

Have Your Say Questionnaire
Comments

Question 1 – What do you think of the principles being proposed?

*People will always have to be treated differently according to age and disability. One group will have different needs to another. Male clients have different needs to female clients. The term “Special Needs” has to be clarified by explaining what the special need is and therefore it does not help by grouping clients into one category. People get overlooked.

***I feel this will not be good for people like myself who have saved all our lives, it should be fair for everyone and not a means test.**

*If you charge a standard rate, unless a financial assessment determines otherwise – it would be cheaper to go to a private supplier.

***Equal for all**

*Crisis Management has decreed the closure of too many nursing and residential homes – still the cheapest way (if run economically and properly) to care for people unable to cope in their own homes. Care in the community likely to become too expensive for most people.

*** Treat people according to their needs i.e. treat them differently**

* If properly worked out, care packages properly costed would seem to be the fairest way for everybody

*** Any service must include an element of choice.**

* I think everybody should pay charges on a sliding scale. People who get things for nothing don't appear to have the same values as someone paying, even a minimum £2.50. I worry about clients in the middle bracket being penalised and not being able to afford care putting themselves and loved ones at risk

*** I strongly feel that my son should not have to pay for any day service as this is a very important part of his development and if we could not afford to send him, both our health and my sons would suffer**

* I do think that people on benefits and attendance allowance should pay something towards services

*** People who have a greater need should receive more. Care packages and standard rates are another way of putting up the costs**

* I don't mind paying but the rule of fairness should be applied

*** I agree a charge has to be made and I expect to have to pay something – but most definitely I object to the charges proposed, on the grounds that the old and vulnerable will suffer. Maybe some will not be able to attend day centres without financial hardship if just above the income support levels.**

* OAPs ought not to have all their life-long savings taken from them. Councils should demand more money from the government

*** Why should people pay more because they have been careful and saved?**

* Life's hard enough

*** All of these principles seem fair and proper**

* We already pay huge sums in rates which increase every year much above inflation

*** I agree that a charge should be made but disagree with the amount.**

* On the face of it these are sensible principles but on their own they can't address the main problem of Government under-funding.

*** I am the parent and carer of an adult using non-residential services, while living at home and receiving disablement allowances towards living costs the rest being subsidised by the parents. This is the most economical way of living instead of going into residential care. The disabled person could not afford to pay for day services.**

* As usual, it would appear that people who have been careful over their life's and have endeavoured to make the same provisions for their old age are again penalised.

*** I do not consider that learning disabled can be treated as the elderly. The elderly have had a lifetime of earning from which to pay for services. The learning disabled have never had the chance to earn anything.**

* I would like DCC to consider other options. How do other councils who do not charge balance their budgets. Different client groups appear to be affected by these charges to a different degree therefore they should be considered separately

Question 2 – Financial assessment and benefits health check

- * Care managers work load will not permit an adequate assessment service to be received by those who will expect this.
- * **This would cost more money than you would get back**
- * If you must have one, it has to be professional and independent
- * **Neither of the above. Both should work together – care manager should be able to over ride the accountant.**
- * If care manager is familiar with the client, it may not be a fair process.
- * **It is vital that whoever does the job is properly trained and is able to appreciate the effect of their decisions on the family as a whole.**
- * Someone with personnel skills needed. Could need both care manager and financial specialist.
- * **Have Care Managers the time? Where would specialist worker come from? If all this is to be assessed on a personal basis surely the cost of setting up/administration would be high?**
- * Too wasteful on manpower
- * **Personal knowledge could effect the result.**
- * The specialist worker should not only be a financial expert but also be fully aware of the benefits and clients individual requirements.
- * **If the care manager is competent to do the financial assessment it is better not to introduce another person. Better to have the extra person if the care manager is not competent**
- * Different people have different requirements, not better or worse just different
- * **A true financial assessment must include outgoings as well as income so that it is based on disposable income. I feel this needs specialist approach. There must be a true sliding scale of charges applicable to disposable income between a nil charge and £10.50 per hour**
- * The care manager would not be so intimidating
- * **My experience as a local government officer involved regularly with finance assessment has led me to believe the process is so complicated and the connotations so vast, financial assessment must be carried out by a specialist worker**
- * Must take into account low incomes and ability to pay. Savings should not be used as income.
- * **Care managers should be responsible for care only, finances should be assessed independently.**
- * My care manager seems quite capable of doing a financial assessment and benefits check – why make another position for a worker which has to be approved
- * **People know and trust their care managers so would not feel threatened**
- * Care managers must concentrate on care and not be influenced by financial aspects, which must be dealt with by a financial expert as opposed to a care expert.
- * **You must have an expert, who understands what has to be done, so that the job gets done properly, without mistakes**
- * As many of your users have already been assessed financially by the benefits agency or the council re: help with rent, I would think this info is already available through council records.
- * **Our managers are already over burdened with paperwork, you are already wasting or not using the expensive skills of some of your PCM – e.g. OTs because of paperwork. For myself I did not train to be an OT to do financial assessments.**
- * Surely the care manager will be adequately suitable and able to do the job.
- * **Financial specialist is best, not least because care manager are already over burdened with paperwork, but the specialist assessor should liase with care manager to get accurate picture of overall needs.**
- * I think that someone who is specifically trained to undertake the financial assessment and is total independent of Social Services should carry out this task.

