

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

<b>Directorate: Adults and Health</b>	<b>Service area: Service Transformation Team</b>
<b>Lead person: Amy Travis</b>	<b>Contact number: 01133783786</b>
<b>Date of the equality, diversity, cohesion and integration impact assessment: 09/09/2021</b>	

<b>1. Title: Review of charging for non-residential adult social care services</b>
Is this a:
<input checked="" type="checkbox"/> <b>Strategy / Policy</b> <input type="checkbox"/> <b>Service / Function</b> <input type="checkbox"/> <b>Other</b>
<b>If other, please specify</b>
Changes to the calculation of charges for financially assessed non-residential Adult Social Care services and the maximum weekly charge that can be levied.

**2. Members of the assessment team:**

<b>Name</b>	<b>Organisation</b>	<b>Role on assessment team For example, service user, manager of service, specialist</b>
Matthew Foley	Leeds City Council	Specialist
Cheryl Ward	Leeds City Council	Specialist
Matthew James	Leeds City Council	Specialist
Kuldeep Bajwa	Leeds City Council	Specialist
Billy Edwards	Leeds City Council	Specialist
Amy Travis	Leeds City Council	Specialist

### **3. Summary of strategy, policy, service or function that was assessed:**

The services referred to in this assessment are home care or supported living services, day care and transport to day care, tele care services and services delivered through direct payments. Note: Reablement services are free of charge and not affected.

As a result of the funding gap the Council is currently facing, the growing demand for services and the growing cost of delivering Adult Social Care in Leeds, two changes to charging for non-residential adult social care services were proposed.

The changes proposed are targeting areas of charging where the council subsidises the cost of care for those individuals who either:

- 1.) Could-afford to contribute more than they currently do towards the full costs of their care, as known to the council because of an individual financial assessment, and who would be expected to contribute more if these subsidised were not in place; or
- 2.) Are not entitled to financial assistance, or have not applied for assistance, from the council because they have sufficient income and / or capital to pay their care costs in full, and who would be expected to pay the full costs of their care if these subsidised were not in place.

No changes were proposed that would change the methodology of the financial assessment. The financial assessment sets out how much each customer can afford to pay towards their care and how much income is to be retained by the customer at a minimum. Where the cost of a customer's care is more than that customer can afford, the council provides financial assistance to cover the difference. Financial assistance to help pay for care is means-tested and those who do not qualify for help are expected to be able to meet the full costs of their care through their income and / or capital.

This will not change and therefore the proposed changes do not impact on the issue of the individual affordability of care charges for customers. Rather, they concern how charges are calculated for individuals after it is understood how much they can afford to pay, or where the person is not entitled to financial assistance to help pay for their care.

The two proposed changes that are being assessed are:

- 1.) Removing the subsidy for multiple home care workers, whereby clients are only charged for the cost of one home care worker per visit and the council pays for any additional home care workers, if there are two or more present to provide care per visit.

2.) Removing the Maximum Assessed Charge Cap (MAC cap), which limits how much anyone in Leeds can be asked to pay in total for the non-residential Adult Social Care services they use.

Information about these changes is detailed in the Information Booklet that was developed to support the consultation.

**4. Scope of the equality, diversity, cohesion and integration impact assessment**  
(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

**4a. Strategy, policy or plan**

(please tick the appropriate box below)

The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy or plan	<input checked="" type="checkbox"/>

**Please provide detail:**

The proposed changes to charging for 2 to 1 home care and the removal of the MAC cap, affect the council's Adult Social Care (ASC) Charging Policy for non-residential care services. These services include:

- Home Care.
- Residential College.
- Specialist Autism Services.
- Day Services.
- Community Support.
- Community Short Breaks.
- Transport to Services.
- Supported Living.
- Telecare Pendant Alarm.
- Telecare.
- Shared Lives Day Support.
- Mental Health Day Services.
- Mental Health Housing Support Services.

- A Direct Payment for you to arrange your own services.

