
4. A majority of those accessing respite are doing so to give their carer a break and/ or avoid carer breakdown\*. Other reasons include supporting the respite users' recovery or recuperation from accident or illness.

*\*Whilst not themselves accessing respite, carers are often direct or indirect beneficiaries of it, as they are able to take a break whilst their cared for person is supported in respite.*

## Definitions

1. Adult means any a person aged 18 years or over who has needs for care and support, and in this context specifically, may access respite to enable needs to be met
2. Carer means any person aged 18 years or over who offers informal care to a person aged 18 years or over. Carers may have their own needs for support, to enable them to continue with their caring role
3. Representative means a person who provides the adult with help relevant to accessing respite, for example acting as their attorney or benefits appointee, or as their informal carer
4. Stakeholder means any of the following
  - a) Any individual not already defined above
  - b) A staff member of a health/ care organisation supporting respite users or carers
  - c) A member of the public. This includes members or organisations such as Healthwatch and ACCORD.

Note: these definitions are somewhat fluid, and individuals may identify themselves in more than one way (particularly in respect of definitions two and three).

## Report Structure and Consultation Approach

This report includes headline findings from the consultation setting out an option for changing the local approach to respite charging. Qualitative themes from questionnaire respondents, and from attendees at a carers' consultation event, are used to illuminate findings where available.

Where results are discussed within the report, percentages are rounded up or down to the nearest one per cent (%). Therefore, occasionally figures may add up to 101% or 99%.

### Consultation methodology

The consultation was designed to be inclusive. A range of methodologies were used to ensure those directly affected by the proposals, as well as stakeholders, were given sufficient opportunity to provide their opinion. The approach was as follows:

#### a) Adult respite users

Adults who may be directly affected by the proposal were invited to participate in the research primarily via a postal questionnaire. This included those who were known to have accessed respite in the current and preceding year, or who accessed respite during the consultation period. A single, 'easy read style' of questionnaire was utilised for all. The questionnaire was designed by colleagues across the Council, ICB, and Focus. Design support was also provided by the Accessible Information Officer at Care Plus Group.

Care was taken to ensure the questionnaire was written in plain English. Additional feedback on an initial draft questionnaire was provided by Healthwatch, to ensure accessibility and readability. A copy of the final version of the questionnaire can be found in the appendices.

A total of 217 paper questionnaires were issued. Around 151 questionnaires were posted to adults who use respite, or their representatives. A further 66 were provided to those who accessed respite during the consultation. Recipients were provided with the opportunity to complete the questionnaire online via a dedicated page, if preferred:

<https://www.northeastlincolnshireccg.nhs.uk/review-of-adult-social-care-charging-for-respite/>.

#### b) Carers

The Carers' Support Service directly texted 2,116 carers registered with them, to alert them to the consultation, and provide a link to the online version of the consultation (see above link). The consultation was also promoted via the Carers' Support Services' "Caring Times" sent directly to carers and stakeholders.

The opportunity to attend a carer-focused face-to-face consultation discussion was offered via the Carers' Support Service, on Friday 25<sup>th</sup> November. Only six carers attended.

### **c) Stakeholders**

To understand the opinions of wider stakeholders, links to the online questionnaire were promoted via Council and ICB internal and external mailing lists as well as social media streams (including Facebook and Twitter), directing them to a dedicated page on the NHS Clinical Commissioning Group's website (see link at a) above). The mailing list of the ICB's membership body ACCORD was also used to raise awareness of the consultation and invite online responses via the dedicated page.

### **d) Support from Healthwatch**

Within the paper questionnaires, and on the dedicated consultation page, Healthwatch contact details were provided for those needing additional support with completion, or questions. Healthwatch acted as point of contact throughout the consultation period.

Healthwatch also promoted the consultation via their membership.

## **Sample**

Of the 217 paper questionnaires provided directly to adults who use respite (or their representative), 40 were returned – a response rate of around 18%. The response rate may have been impacted by postal strikes during the consultation period.

A higher number of responses were received via the online questionnaire - 57 answers to the consultation's primary question were received (some respondents did not answer the consultation question, but did offer information about themselves).

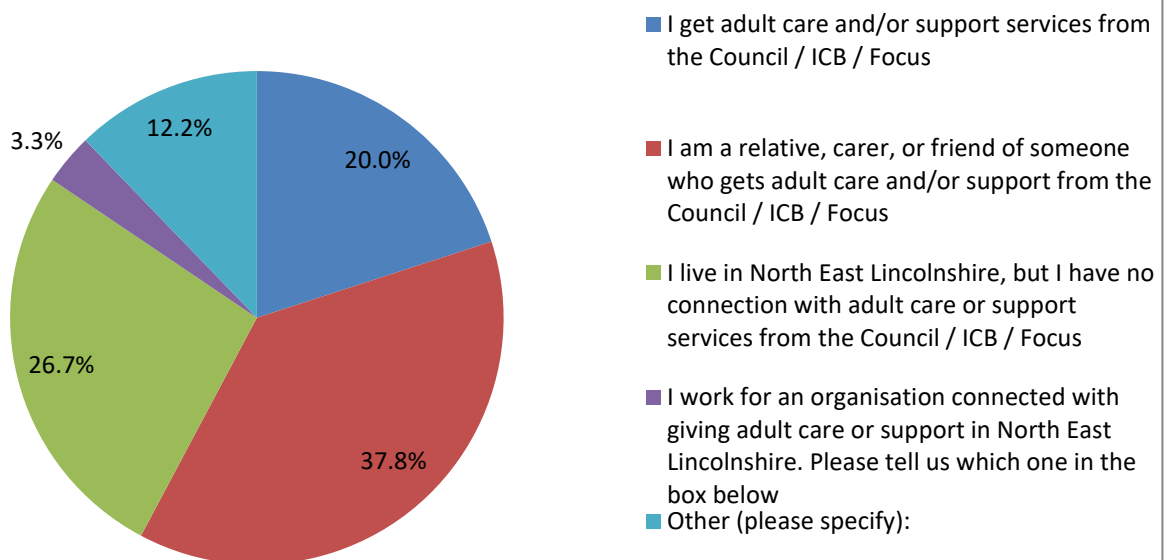
The table below displays the breakdown of responses by methodology:

Methodology	Number	%
Postal questionnaire	40	41%
Online questionnaire	57	59%
Total	97	100%

## **How respondents to the consultation identified themselves**

To help better understand the feedback provided, respondents were asked to choose an option from the table below to best describe the capacity in which they were responding to the consultation. The table below shows that a majority of responses came from carers, relatives or friends of the adult respite user (38%).

To help us understand the feedback you give, please tick one box that best says who you are:



A majority selecting 'other' revealed in the narrative they gave that they were carers.

It is clear from the responses to the paper consultations in particular that there was some difference in approach to answering the questionnaire. Some answered the questionnaire entirely as, or as if they were, the adult respite user, some entirely as a representative (often selecting the relative, carer or friend option above), and others as a combination of the adult/ representative. Some identified themselves in multiple ways. It is therefore difficult to create fully accurate comparisons which (for example) show whether some cohorts of respondents were more or less favourably disposed to the proposal, or expect to be more/ less impacted by it, than others.