Question 3 – Care services – financially assessed. For each service, what do you think of:- charging for the service in principle and the proposed charge rate for each service?

Personal Care

- * Purpose of care is to prevent people resorting to residential care.
- * **I feel a small fee would suffice**
- * Agree to charging a small fee. £10.50 per hour is too much.
- * **£10.50 is too high**
- * £10.50 per hour too high – especially for people with high degree of need
- * **Much too high**
- * For personal care DLA is (if higher rate) £8 for 24 hours, how can you ask £10.50 for one hour
- * **Personal care should be available to all that need it. There would be a danger of people refusing the service**
- * This service helps to keep people in their own homes who might otherwise fall onto the NHS for care, and is often necessary for their health and personal hygiene. We feel that charges in such circumstances should be minimal and set at no more than the current rate. Again, help needed and time taken and disability of the one needing care.
- * **The present charge of £8.00 per hour is fair for people of limited income**
- * As this service enables the patient to stay at home, and releases a hospital/nursing home place, I consider that this should be a free service.
- * **Each person will require a different level of attention not all recipients have the same incapacity.**
- * Too much unless it is means tested
- * **The proposed £10.50 per hour is in excess of what can be purchased privately in this area.**
- * I think everyone should pay something for this service, not just people like us who are just over the financial limit and are penalised for being thrifty all of their lives.
- * **People would stop using the service, then end up in hospital, or residential care, making a mockery of the whole service.**
- * This increase is too much and may cause care people hardship.
- * **The proposed amount is quite enough for the service given**
- * Very good service – At present carer comes night and morning for about 30 – 45 minutes. Bed making, wash up and see that I am still mobile and do some shopping if required.
- * **The charge per hour has risen from £6.00 in 1999, consequently in April 2003 this will be a 75% rise. I fail to see how this can be justified. Some people will obviously be paying nothing. Fairer charging policy! Fairer for who? What else has risen 75% certainly not benefits (such as pension or attendance allowance).**
- * Although people receive benefits for personal care/mobility, this does not take into account the fact that they then have to pay someone else to do jobs they are unable to do themselves, i.e. housework, gardening, sewing etc. Benefits do not cover any of this thus eroding other income/savings.
- * **Attendance allowance should be increased. A unilateral increase in charges by government (local and Central) without an increase in allowances is unfair.**
- * The proposed amount is excessive. We are told to plan and save for our retirement, now you are proposing to take our savings and use as an extra tax burden, so that nothing is left for our own comfort and some entertainment in the old age. Is it meant to make the charge so high that no one except the very rich can afford it. This charge makes no consideration for the cost of living in your own home
- * **Charges should be made for this service, according to what the patient can pay. The proposed rate is £10.50 an hour and this seems much too high. Surely £5 an hour would be more reasonable.**
- * If it needs to be £10.50 to maintain income to DCC then it should be.
- * **This could be charged for if the income has been increased to meet the needs.**
- * Assurance, this amount is the maximum.

Day Care

* This is an outing so it is fair to make some charge but ensure a proper freshly cooked meal is offered

*** If a charge has to be made for day care it should be a very small nominal charge. For most people day care is their only contact with other people and charging would prohibit the number of days they could afford or stop them going altogether. Losing contact with others would have effect on their wellbeing.**

* Provided the £5 figure is inclusive. If it is not, then make it.