### **Removing the subsidy for multiple home care workers (2 to 1 home care)**

The proposed removal of the subsidy for multiple home care workers would affect how charges are calculated for the provision of home care services by the council.

The change would mean that ASC customers would be charged for all home care workers attending per home care visit, rather than for only one care worker, as is currently the case. The council would no longer subsidise the cost of the additional care workers used. Home care visitation from more than one care worker per visit is referred to herein as “2 to 1 home care.”

This change would financially impact those customers of 2 to 1 home care services who:

- Have home care services that cost more than they are currently paying, if the cost of all care workers used per visit were charged; and
- Are currently paying under the Maximum Assessed Charge Cap of £482 a week.

And who either:

- Have sufficient means to afford to pay more than they currently do, as known to the council because of the customer’s financial assessment; or
- Are not entitled to means-tested financial assistance from the council, or have not applied for assistance, to help pay for care costs.

If both proposed changes were adopted, those who would be expected to contribute more towards their home care would include those who currently have their care costs currently capped at £482 a week, but whose services cost more than £482 a week in total, and who:

- Can afford to pay more than £482 a week towards their care, as known to the council because of the customer’s financial assessment; or
- Are not entitled to (or have not applied for) means-tested financial assistance and who would, therefore, be expected to pay the full costs of their care through their income and / or capital.

Based on an analysis of customer care plans and financial assessment data conducted in Oct 2021 (excluding those customers who have yet to be financially assessed but are expected to be), 208 customers (approximately 3.5% of all non-residential ASC customers) would be financially impacted by the removal of the 2 to 1 home care subsidy, because they are currently receiving 2 to 1 home care services and can afford to pay more than they currently do.

### **Removal of the MAC cap**

The proposed removal of the MAC cap would affect how charges are calculated for all non-residential ASC services (see list of services above).

The change would mean that the council would no longer place a cap on the amount that anyone in Leeds can be asked to pay towards their total care costs, no matter what they can afford to pay. The current limit is £482 a week. Therefore, the council would no longer subsidise the care costs of those individuals who can afford to pay the full costs of their care, or who are not entitled to (or have not applied for) means-tested financial assistance.

The council would continue to provide assistance to individuals who are assessed as not able to afford their full care costs.

The changes would financially impact those customers of the council's non-residential adult social care services who have services that cost more in total than the current MAC cap of £482 a week.

And who either:

- Can afford to pay more than £482 a week as known to the council because of the customer's financial assessment; or
- Who are not entitled to (or have not applied for) financial assistance and who would, therefore, be expected to pay the full costs of their care through their income and / or capital.

Based on an analysis of customer care plans and financial assessment data conducted in Oct 2021, 58 customers (approximately 1% of all non-residential ASC customers) would be impacted by the changes because they have their payments capped at £482, but currently have services that costs more than this in total.

### **Customer impacted by both changes**

Based on an analysis of customer care plans and financial assessment data conducted in Oct 2021:

- 108 individuals would see costs increased by the combination of both charges. Of those individuals:
  - Four would have already been affected under MAC cap removal but would see costs increase further if the subsidy for multiple home care workers is also removed. These individuals would see no change if the home care subsidy was removed but the MAC cap was not removed, because their charges are currently capped at the MAC cap.
  - The remaining 104 would already be affected by the removal of the subsidy for multiple home care workers, bringing them to the MAC cap, but were previously paying under the MAC cap, and would see their support costs increased above the MAC cap if both changes were implemented.

### **Important:**

The changes would **not** impact on customers who are exempt from charging under section 117 of the Mental Health Act 1983, or who are have their care funded under Continuing Health Care.

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<b>4b. Service, function, event</b> please tick the appropriate box below	
The whole service (including service provision and employment)	<input type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input checked="" type="checkbox"/>
Procuring of a service (by contract or grant)	<input type="checkbox"/>
<b>Please provide detail:</b> The changes would impact on charges for non-residential Adult Social Care services.	