Similarly, whilst information regarding the Equality Act 2010's protected characteristics was sought, it is not always clear whether responses relate to the adult respite user or their representative (relative, carer, friend etc). Note all respondents chose to give this information about themselves. A breakdown of the responses given can be found at Appendix Two.



# Outcome of Consultation

## Headline Findings

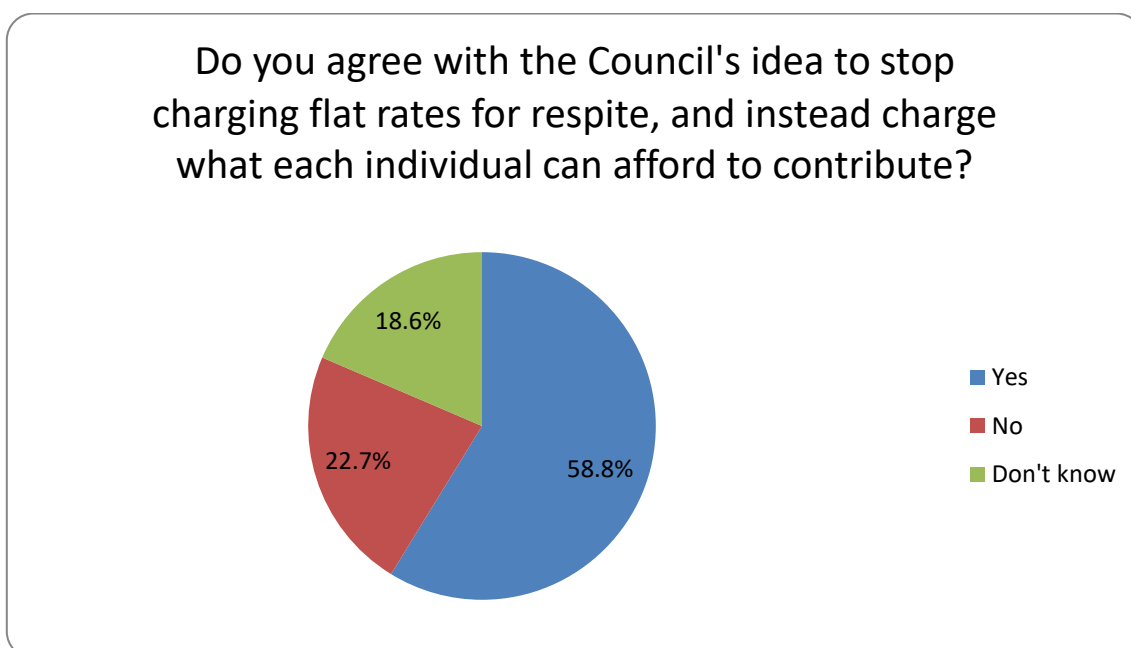
Consultees were asked to respond to the following question with “yes”, “no” or “don’t know”: “do you agree with the Council’s idea to stop charging flat rates for respite and instead charge what each individual can afford to contribute?”

The chart below displays the overall net levels of agreement and disagreement, as well as those who answered “don’t know”.

A majority were in favour of the proposal (59%), although a sizeable number disagreed (23%) or were unsure (19%).

As already noted, because of the variable ways in which respondents described themselves, fully accurate comparisons between cohorts of respondents are not possible. However, based on the information available, the largest number of positive responses were received from those identifying themselves as a carer, relative or friend of someone receiving adult social care and those selecting ‘other’ (in their supporting narrative, many who selected ‘other’ identified as carers). In these cohorts, respectively 67% and 73% of respondents agreed with the proposal. This compares with 53% of adult respite users who were in favour of the proposal. Adult respite users’ responses were at a level similar to those living locally but with no connection to delivery of care and support (55%), and significantly higher than those identifying as working for an organisation connected with local care and support (33%).

### Headline findings: chart showing overall responses



## Reasoning behind the findings

Respondents were asked to use a free text box to say anything else they wanted to, about charging for respite. Key themes included:

- Some scepticism that an apparently beneficial change for many may turn out not to be positive (for example if off-setting cuts were made to other services), or that the administration/ complexity of the proposed change could outweigh any benefits
- A sense of unfairness that health services are free at the point of access and social care support is not. A number commented that those who have saved or worked hard should not be 'penalised' by having to pay for care, although there was also some feeling that those who could afford to pay should do so
- Anxiety about what the proposed change could mean individually, and amongst carers in particular, that it might reduce the ability to access much-valued respite. Some carers noted that they felt under-supported, and feared that the change might make that worse.

The sample below is indicative of some of the themes raised by recipients. All comments can be viewed at Appendix One.

Respondents said, in their own words:

1. *If this is a cynical way to charge more then NO I don't agree but if as it is written it is a way to stop charging people twice for the same period then I agree. My mum can only afford the minimum £70 contribution but has to pay this on top of the £78 she pays for care provider/ week even if they only do half an hour that week of care!!! WTF*
2. *I would have to see how this worked in practice. You say many people, but not all, would pay less, some would pay more. I am concerned about the proportions of these groups and those who have to pay more, whether they will be able to continue with respite if the cost goes up.*
3. *If you don't have set prices, how will you know what to charge for emergency respite? Sounds like a plan to increase charges to me. Need more information and examples.*
4. *I am unsure from the description what the difference is. A financial assessment with evidence is already given and the flat rate already has 3 rates. I do believe everyone should get help regardless of saving amount.*
5. *Should be no charges you don't get charged for being in hospital and we carers have been forgotten and ignored through th[e] past two years. We've done all the hard work through the pandemic with no time off and no help from you. Dealing with dementia is no joke*
6. *I think you should not be charging at all when you care for someone seven days a week and don't get any money when you are saving the government hundreds of pounds*

7. *It's a good idea. Poor people against the rich. People with a good income should pay more.*
8. *People have different priorities. Some have not considered the care they may require, thinking-believing it will be free*
9. *If it is based on the individual's own contributions and NOT on a third party it would be a lot fairer to some who are struggling to get a break as it is. We only have the two family members to care for [...]. [O]ne gave up work to look after relative so only one wage, it a struggle to pay for a break but having to pay as a third party is just another bill so I think next year we may not be able to have respite*
10. *If you charge what people can afford less people will go into respite and this will be very hard on family carers who need the break as much as the user themselves if not more. If carers go in to crisis far more resource will be required*

## **Additional comments**

Towards the end of the questionnaire a free text box was provided for respondents to comment on any experiences where their interaction with services had been positively or negatively affected because of protected characteristics (age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation). Although some did make characteristic-related comments, more respondents used this as a further opportunity to comment on care and support generally or respite specifically.

The sample below is indicative of some of the themes raised by recipients. All comments can be viewed at Appendix One.