*** This is misleading. The true charge will be £5 and £2.50 (meal) and 2 way transport (£2) and refreshments (£1) i.e. £10.50 which is excessive**

* I feel this charge should be more flexible as once again people in most need would be hard hit. A sliding scale for number of days.

*** Implications of this policy would result in more handicapped people staying at home – greater burden on carers. Also many valuable resources eg Westbank, DYAC etc being forced to shed staff and their expertise lost. The client will lack stimulation and social contact**

* It is a health need. Day care is not a luxury, it is a vital service for people with physical and mental health needs.

*** Very fair**

* A visit to a day home is to give my carer a break. Well earned

*** I have been informed by Care Direct that this charge will be on top of £5 meal, £1 drinks and £2 transport cost per day making it expensive.**

* If the cared person is able to take a day out for a change of location they should pay the going rate for the pleasure.

*** I think this is very appropriate. Many clients see day care as a free service that doesn't cost anything and it is their right to go. If they had to pay they would value the centre more and appreciate their placement.**

* Charges should be made if out of home etc, I see this as a luxury.

*** My son only has a small allowance and it would effect his standard of living and social life – he is also strongly opposed to paying.**

* Alright as a one go not if you have to pay week after week perhaps for 2 or 3 days.

*** People would stop using the service, then end up in hospital, or residential care, making a mockery of the whole service.**

* On the face of it this would seem to be a reasonable charge. Often service users actually spend more than one day a week at a care centre, therefore, when meals, drinks and transport are added to this charge it becomes a sizeable chunk of income. Would it not be fairer to tier this charge i.e. £5.00 for one day, £7.50 for two days and £10.00 for three days.

*** You are penalising the carer. The few hours break the carer has, won't be able to go out for a coffee as there will be no money left**

* This will make many service users reject day care, resulting in social isolation and loss of independence.

*** My day at Rosebank is a highlight in the week and I look forward to it. My husband gets a breather which is also very important.**

* If it has to be paid for this seems to be a reasonable amount.

Night Sitting/Sleeping

- * Being a person entirely on my own and being advised to stay at home for as long as I can should I require this service I feel the proposed rate is far too high all according to a persons needs.
- * **This only is needed in great emergency – carers already exhausted will only carry on regardless of their own health if they can't afford the help.**
- * It was £44 a night but for a full week £308 is too much
- * **Agree on a small charge but £44 is too much**
- * What about carers grant? (Respite care)?
- * **I feel it is wrong to charge the carer for the chance to sleep or be “normal”.**
- * The cost may prohibit take up
- * **This service helps people to stay in their own home who may otherwise fall onto the NHS for care (at NO additional cost). It is also of great help to carers. We feel that the charge is set too high and should be an absolute minimum one. There should also be a “sliding scale” of costs whereby all additional nights are charged at a lower rate.**
- * As a carer I would like to think that the person I care for could afford to pay for someone to come in overnight and give us the opportunity to be free and do what we would like but from her allowance this is a non starter.
- * **Is this the same rate if the carer is awake all night or sleeps and on call?**
- * According to income
- * **I think £20 would be more in keeping with peoples money**
- * I feel there is a difference between a waking night care and sleeping on call night care.
- * **The cared person should only pay a rate affordable to them**
- * I think this charge is too high, given that the majority of cases will be for carer respite, this charge will take up a high percentage of care allowances and may have a negative effect on take up of service.
- * **Depending on circumstances of individuals this seems reasonable (in some cases this may need to be looked in to as individuals vary).**
- * Attendance allowance at higher rates is only £56 – doesn't have anything over
- * **I am totally exhausted as a carer, trying to juggle some sort of life for myself and keep my husband safe and medicated**
- * Not always the same sitter and information re: patients needs are not passed on.
- * **£44 is much too high, no one will be able to have a night off.**
- * Reasonable rate
- * **As part of a respite package.**
- * If the situation is so bad to require a night sitter, the service should be free, assuming this is temporary. If permanent, the person should be in residential care, if local authorities where not causing so many homes to be closed.
- * **Why penalise the most disabled persons. Their allowance has not gone up that much.**
- * Feel some of this cost should be met by social services. Again no one should be making a lot of money from someone who desperately needs this service. It used to be provided free by hospital long stay beds.
- * **The charge seems high compared with the cost of going into a home.**