<b>5. Fact finding – what do we already know</b> Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.  (priority should be given to equality, diversity, cohesion and integration related information)
<p>Consultation has indicated that there is considerable concern regarding the proposed removal of the subsidy for 2 to 1 home care and the removal of the MAC Cap. These concerns generally relate to the affordability of changes and the effect on the financial impact on the ability of customers to afford services; to remain in their own home and maintain it; to pay for living expenditures; their participation in recreational activities, trips and holidays; and knock-on impacts on customer’s mental, physical and emotional wellbeing.</p> <p>There is concern that individuals would be forced to reduce the level of care they are receiving or would have to go without care due to unaffordability. There were further concerns that this would have a knock-on effect on their ability to live independently, safely and to exercise choice in about how to live; and in turn on individual mental, physical and emotional wellbeing.</p> <p>There was a related concern that by making home care and other services unaffordable, this would increase pressure on family, friends and other unpaid carers, to fulfil care needs.</p> <p>A considerable number of respondents felt that the changes were discriminatory against disabled people, were targeting disabled groups in some way, or were unfair because they may increase charges for services that many perceive should be free at the point of use. A considerable number of respondents felt that it was unfair that some people should pay for their care when others are entitled to financial assistance.</p>

These concerns reflect findings from previous charging review consultations.

A comprehensive analysis of the themes identified from responses to the consultation can be found in the Consultation Report, as can the council's response to each of the concerns raised.

### **Demographics of impacted group**

An analysis of the demographics of customers billed in Dec 2020 of those paying at the MAC cap and those receiving 2 to 1 home care, suggest that certain groups could be disproportionately impacted by the proposed changes.

#### **2 to 1 home care**

- The vast majority of 2 to 1 home care users are over the age of 65 (81.7%).
- Those accessing home care services are more likely to have physical impairments and require personal care and support or access and mobility support as their primary Support Reason (89.8%).

#### **Removal of the MAC cap**

- An analysis of the demographics of customers billed in Dec 2020 did not indicate a particular impact determined by Equality Act characteristics.
- However, it is noted that customers care plans are not the same in cost and those with higher care needs, requiring more use of care services, are likely to experience higher total care costs than others. For instance, those in Supported Living placements require round-the-clock care. Reflecting this, the average costs of a Supported Living Placement Agreement is £1,129.26. The removal of the MAC cap would mean that those individuals who can afford to do so would be asked to contribute the full cost of such placements.
- In reality, it is extremely unlikely that a customer will have sufficient income (due to limits on the benefits available to them and the income disregards that are in place) to afford the full costs of such a placement and would therefore only be asked to pay the full costs of their placement, if they have capital over the threshold of £23,250.
- If a customer has capital over the threshold, the council does not retain information on how much capital over the threshold that customer has. It is therefore not known how long any customers with capital over the threshold, could sustain the full costs of such a placement. Once a customer's capital falls below the threshold (which is expected eventually for customers such as those in Supported Living placements because the high service costs are extremely likely to exceed income), they will come into eligibility for financial assistance if their service costs exceed how much they can afford to pay through income and tariff income.
- If the Mac cap is removed, financial assistance would be provided to 93.9% of Supported Living customers (based on a recent analysis of customer care plan and financial assessment data-Oct 2021).

**“Self-funders”**

- “Self-funders (those who are not entitled to financial assistance),” could be affected by the removal of the MAC cap, if they have services that cost more than £482 a week, because their charges would no longer be limited by this amount.
- Self-funders would be expected to meet the full costs of their services, without subsidy.

**Other**

- There was no evidence found for any other impacts that would be experienced by one characteristic group disproportionately.

**Are there any gaps in equality and diversity information?**

**Please provide detail:**

The Government is expected to introduce a white paper regarding changes to how charges for Adult Social Care and entitlement to means-tested financial assistance are calculated. It is not known what changes will eventually be implemented and therefore it is not possible to accurately anticipate the impact that these changes might have in conjunction with the changes herein proposed.

However, the changes proposed are expected only to address issues of entitlement to mean-tested financial assistance, affordability and a potential lifetime cap on care costs. As such they do not impact on considerations of what subsidies to apply after individual affordability has been assessed, or where individuals are not entitled to financial assistance (which is what is addressed by the proposed changes).