Respondents said, in their own words:

1. *As a male carer, I find it hard to talk about my mum and deal with people as [I] swear in normal conversation, as well as being a biker, I feel that cos I'm covered in tats and have long hair I'm not taken serious and some people look down their noses at me cos of my life style and don't take into account I look after my housebound mum on my own*
2. *Our young people with LD should not be placed in care homes. It is not appropriate for anybody*
3. *Age. Feel elderly in NEL are very neglected. During covid LA phoned vulnerable to see if ok. Why can't this be done all of the time?*
4. *Respite availability is poor. Standard of care in homes is poor. Care homes are poor quality for service/ prisoners treat better!*
5. *But care providers (the private care companies) ARE USELESS!! They require micro-managing and will cut corners at every opportunity they can create. Services should be totally council run not privatised companies*

6. *Everyone has explained fully what care and cost has been provided. due to advice I am now in receipt of attendance allowance myself*

## **Summary**

1. A majority are in favour of the proposed change.
2. There is some anxiety about individual impact and application of the proposed change.
3. Respondents considered that the quality of, or access to, respite wasn't always as good as desired. However, access to respite is viewed as an essential tool for adults with needs and for their carers, which can enable them to feel at least somewhat supported, and able to continue their caring role.

## Appendix One: narrative contributions from respondents

All narrative contributions received appear below. This includes those shared

- via paper questionnaires
- via online online questionnaires
- at the carers' consultation discussion.

Note: comments are replicated in their entirety, including those already featured in the preceding report. Occasionally some written comments were illegible and have not been included. Some small omissions have also been made to preserve anonymity.

### Views on proposed change

1. Should be no charges you don't get charged for being in hospital and we carers have been forgotten and ignored through th[e] past two years. We've done all the hard work through the pandemic with no time off and no help from you. Dealing with dementia is no joke
2. If it is based on the individual's own contributions and NOT on a third party it would be a lot fairer to some who are struggling to get a break as it is. We only have the two family members to care for or relative as one gave up work to look after relative so only one wage, it a struggle to pay for a break but having to pay as a third party is just another bill so I think next year we may not be able to have respite
3. I am unsure from the description what the difference is. A financial assessment with evidence is already given and the flat rate already has 3 rates. I do believe everyone should get help regardless of saving amount.
4. If you charge what people can afford less people will go into respite and this will be very hard on family carers who need the break as much as the user themselves if not more. If carers go in to crisis far more resource will be required
5. If you don't have set prices, how will you know what to charge for emergency respite? Sounds like a plan to increase charges to me. Need more information and examples.
6. If this is a cynical way to charge more then NO I don't agree but if as it is written it is a way to stop charging people twice for the same period then I agree. My mum can only afford the minimum £70 contribution but has to pay this on top of the £78 she pays for care provider/ week even if they only do half an hour that week of care!!! WTF
7. It's a good idea. Poor people against the rich. People with a good income should pay more.
8. Ask for a donation if no charge is required it may help OAPs to feel more comfortable
9. People have different priorities. Some have not considered the care they may require, thinking-believing it will be free
10. Young people should not be placed in care homes for respite. Care was appalling - never again. Care homes are not appropriate for our young people with LD
11. I think you should not be charging at all when you care for someone seven days a week and don't get any money when you are saving the government hundreds of pounds
12. It is very important to give respite care because it helps to prevent the carers being burnt out. Then needing care themselves. So costly in human terms and financial ones too if not given on a regular basis.
13. I would have to see how this worked in practice. You say many people, but not all, would pay less, some would pay more. I am concerned about the proportions of these groups and those who have to pay more, whether they will be able to continue with respite if the cost goes up.

14. Assess everyone fairly.
15. People in respite care are usually vulnerable and need help, they should not worry be required to answer questions about their savings nor should they be charged for receiving it. Some will not get the help they need because they are confused or frightened about their savings being taken from them.
16. What about those on benefits, will they be forced to contribute.
17. Though I do agree with having a financial assessment, I worry about the financial assessment taking place at a time somebody is supposed to be in 'respite' ie resting for what ever reason or to give a care giver rest. Financial assessments are not the easiest things to collate evidence within a few weeks let alone at a time of weakness. They're stressful. Trying to remember items that would come under DRE is not easy as every council varies and once disabled or elderly for some time
18. How will those with terminal life challenging conditions be assessed ? Surely if some on is in terminal care end off life care they should be allowed periods of free care within the system for the relief of their family partners etc who are providing often 25/7 care and for their own health need a break . This is not noted or accounted for in the proposal and perhaps should be seen as a different circumstance. Ie the last year of life or estimated within that time due to the persons diagnosis should allow for a set amount of respite availability. Not everyone seems to qualify for cancer / hospice care or dementia care . This applies to many conditions and all age groups.
19. Respite care is very valuable but I don't know who is able to access it, where it is provided and what level of care is provided. Where would the extra money needed come from?
20. Will you be taking into account continuing healthcare funding in this new scheme.
21. Think respite should not be means tested at all because it's not fair that if somebody has worked and saved all their life the have to pay full costs for everything. Then somebody who has maybe claimed benefits or not saved money can get more help financially. It makes me think why bother saving money for your older years you might as well just spend it
22. I have just had an account for over £350 which includes 6 days respite and twice weekly attendance for non-residential services, last month's account was only just over £138 and did not include 6 days respite but the previous month was again over £260 including respite. My loved one goes into rolling respite every two months which is sorely needed.
23. I was looking after my partner for 9 years and was really poorly before I was offered respite. I had no idea it was available to me. I think carers need care and help before they get to the state I was in.
24. I imagine doing the assessments will take more time and resources from people who already don't have time to do their job. There is already enough options for charging based on income and savings, there's even different rates of pay per week so really don't think this change is necessary.
25. I can only speak of my experience and am on the verge of needing respite for my husband. I get 279 a month for caring for him. We have no savings and I've had to pay for things he needs. I have three hours a week break and spend it asleep on a friend's sofa if I don't need to be doing anything else. When I can no longer carry on a few days break will cost my months pay. My husband worked all his life.
26. I think respite and of course permanent care should be free. Many People struggle as it is. In the case of a man and wife. The spouse has to have enough to live on. There are many people who have had to sell they're houses etc. which is absolutely disgraceful. I do think the people with money should pay as this is nothing to them. The worry of being unable to afford care.for they're loved ones adds to the mental health of the carers. The prices of care homes are extortionate. And a money making racket in my opinion. Years ago. Care

homes were on the nhs. Now I'm having my say I'm not on my own in thinking this. . Care homes provide food. A room and care. From a carer who gets minimum wage. How do they get these prices for the homes. It beggars belief. Knowone I know earns that kind of money. The pensioners get a rough deal in this country as it is. My position is. I have a husband with dementia. I care for him. I'm an unpaid carer because I have a pension. We have promised him he won't be going into a home. But we don't know how this is gonna go. If he has to. The worry is what am I gonna live on. So it's a strain on both sides. I've heard all sorts of horror stories. This change that your proposing is a start. But more much more has to be done. It's a known fact this country does not look after it's pensioners.