Independence Equipment

- * This may be fair if attendance allowance is granted.
- * **Its bad enough that we have equipment to be independent without having to pay for it.**
- * People are already paying simply because they are disabled.
- * **Should enable them to remain independent and prevent from going into residential care. Available from Red Cross at no charge**
- * A flat rate is inappropriate. And it would be cheaper for instance to buy ones own toilet frame than pay a years rental
- * **Items should not be charged individually**
- * Equipment can cut down on the time and help needed by patient. £2 quite reasonable if having to need help to use it.
- * **We have these at present on loan, this should continue. If this charge comes into being it should be started with new patients not existing.**
- * The equipment used in our home is essential to our needs, if charged for, we would ask for it to be taken away to save costs. Unwanted equipment is difficult to return, as nobody seems to want to take it. Better to have a system of an annual check and items no longer required are removed.
- * **These aids are for people to have as normal a life as is possible and to charge for this equipment seems to be putting a premium on to their independence.**
- * Absurd – people don't wish to be ill, old or infirm. How can they afford this on top of all the other charges. I'm quite sure their benefits will not rise accordingly.
- * **If people need items of equipment they should be loaned for as long as necessary**
- * But could this figure be looked at if someone needed quite a lot of equipment. Also, could there be some sort of incentive to encourage people to return these items when no longer needed. Perhaps lists of the purchase cost per item could be displayed or given to each person. Perhaps some people could purchase some of these items for themselves. There are some very good shops dealing with equipment, which perhaps could also be included with the list of cost of items.
- * **People would try and cope without, then either the carer or the person being cared for may end up getting hurt**
- * Also need to offer accredited stockists of equipment to enable if desired service users to buy own.
- * **Clients should be advised as to cost and necessity of equipment by a qualified Occupational Therapist. Also where it is available a catalogue from mobility shop would be helpful.**

Question 4 – substitute services – flat rate charge. – For each service, what do you think of charging for the service in principle and the proposed charge rate for each service?

Meals

- * The standard of meal produced must be good – Not frozen meals except perhaps at weekends
- * **This is a fair price for a meal**
- * Which I agree should include tea and coffee
- * **This is a reasonable charge, all people eat therefore it is not discriminatory.**
- * More than £2.50 is unacceptable
- * **Meals should be included in the day centre charge. You could end up like the schools and half bringing in packed lunches.**
- * It should be included in the day care rate
- * **£2.50 seems reasonable for this service.**
- * £2.50 is a fair charge for a meal
- * **if this charge is increased this should include refreshments.**
- * If the rate is not increased
- * **This seems a very fair price for a hot meal – presumably with dessert.**
- * Check with the cared person if they are able to comprehend, their likes and choice, to avoid wasted food and helpers time to prepare. £2.50 won't give healthy choice.
- * **Charge is quite reasonable**
- * Should include refreshments
- * **I agree £2.50 is a fair price for a meal as is £1 transport. It's the £5 on top of this I strongly object to for attending day centre, with £1 beverages will be £9.50 a day!!**
- * This should include the beverages
- * **I think a flat rate rather than £5 + £2.50 would be better**
- * £2.50 does not seem excessive for a meal to be delivered but in a day centre this takes the charge to £7.50
- * **This is the second increase this year without prior consultation**
- * That's too high a price, and whatever price include drinks. The elderly do not drink enough

Transport

- * No one can be transported anywhere for nothing, maybe they will appreciate it more if paying!
- * **50p a trip is ok**
- * No – it is already charged for in the day care rate, which should be inclusive
- * **People on benefits would find this discriminatory as they would not be able to afford to pay.**
- * Should be included in day charge
- * **Compared with taxi fares the charge is fair**
- * What sort of transport does this cover? As at the moment patients' transport is non - payable.
- * **£1 per return trip would be much more acceptable**
- * Does the £1 charge cover whatever the distance of the journey is?
- * **Transport has to be paid for, if requiring that service.**
- * Again, a value for money charge
- * **These are reasonable**
- * I think the proposal is fair
- * **A cheap journey**
- * Would deter clients from using the service – may seem a trivial rate of £2 per day but on top of other costs – day care £5 and £1 beverage meal 2.50. would become a large sum. Some clients attend day care 3 times a week.
- * **Depends on distance**
- * Fair
- * **Seems fair**
- * Very reasonable
- * **Service users may decline this service, thus resulting in social isolation and loss of independence. It should be means tested.**
- * If the service is assessed as necessary should they pay?
- * **Quality of life would be seriously reduced if cost prevents people getting to day care.**
- * Transport is expensive but necessary in many parts of Devon