It is also not expected that any changes to the Care Act 2014 and / or Statutory Care and Support Guidance will be implemented before the 2023 financial year.

**Action required:**

To monitor closely any issues that may be identified as a result of changes to the scheme for financial assessments and lifetime care cost caps brought by the Government, and to keep the ASC non-residential charging policy and framework under review.

**6. Wider involvement – have you involved groups of people who are most likely to be affected or interested**

Yes

No

**Please provide detail:**

We sent 5,196 Information booklets to all non-residential adult social care customers, or their financial representatives, detailing the proposed changes, who might be impacted and how they might be impacted. A cover letter was included giving details of how a customer, their carer or representatives could share their views on the proposed changes.

Due to the disruption caused to organisations and individual lives during the pandemic, it was not feasible to host live forums, or attend meetings of third sector groups (many of which were temporarily disbanded due to safety concerns). However, various

organisations were contacted or input on various aspects of the consultation process, particularly how to ensure that it was as inclusive as possible. These include:

- Forum Central
- Advonet
- Easy on the I (NHS)
- Change
- Leeds Hearing and Sight Loss Service
- Leep1

The People's Parliament has been consulted via two forum sessions, one regarding the proposed changes to charges for 2 to 1 home care, and another regarding the proposed removal to the MAC cap.

Advonet took part in the consultation process to support individuals to understand and respond to the consultation, and to provide their own feedback. Advonet is an organisation that provides independent advocacy for those without the mental capacity to do effectively for themselves. The feedback was from Independent Mental Capacity Advocates.

All consultation responses received have been recorded in full and all returned questionnaires have been retained, by the Leeds City Council Service Transformation team. A comprehensive report has been produced on the consultation process and outcomes.

**Action required:**

**7. Who may be affected by this activity?**

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

**Equality characteristics**

- |                                     |                             |                                     |                           |                                     |                           |
|-------------------------------------|-----------------------------|-------------------------------------|---------------------------|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | <b>Age</b>                  | <input checked="" type="checkbox"/> | <b>Carers</b>             | <input checked="" type="checkbox"/> | <b>Disability</b>         |
| <input type="checkbox"/>            | <b>Gender reassignment</b>  | <input type="checkbox"/>            | <b>Race</b>               | <input type="checkbox"/>            | <b>Religion or Belief</b> |
| <input type="checkbox"/>            | <b>Sex (male or female)</b> | <input type="checkbox"/>            | <b>Sexual orientation</b> |                                     |                           |
| <input type="checkbox"/>            | <b>Other</b>                |                                     |                           |                                     |                           |

**(Other** can include – marriage and civil partnership, pregnancy and maternity, and those

areas that impact on or relate to equality: tackling poverty and improving health and well-being)

**Please specify:**

Adult Social Care provides services to older and disabled people and so we know that these groups will be affected by the proposals.

According to an analysis customer demographic data in Dec 2020, over 80% of those receiving 2 to 1 care are over the age of 65 and we would therefore expect this age group to be more impacted by the proposed changes to charging for 2 to 1 home care.

The consultation highlighted that there was a concern from some that older people would be disproportionately disadvantaged by the removal of the MAC cap because they are perceived as more likely to have significant savings. A number of respondents commented that they have saved for old age and now feel they are being penalised for this, by having to pay more for care services than someone who did not.

However, it is noted that the Care Act 2014 provides that those with sufficient means should (unless otherwise exempt) pay for their care in full. Those who cannot afford to pay for their care in full are entitled to means tested financial assistance. There is not a distinction in the application of this principle based on age.

In addition, it is noted that those of state pension age are entitled to a significantly higher basic level of Minimum Income Guarantee than working age adults (£189.00 a week compared to £91.40 for working age adults over 24), and are therefore afforded significantly higher income protection at the basic MIG rate.