27. Most carers who have respite really need the break. If they do not get it they will end up ill themselves and then the council will have to take over. Therefore I think all respite should be free. I'm sure a lot of tax payers money is totally wasted by the council. Therefore put its where it is needed and not on most of the rubbish that the council waste.
28. There should be a cap on charges and a disregard of property assets.
29. This seems to be a fairer way of paying for care.
30. I agree that the full outgoings of a person should be considered, as long as this is done with the best interests of that person in mind. It should not be used as a means of increasing pressure on people to reduce the Council's costs.
31. There are enough unnecessary, even frivolous uses of budget that could be diverted towards all social care needs. Charging flat rates without assessments based on income & savings is civilised but, the only alternative apparently presented here is an increase in a council tax that's already extortionate for many who are on bare minimum budgets.
32. I think that the flat rate allows for people to know what they will pay for respite before they have the service. If the flat rate is removed, people should know what the fee will be in advance of having the respite.
33. There should be no charge levied.
34. Concerned about mention of also contributing from income as well as assessment, sounds dodgy to me.
35. I think I am correct that hospital patients aren't asked to contribute until they have been there 6 weeks. If, to free up beds at hospital I think the same should apply to respite care. There are areas the council should recoup the money from!
36. Why is it always the people that worked and saved for their old age that pay more .People should be assessed on what they have earned not what they've saved.
37. It should gone on what money you coming in and not were it comes from.
38. A lot of people have saved money for there children to help there mum and dad later on in life.
39. More complicated, more effort to administer resulting in a poorer service for those that need support. The numbers requiring this support are relatively low. Given the poor state of other adult social care and Children Services in the area, you have bigger battles to fight.
40. How will the loss of income be funded? How likely is it that Cabinet will agree?
41. People will worry it'll affect rolling respite i.e. if some get respite for free, does that mean everyone gets less of it?
42. It's good that those who can't afford to pay won't but I'd be concerned if that means those paying more are subsidising others
43. I'm concerned choice could be impacted i.e. those paying less will only be able to go into certain care homes
44. Carers need to have confidence in the respite facilities that they use
45. People often aren't happy with care at home
46. Care can be reduced because its at the discretion of the social worker; this has happened to my grandson within the last six months

47. I'm concerned that it'll work for the first year, and the council will not want to follow through in the second year due to what it costs
48. Will things be reviewed to see if its working?
49. Carers will worry what it means next year. It sounds good but change is stressful. The current system has the benefit of simplicity/ clarity. I won't know what I'll have to pay under the new system.

Comments made in response to a request for experiences connected with having protected characteristics:

1. As a male carer, I find it hard to talk about my mum and deal with people as [I] swear in normal conversation, as well as being a biker, I feel that cos I'm covered in tats and have long hair I'm not taken serious and some people look down their noses at me cos of my life style and don't take into account I look after my housebound mum on my own
2. Respite availability is poor. Standard of care in homes is poor. Care homes are poor quality for service/ prisoners treat better!
3. Everyone has explained fully what care and cost has been provided. due to advice I am now in receipt of attendance allowance myself
4. Age. Feel elderly in NEL are very neglected. during covid LA phoned vulnerable to see if ok. Why can't this be done all of the time?
5. But care providers (the private care companies) ARE USELESS!! They require micro managing and will cut corners at every opportunity they can create. Services should be totally council run not privatised companies
6. Our young people with LD should not be placed in care homes. It is not appropriate for anybody
7. Disjointed one side doesn't know what the others doing
8. Because I have worked all my life.
9. NAVIGO are the ones that have given most help and Admiral nurse
10. The Carers association are my support as I am scared of the future. They are always there for me. I'm hoping I don't have to have any experience with respite as our family are pulling together at moment. It's a big worry for me and adds to the stress of being an unpaid carer.
11. What is the point in putting my opinion forward as you take no notice and just do as you like.
12. I do not think any of these facets have impacted my help/ service with the external aids.

Miscellaneous comments:

1. Focus have been brilliant with [the person I care for].
2. It's hard if your outcome changes because your social worker does. My previous social worker fought for me and I got it [more help]. The new social worker offered me less
3. Its very hard to have people in your home and answer questions, accepting that staff need to ask questions to make decisions
4. Its important to note that you might be the social worker for my nan, but I'm the person you're going to have contact with the most. Get to know me and my situation. We know you need to ask questions but think about how you ask them, and ask sensitively.
5. There's a reluctance on the part of social care to undertake CHC assessments.



# Appendix Two: Equality Act 2010 and connected data

## 1. Postcode

### Chart showing respondents postcodes (first part of postcodes only)

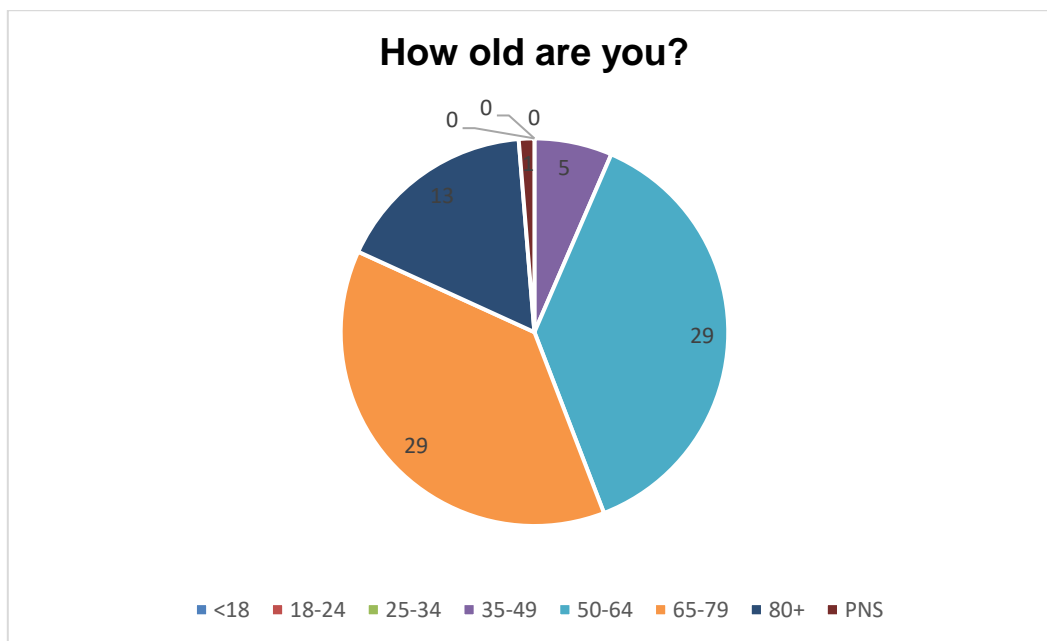
The highest number of responses were from a DN32 postcode.