Beverages at day care

- * Should be an overall charge of £5 or £6 per day
- * **Why separate drinks for meals surely one figure would be much better for most clients to cope with**
- * Customers will be entitled to expect some choice as to what and when they drink – not just a cup of tea when it suits the home. Leave well alone.
- * **20p a cup would be better**
- * Older people need drinks – none and there would be kidney trouble etc and dehydration
- * **Day care once a week provides the carer with a much needed break for which the total cost £8 seems reasonable**
- * Refreshments should be included in with the main meal payment.
- * **Are you going to charge people who drink water? That would be a disgrace to the service.**
- * Tea, coffee and squash is cheap enough. If you multiply the number of clients by £1 each, this amounts up to a very large profit at the end of a week. Are they hoping to raise the funds this way to pay for a holiday villa in Barbados?
- * **This charge should encourage providers to offer a range of refreshments and encourage good fluid intake levels. Dehydration is known to cause health problems, particularly for older people.**
- * As long as everyone pays the same
- * **Reasonable**
- * How much will it cost to collect/record these very small amounts?
- * **What if I don't want all of the day care?**
- * I am afraid this may lead to dehydration problems by pensioners not buying a drink to save money resulting in urinary infections etc which will result in a need for more care. DCC treat the pensioners to a cup of tea!
- * **People could buy drinks as needed making it like a cafeteria system. Those unable to do so charge standard rate.**
- * This is a fair charge
- * **Sounds reasonable**
- * Will staff also have to pay.
- * **Should not be charged if patient is paying for day centre care.**
- * Petty charge
- * **You will find if you charge for this service, carers/parents will send in their own drinks, which will make more work for the staff.**
- * Some clients take their own drinks. What happens if a client is cold when they get to the centre and can't afford a hot drink, they will have to do without and suffer from the cold even more.
- * **The £5 should cover meal transport and beverages.**

Question 5 – We are proposing a maximum charge equivalent to 95% of what we currently pay for residential care. What do you think about the principle of a charge ceiling and the proposed rate?

Maximum charge

- * Much too high
- * **At a sensible rate**
- * A care package for my son would cost the County Council £600 plus if he was living in a residential setting. The difference between this and what benefits he receives because he lives at home is more than enough to cover his day care and transport cost.
- * **If there is to be a charge I agree there should be a maximum charge.**
- * Still good value for money
- * **I have not been involved in residential placements, but I think this figure needs to be realistic so we can afford to keep homes open and not closing due to lack of SSD funding.**
- * No one elects to be in need of services. It seems fair that those with greatest need, with income, do not have to eat into savings and capital to provide this for themselves.
- * **Far too high**
- * A service user must know what the maximum charge could be in order to budget for their other expenses and to eliminate the fear of an unexpected charge.
- * **Yes, provided it is a reasonable amount which was easily attainable by a large number of client. Not fair for a few people to be charged an excessive amount, especially if they have made provision for their old age.**
- * It should be less than 95% because people still have to maintain the structure of their homes and surrounding environment.
- * **A charge ceiling doesn't take in extent/type of disability.**

Rate of maximum charge of £277 per week

* One big problem is that some people have saved for such a day as this and others have freely spent all so have nothing. The assessments should, if possible be made on the opportunity and earning ability a person had. Then lifespan and encourage folk to save if possible so that they can expect better care than those who do not try at all.

*** This is too high**

* Multiply £227 by 52 weeks = £12 000, would have to be rich to pay this, depriving pensioners of savings.

*** At this level many deserving cases will struggle on without help rather than see their hard earned savings used to subsidise all and sundry.**

* £216 is excessive (95%), 33 ½ is more realistic i.e. £75 per week

*** Too high**

* Again this may stop people accepting services they need to remain independent and may put bigger burden on carers.

*** We feel that the maximum rate equivalent is too high and is disproportionate to the ration between residential/non-residential costs. We would like to know the cost of these services in a residential home shown as a percentage of the total cost of care per week. That percentage could well be a truer level of a charge ceiling for non-residents.**

* 95% too high! 60% more appropriate

*** This is too high a percentage of the residential care charge considering that household expenses do not appear to have been allowed for.**

* More increases, where do you think our money comes from!