The provision of and charge for any service is related purely to identified or assessed need and to individual financial circumstances, respectively. As such, religion, sexuality, culture, ethnicity should not impact upon the provision of services however it may impact upon how and where those services are provided.

**Stakeholders**

**Services users**

**Employees**

**Trade Unions**

**Partners**

**Members**

**Suppliers**

**Other please specify**

**Potential barriers**

**Built environment**

**Location of premises and services**

**Information and communication**

**Customer care**

**Timing**

**Stereotypes and assumptions**

**Cost**

**Consultation and involvement**

**Financial exclusion**

**Employment and training**

**specific barriers to the strategy, policy, services or function**

**Please specify**

**Potential barriers**

**Information and Communication**

Evidence from information disclosed to us by respondents to the survey questionnaire and gathered through the consultation helpline, suggest that some customers may not have fully understood what the proposed changes were and if and how they would be personally impacted. Responses suggest that this caused unnecessary financial anxiety and stress for some individuals. Additionally, some individuals who may be impacted may have failed to respond to the survey if they did not understand the personal impact of the changes. There is therefore a need to ensure that if either change is adopted, that the impact for individuals is communicated precisely and sufficiently.

Care must be taken to ensure that information is provided to groups in an accessible way, including through the use of Easy Read documents. It may be considered appropriate to maintain a helpline for impacted customers who require information and clarifications regarding any adopted changes.

**Customer Care**

There is evidence from the survey questionnaire that the perception of unaffordability of the proposed changes, would lead some individuals to rethink or reduce their use of services in an effort to reduce care expenditure. In some cases, where the level of care the individual is receiving is unnecessarily high, perhaps due to historic care needs, this may be appropriate. However, there is also a risk that this may lead to real care needs, being unmet. Similarly, there is a risk of new customers being disincentivised from applying for care, or of existing customers underreporting any new additional care requirements. Both of these possibilities would lead to care needs being unmet.

Should either of the changes be adopted, there should be a continuing focus on identifying any subsequent trends in the per capita rate of service provision that result from the changes. No changes to anyone’s care plan will be made without a care needs assessment.

**Cost**

Care needs assessments will continue to provide an effective vehicle for ensuring that the use of services is aligned to meet the care needs of the individual, and the financial assessment process ensures that services are affordable to the customer (and financial assistance is provided where they are not). However, customers who are expected to pay for their care costs in full, may choose to seek alternative provisions for their care elsewhere as a matter of personal choice.

### **Timing**

If adopted, the point of the year in which the changes are implemented may have additional negative impacts, for instance if the charges were increased for customers during festive periods, when expenditure is generally higher. Consideration of this should be made when planning implementation.

### **8. Positive and negative impact**

Think about what you are assessing (scope), the fact-finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

#### **8a. Positive impact:**

- 1) The consultation has provided an opportunity to clearly understand the potential impact of the changes proposed, to identify potential mitigating actions and clearly understand the concerns of those potentially affected. This allows the council to develop measures to address these concerns and to reassure customers.
- 2) The proposed changes would impact only those who are able to pay for their own care in full or are able to contribute more than they currently do, as known to the council because of their financial assessment.
- 3) Thus, the council can continue to ensure that the most financially vulnerable receive the care and financial assistance that they need, whilst the changes would bring in additional income to help protect services for all the people in Leeds who rely on them.

#### **Action required:**

- 1) Utilise the information gathered to develop a package of support to mitigate the identified impact of any increases charges and help people to make their money go further.

#### **8b. Negative impact:**

- 1) Perception that changes will cause financial hardship due to increased care costs, decreased quality of life and impact on physical, emotional and mental wellbeing due to financial hardship.
- 2) Individuals refusing services altogether or attempting to opt for a lower level of service due to cost increases, or the perception of unfairness. This could lead to care needs being unmet.
- 3) Fear of approaching Adult Social Care early due to a perceived inability to be able to afford services, may prevent contact before a crisis has been reached resulting in either admission to hospital or higher cost services.
- 4) Not approaching Adult Social Care due to cost concerns or the perception of

unfairness, leading to increased take up of care responsibilities by family, friends and other unpaid carers, leading to lowered household economic activity, relationship strain, and related impacts on physical, emotional and mental wellbeing.