## 2. Age

### Pie chart showing age of respondents

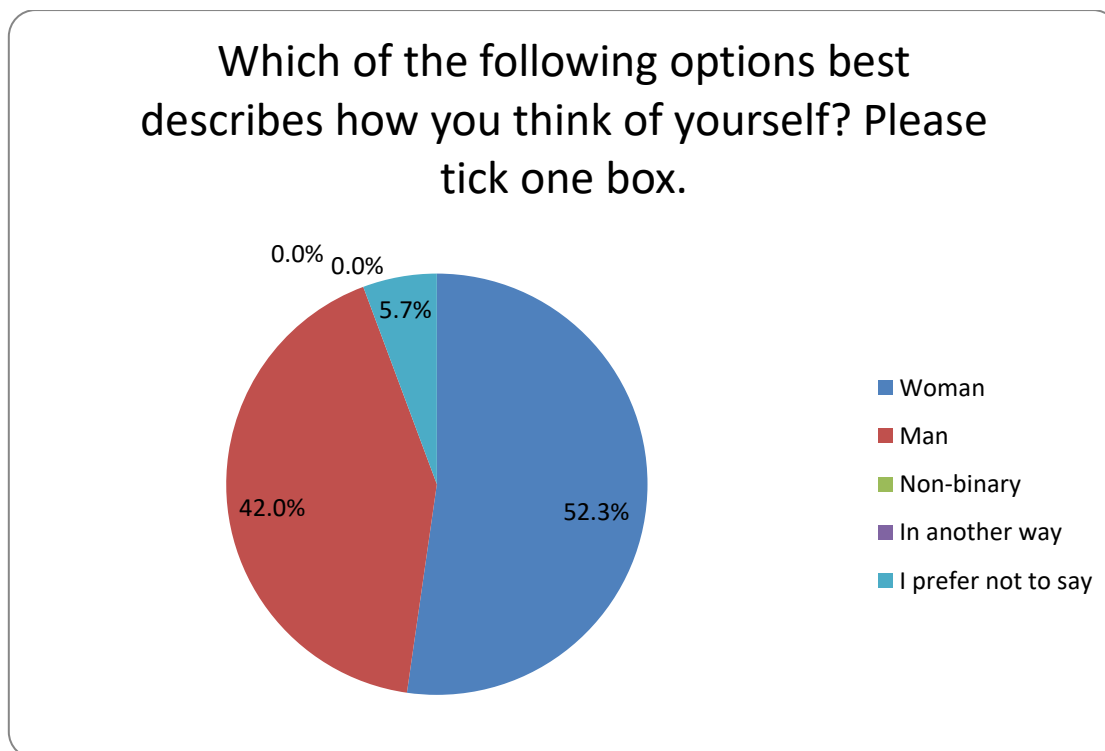
An even number of responses were received from those in the 50 - 64 age bracket and those in the 65 - 79 age bracket.



(PNS = prefer not to say)

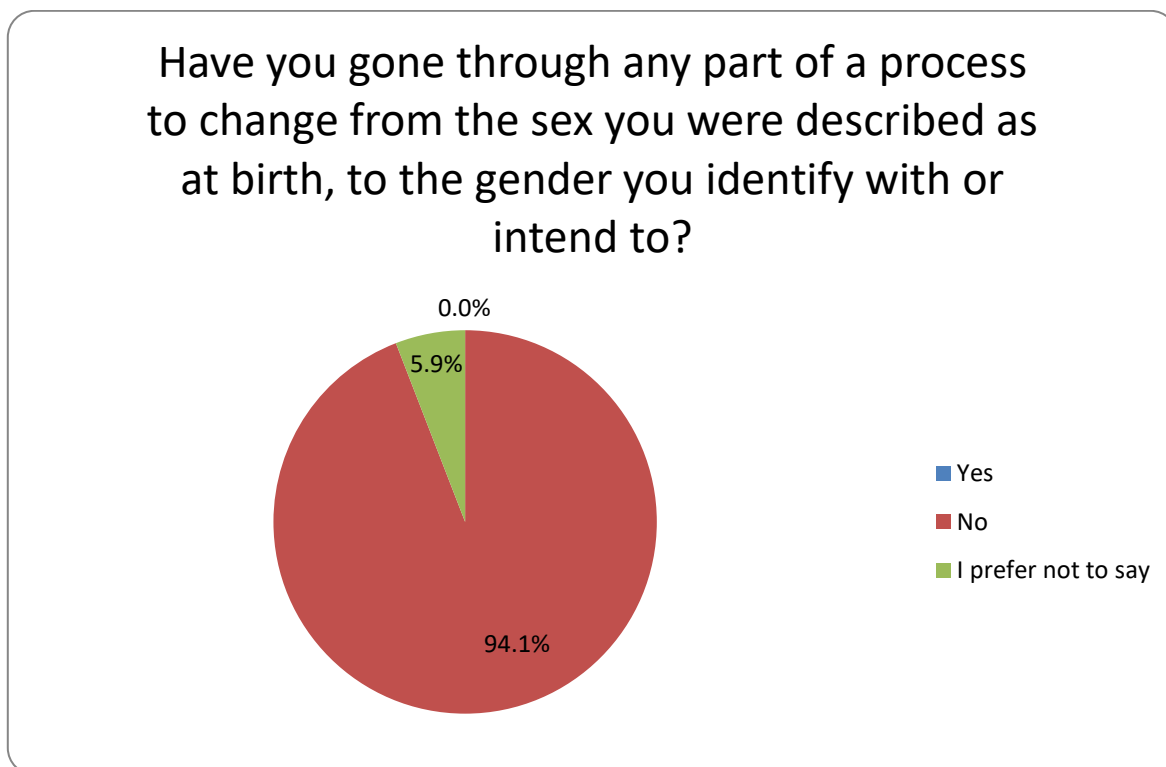
### 3. Pie chart showing how respondents identified their sex

A small majority of responses (52%) were from women.



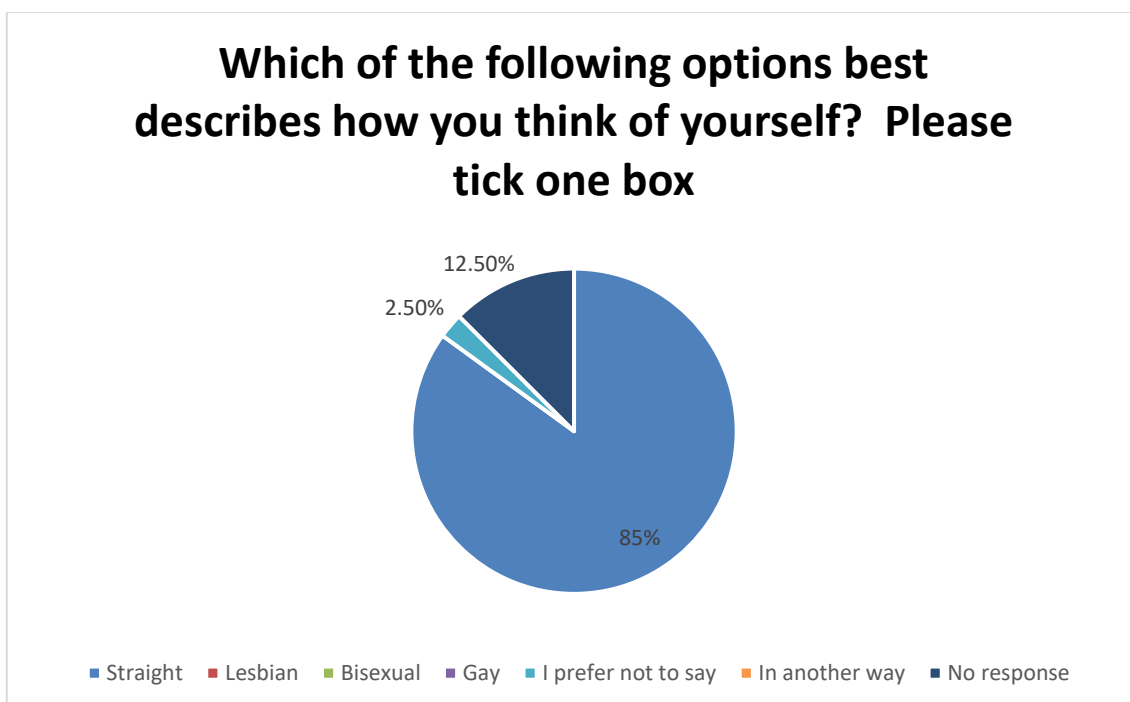
#### 4. Pie chart showing respondents' referenced gender transition

A majority (94%) of respondents had not changed the sex they were described as having at birth.