*** My home, in principle, functions as a residential annexe for which I carry the costs of household maintenance. This could amount to double charging.**

* Why has it to be such a high charge for people to stay for residential care. Surely £150 would be much better for the care a week, that will amount to quite a sum if you're there for weeks.

*** Most people do not have £227 coming into their pockets each week.**

* Good value for money

*** Rate seems far too high for day care**

* If this is below the rate for residential care it will encourage people to stay at home when finance is an issue for them.

*** I think 95% is a little too high**

* Too high

*** No view of rate charged**

* The home care service was bought in to provide support for people in their own home to avoid the high cost of residential care and to enable people to manage in their own home. It does not seem reasonable to charge people nearly as much per week as residential when they still have their own homes to maintain, food etc.

*** I still believe health care should be free in this country – having worked hard all my life to have to pay to have my wife looked after due to a terrible illness seems very unfair.**

* Too high – 90% would be better.

*** Does the maximum charge apply to daily care at home patients or just is it just for residential patients?**

* A charge ceiling doesn't take in extent/type of disability.

* **95% seems too high. Suggest 75%**

Question 6 – Do you think that disability related benefits should be included as income for chargeable purposes?

* Disability related benefits are to provide other things – to spend as they see, not for things they have to have.

* **Disability related benefits should be excluded if only because they are needed already to cover many of the financial problems associated with the disability.**

* Absolutely not. Their benefits are for the additional costs, which the person's disability causes. They must never be considered as income

* **The benefits are needed and should not be considered at all, they help to bridge the day to day cost gap of being disabled.**

* Most people I have spoken to feel that provided they can afford to pay, they would rather pay than lose services. They do feel that maybe there should be positive discrimination. The very frail elderly and disabled should have priority. Disability related benefits are often needed to cover additional heat/light/food and transport needed because of the disability.

* **I feel everyone should be charged the same**

* We are told these benefits are given to enable a disabled person to live in the community, if they are eroded this will not be possible.

* **Surely this is provided to the service user to cover additional living costs associated to their disability.**

* They already pay because they are disabled or have some form of disability or learning disability through no fault of their own

* **Disability benefits are granted to make our lives more comfortable and to aid a more independent lifestyle, particularly those with very severe disabilities**

* My disability and A/A already are being used for care charges

* **I do not think these benefits should be regarded as income – purchasing services is only a part of the additional expenditure facing those with disabilities. There is no choice about paying for the extra utilities, special clothing, transport etc. that are part of living with a disability.**

* Those on the lower rates and middle rates of benefits would not have any money left for their own expenses or are you proposing that money should come out of income support?

* **Disabled people have so many extras because of a disability that we need every penny we can get. Why should we pay more because I am not on income support. Because I worked for a short while I'm being penalised. Also I have things like a mortgage, community charge etc, I don't just live to pay and receive home care.**

* Reluctantly yes. As a strong, clever, capable, hard working, high earning man, my husband has been rendered helpless through no fault of his own. However thank goodness for our welfare system.

* **I think if you receive benefits they should be used for your care services. If you have over £19000 you will have to pay full even if you own your house you have to pay maintenance insurance and council tax and with the very low interest on your savings today people will have to use their capital.**

* ALL income above income support +25% must be taken into account to make any charging system fair and equitable.

* **Very unfair**

* I don't agree at all why pick on the disabled when you have fit people who don't work who get help with rent, tax and anything else. Its not an easy life looking after someone disabled.

* **But please bear in mind that when a person becomes disabled expenses rocket.**

* When you are disabled you have very little chance of earning an income. So disability should be tax free to enable you to buy in some extra care.

* **If the chargeable purposes increase the quality of the persons life.**

* Disability related benefits are not taken into account when assessing income support, which is means tested. They should not be taken into account in this means testing process either. I found this consultation process very difficult to understand. I am not sure what the implications of the decisions that I have been asked to make are.

* **I think as Devon's elderly population has increased, you should be asking central government for the increase required to cover cost and not the clients you serve. Our standards of life are low enough now. My wife and I neither smoke nor drink, or go to entertainment or have gone out for a meal in the last 2 years.**