- 5) Risk of loss of choice, control and independence should customers or their families / representatives consider residential care as an alternative to community care arrangements, due to changed perceptions about the relative value of each care setting. Also, due to concerns that care costs will lead to a reduction in care and consequent higher risk to personal safety, should the customer remain their own home.

**Action required:**

- 1) Leeds Adult Social Care have a legal responsibility to meet identified need under the Care Act 2014 and will continue to meet this duty by ensuring no one is asked to pay what they cannot reasonably afford. This will be done through the application of the financial assessment and through looking at individual circumstances where customers are facing difficulties.
- 2) Though they can be requested by customers at any time, care needs and financial reviews will be offered to any customer who would be impacted by the changes, to ensure that they are receiving the level of care that meets but does not exceed their needs, that charges are affordable, and that financial assistance is offered where required.
- 3) A helpline will be established to provide information to help individuals understand the changes, to provide a pathway to request new or reviewed financial or care needs assessments, and to signpost individuals to money and benefit advice services.
- 4) Signposting and support to access financial advice and advocacy will be provided in written communications to customers and via the helpline that will be established. Leeds has been addressing poverty and deprivation as key issues for some time and is particularly well placed to provide support advice and guidance to those in, or those likely to face, financial difficulty.

This information will be distributed through one stop shops and any other front facing service, including to social workers, financial assessment teams, advocacy etc. The council will work with appropriate commissioned services and third sector organisations to promote further exposure of the support available.

It is important that there is a pro-active service to provide practical advice and support to individuals to ensure that they are able to maximise their income and minimise their outgoings. Financial Assessment staff will provide signposting information and help to identify those customers needing additional support.

- 5) The council will carefully consider the way in which information and any changes are communicated to customers, including making sure any written, internet-based and spoken communication is consistent with accessibility needs. This includes making sure that information is delivered in an easily understood way, at an appropriate pace. Also, that support is available for customers who wish to seek

clarity on any information provided or make a decision regarding their care.

- 6) There is a continuing development of Asset Based approaches to community care, which can bring down the cost of care for individuals. As such approaches develop further, this financial benefit is expected to mitigate the impact of a number of customers who would be impacted by the proposed changes.
- 7) The council will consider with members and senior officers the level and degree of the changes being proposed in light of the concerns raised and look to identify any potential changes to the proposal that could reduce anxiety or actual financial hardships, including considering a phased approach to charging increases to allow individuals more time to adjust.

**9. Will this activity promote strong and positive relationships between the groups/communities identified?**

Yes

No

**Please provide detail:**

Perception of unfairness in who is asked to contribute what towards their care, may adversely affect social cohesion.

**Action required:**

- 1) Ensure that all information disseminated regarding who pays for Adult Social Care and how charges are calculated, including how this relates to the provisions of the Care Act 2014, is clear and unambiguous.

**10. Does this activity bring groups/communities into increased contact with each other? (for example, in schools, neighbourhood, workplace)**

Yes

No

**Please provide detail:**

Conversely, some of the non-residential services that the council provides are aimed at reducing social isolation and increasing the uptake of social activities. Reduction in the uptake of these services could have adverse effects on levels of social isolation and exclusion.

Consultation response indicated that a number of people were concerned that if their care was reduced in response to the financial impact of these changes, they would not be able to go out and take part in activities as much as they currently do.

There was also an indication that reducing the amount of money that was available to those who would be asked to pay more under the proposals, would mean that there was less money available for customers to spend on activities, day-trips, holidays etc. In turn these may impact the amount of contact that occurs between customers affected and other groups in their community, their families etc., leading potentially to increased isolation and impacts on mental physical and emotional wellbeing.

However, importantly, no customer will be asked to pay more than they can afford. Customers may apply to have expenditures relating to maintaining and improving physical, emotional and / or mental wellbeing, disregarded from their financial assessment as a Disability Related Expenditure.