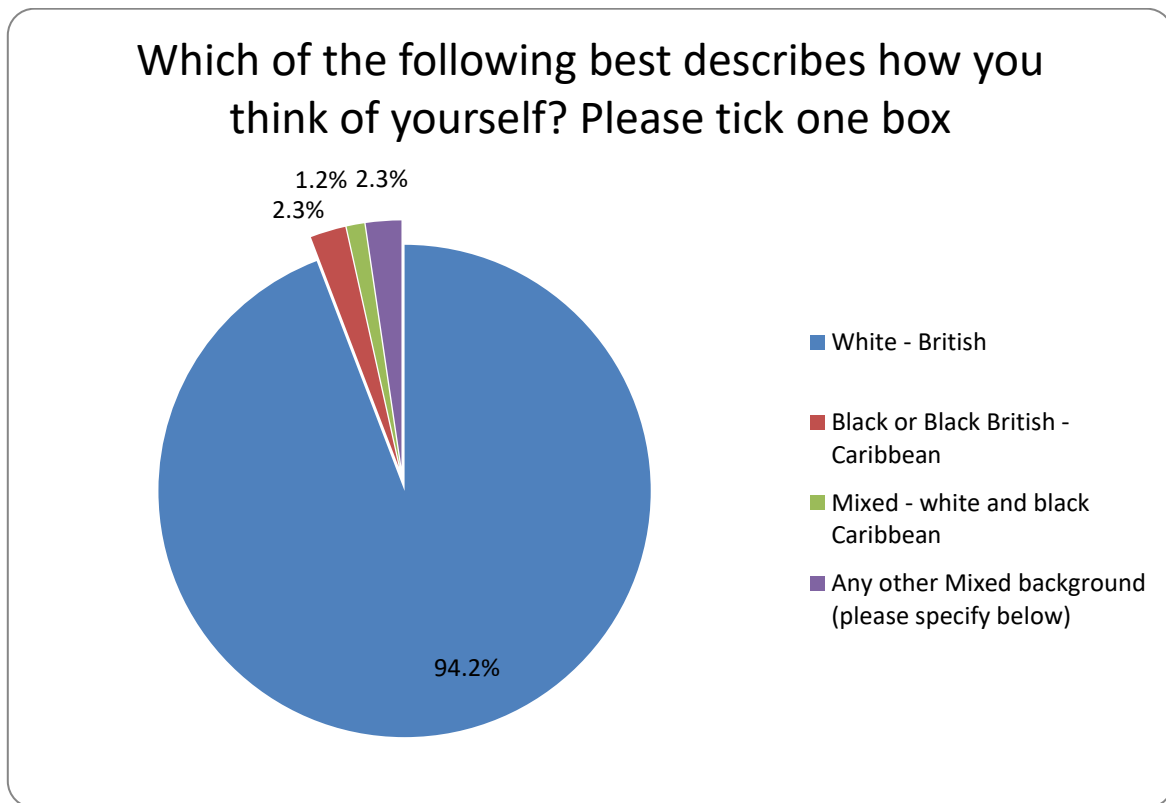
#### 5. Pie chart showing how respondents identified their sexuality

A majority of respondents (85%) described themselves as heterosexual. Please note: due to an administrative error, not all respondents were given the opportunity to answer this question.



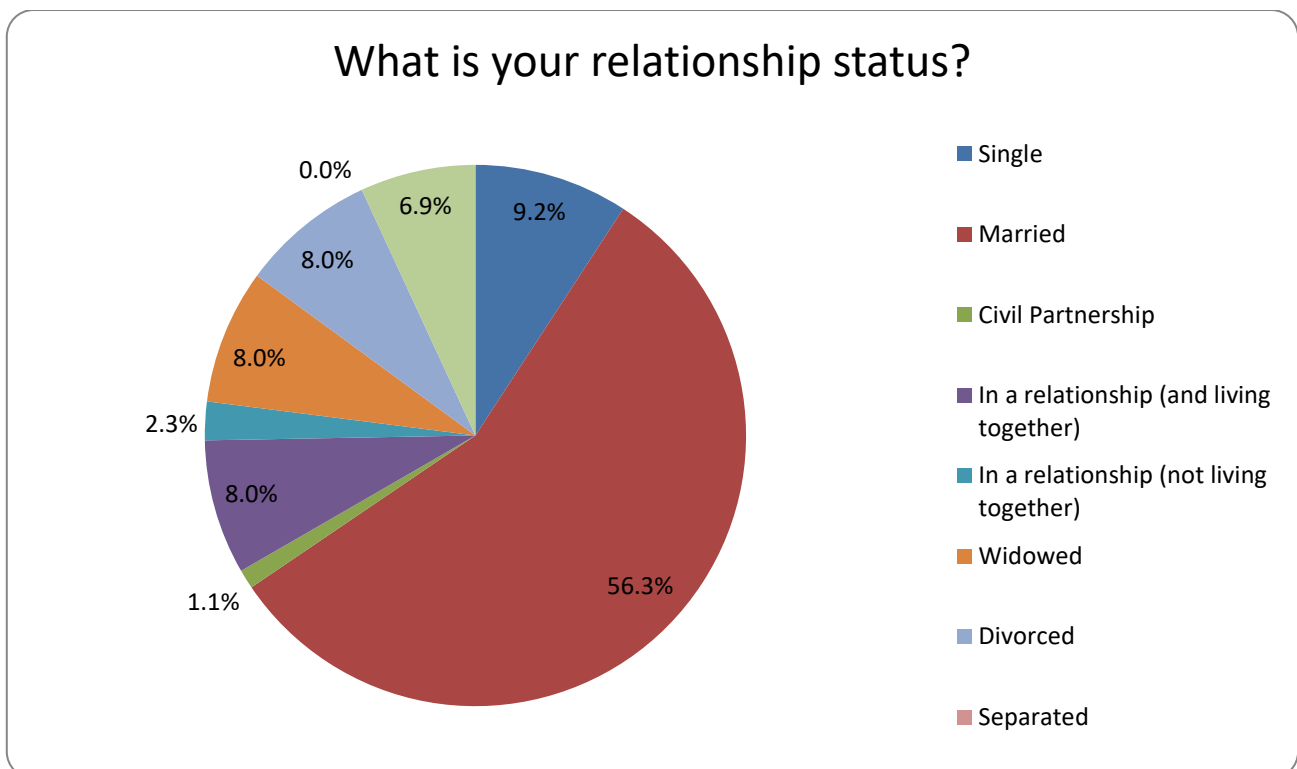
## 6. Pie chart showing respondents' view of their race

A majority (94%) of respondents described themselves as white British.



## 7. Pie chart showing respondents relationship status

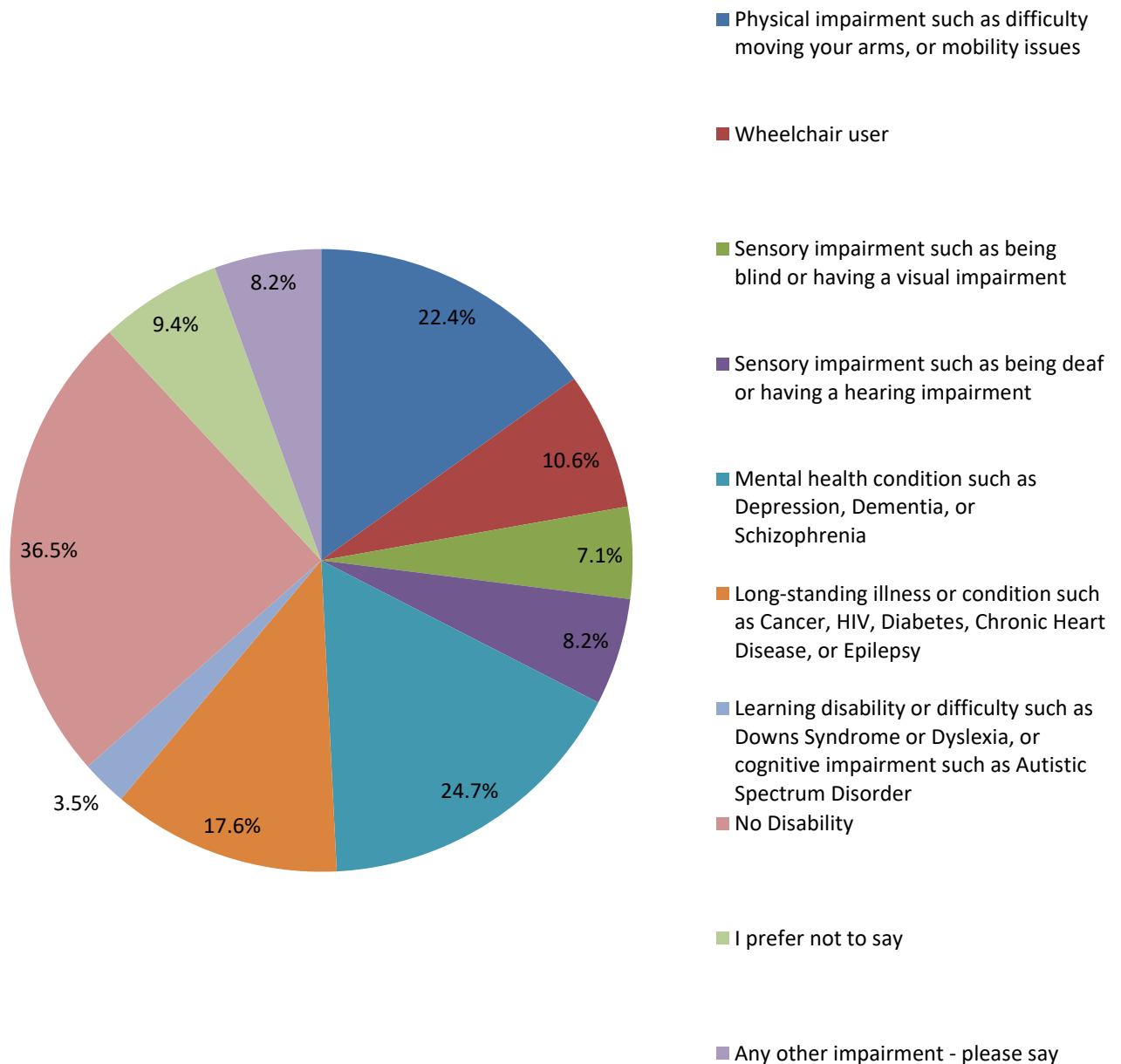
A majority of respondents (56%) were married.



## 8. Pie chart showing whether respondents think of themselves as having a disability

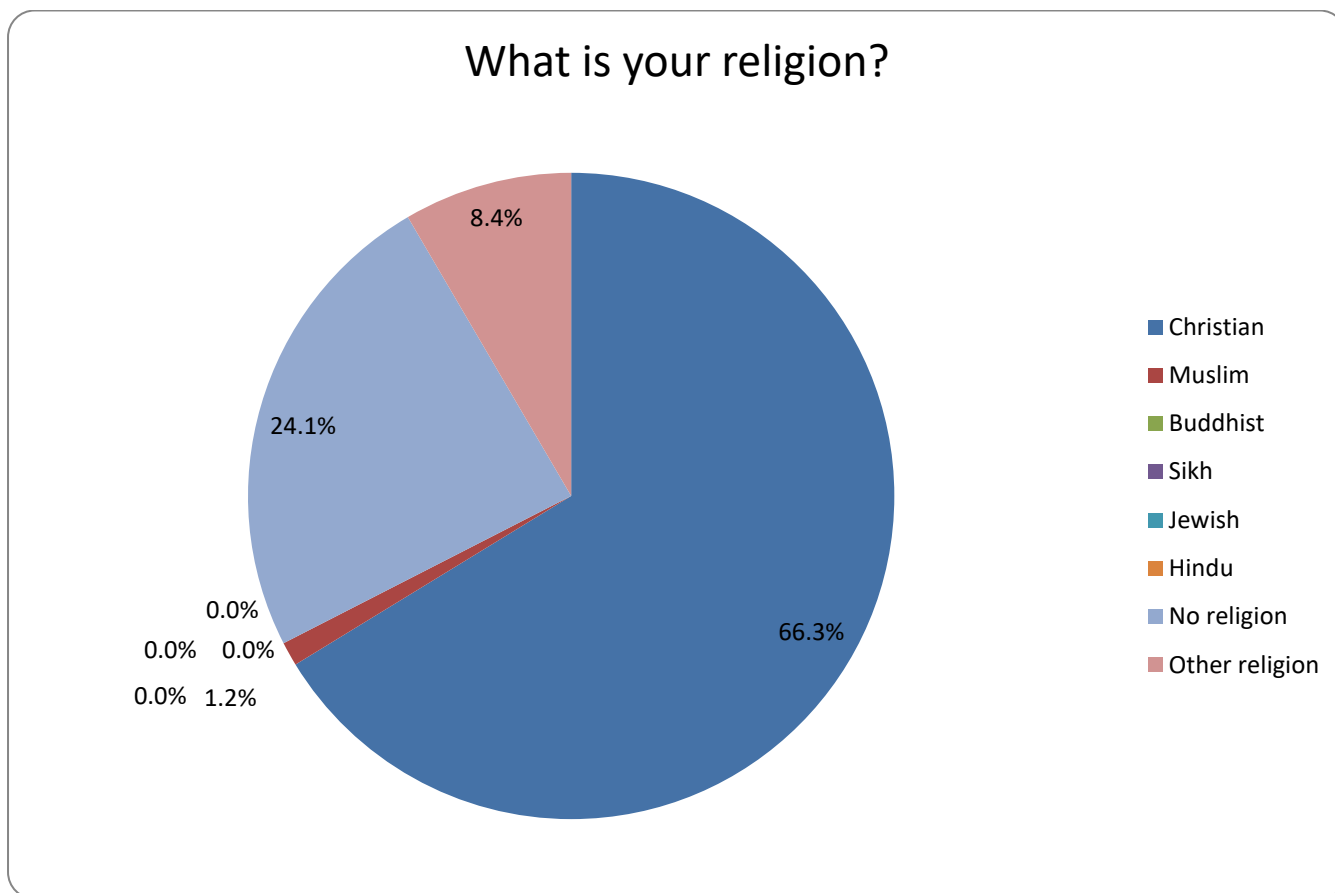
Around 36% did not describe themselves as having a disability. Of those describing themselves as having a disability, the greatest number referenced having a mental health condition such as dementia (24%) or physical impairment (22%).

### Do you think of yourself as having a disability?



## 9. Pie chart showing respondents' religion

A majority of respondents (66%) identified as Christian.



## Appendix Three: Questionnaire

### Have your say about charges for respite



About 370 adults in North East Lincolnshire had a short stay in a care home last year. A short stay in a care home is often called respite.

The Council is looking at how it charges for respite, and it has an idea for change.



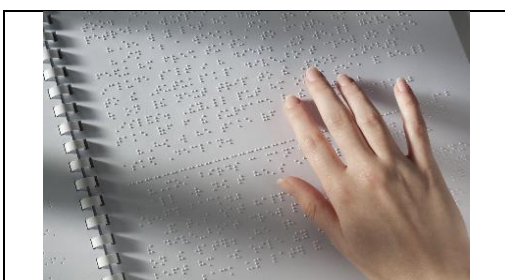
The Council wants to make sure that the way it charges for respite is clear and fair.

It wants to make sure that people are not charged more for respite than the law says they can afford. It has an idea about how it can do this better.



This booklet has been sent to you because records show that you (or someone you help) have had respite in the last year. If you (or someone you help) have respite in future, the idea for change might affect you.

The Council wants to know what you think of its idea before it makes any changes.



If you have any questions or would like a copy of this booklet in another format, please phone Healthwatch on 01472 361459.

Or you can email Healthwatch at:

[enquiries@healthwatchnortheastlincolnshire.co.uk](mailto:enquiries@healthwatchnortheastlincolnshire.co.uk)



When you have finished answering the question in this booklet, please post it back in the envelope that came with it.

Or you can answer the questions online at:

[www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/](http://www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/) (external link)

**THE CLOSING DATE IS 16<sup>TH</sup> DECEMBER 2022.**



# About respite charging



People who can afford to pay for respite pay the full cost of it (this is around £566 per week now, but it goes up each year).

People who can't afford to pay the full cost of their respite, share the costs of it with the Council. At the moment, people who can't afford to pay the full cost of their respite contribute either £70, £90 or £115 per week.



How much a person is asked to contribute (£70, £90 or £115 per week) depends on what money they have in savings and what benefits they get.

At the moment, the Council only asks people for very basic information about their financial situation, to decide what they should contribute to their respite costs.



The Council treats charging for respite separate from charging for any other type of care service people might have, such as care at home.

This means that the Council might not take into account all the relevant expenses a person already has when it decides what people should pay (£70, £90 or £115 per week).



The Council wants to be sure that when it makes a charge for respite, it takes account of all of the person's relevant circumstances.

It thinks it needs to make a change to the way it charges, to be sure that what people are being asked to contribute is affordable and fair.



The Council's idea for change is on the next page. The change will probably mean that more people will contribute less to the cost of their respite, or will get it for free.



# The Council's idea for changing respite charging



The idea is to stop treating charges for respite as separate from charges for other care services, such as care at home.

This means taking account of all of people's relevant circumstances when deciding what they can afford to pay. This includes taking into account what someone is already contributing to the cost of other care services when deciding if they can afford to contribute to the cost of respite.



People who can afford to pay the full cost of their respite will still do so. They will not be affected by the idea for change.

The idea means people who share the costs of their respite with the Council, won't be asked to contribute at a flat rate of £70, £90 or £115 per week. Instead, they will be asked to contribute whatever the law says they can afford.



To understand what they can afford, the Council will financially assess each person.

This is the only way that the Council can be confident that people are being asked to contribute an amount that is fair. For most people, this will be less than the £70, £90 or £115 per week that they are asked to pay now.

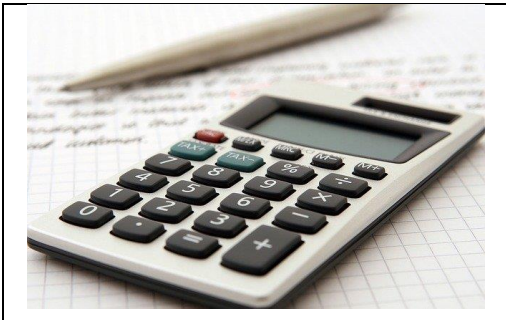


Everyone will need a new financial assessment for each financial year, but most people will not need an assessment just for respite. Most people who use respite also have other care services, and already have a yearly financial assessment. Any changes in what people contribute will usually take effect from the date of the assessment, or shortly afterwards.



People who don't have any other care services from the Council will need a new financial assessment to check what they can afford.

The financial assessment is most likely to happen at the time a person goes in to respite.



Changing the way it charges for respite is likely to mean that many – but not all – people will contribute less to the costs of their respite.

That means the Council will need to contribute more, and it will have to find the money to do that from other areas of its budget.



Last year the Council got contributions to the costs of respite of around £183,000, from the people using it. This is about 2% of what it gets in overall contributions from people who use care services.

**Question: do you agree with the Council's idea to stop charging flat rates for respite and instead charge what each individual can afford to contribute?**

Please tick one box

  
**Yes**

  
**No**

  
**Don't know**

**If there is anything else you would like to say about charging for respite, please use the box below.**

## What happens next?



When the talks about respite charging end, what people have said will be collected into a report. The Council will use the report to make a decision about charging for respite.

The Council will make a decision early in 2023.



We will put the decision on this website [www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/](http://www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/) (external link)

Any changes to charging for respite will happen from the end of March 2023.



Please send this booklet back using the freepost envelope or post it to:

**Freepost  
NHS NORTH EAST LINCOLNSHIRE CCG**

Please send it back by 16<sup>th</sup> December 2022.



If you want help to fill out this booklet, you want it in a different format, or you want to ask questions about it, please ring Healthwatch on 01472 361459. Or you can email them at [enquiries@healthwatchnortheastlincolnshire.co.uk](mailto:enquiries@healthwatchnortheastlincolnshire.co.uk)

Healthwatch is helping us with this consultation!

**healthwatch**  
North East  
Lincolnshire

Healthwatch is the independent champion for people who use health and care services. Healthwatch listens to what people like about services and what they feel could be better. Healthwatch has the power to make sure those running services hear people's voices.

Give them a ring!

## **About you/ Equality Act (EQA) data**

*(NB this section is not replicated in full in this appendix; EQA questions posed followed the standard approach taken by the Council and ICB in North East Lincolnshire)*

Thank you for completing this consultation