**Action required:**

- 1) To monitor users of services who are financially impacted following any implementation of changes, to ensure they do not experience social isolation or exclusion. Where this is found to be occurring, to examine the need for a care needs reassessment.
- 2) To ensure that care packages and financial assessments are in line with individual needs and affordability, including by ensuring that any client impacted is contacted and offered a new care needs and financial assessment.
- 3) Examine the impact on demand for community-based services and identify any trends. To use this information to inform any further action required.
- 4) To ensure that customers are aware of Disability Related Expenditures and how to apply for them to be disregarded from their financial assessment.

**11. Could this activity be perceived as benefiting one group at the expense of another?** (for example where your activity or decision is aimed at adults could it have an impact on children and young people)

Yes

No

**Please provide detail:**

Responses to the consultation indicated a perception that those with higher means were being punished financially or were unfairly supporting those who receive financial assistance.

There was a perception that both changes would unfairly impact on those with higher care needs as they are more likely to need multiple home care workers per home care visit, and because they are more likely to require more services in general, or more expensive services, and therefore have higher care package costs.

**Action required:**

- 1) To ensure that customers impacted are aware of the council's legal duty to ensure that all care needs are met in Leeds. To explain also that the Care Act 2014 sets out that, unless a Local Authority makes alternative provisions, there is an expectation that everyone should pay for the full costs of their care if they are not entitled to means-tested financial assistance from the Local Authority.
- 2) To carry out work on understanding and implementing better ways of communicating how charges are calculated and what the expectations are around financial assistance and client contributions. This includes reviewing public documents regarding the council's non-residential care charging policy and potentially training staff in how to communicate these principles in an understandable way.

**12. Equality, diversity, cohesion and integration action plan**

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>
To monitor closely any issues that may be identified as a result of changes to the scheme for financial assessments and lifetime care cost caps brought by the Government, and to keep the ASC non-residential charging policy and framework under review.	April 2022 to April 2023	Close monitoring by AOS	Cheryl Ward
To monitor any trends in the usage of ASC services by customers impacted, in order to inform any further action required.	April 2022 to April 2023	Close monitoring by AOS	Cheryl Ward
To establish a customer helpline to provide information to help individuals understand the changes, to provide a pathway to request new or reviewed financial or care needs assessments, and to signpost individuals to money and benefit advice services.	March 2022 to May 2022	Helpline established, resourced and operational.	Matthew Foley

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>
Write to all customers to provide details of changes and signposting to financial, benefits and advocacy services.	March 2022 to April 2022	Customers written to.	Matthew Foley
Set up a service users' groups with third sector organisations to examine the best ways to communicate the changes and to for ensuring that related front-facing and support services, and the helpline are accessible, and that information communicated to service users is clear and unambiguous. Included in this is a careful consideration of how best to communicate the provisions and spirit of the Care Act 2014 regarding who should pay for the services that individuals use.	January 2022 to March 2022	Service users group established and Communications plan developed. Guidance on how to communicate the changes and support available accessibly to be given to front-facing and support services, and helpline operators.	Matthew Foley
Monitor service users who are financially impacted following any implementation of changes, to ensure they do not experience social isolation	Periodically up to 1 year after implementation (April 2023)	Service users affected to be contacted periodically and care needs reassessments and safeguarding checks to be performed as appropriate.	Matthew Foley

Action	Timescale	Measure	Lead person
or exclusion. Where this is found to be occurring, to examine the need for a care needs reassessment or safeguarding check.			
To help ensure that care packages and financial assessments are in line with individual needs and affordability, by ensuring that any client impacted is contacted and offered a care needs and financial review. Also, to ensure that customers are aware of Disability Related Expenditures and how to claim them.	March 2022 to June 2022	Customers and financial representatives contacted (in writing) and provided with information about how to undertake a care needs or financial review, and how to claim DREs.	Matthew Foley
To ensure that all council communications, including online materials are reviewed in line with guidance on accessible communications and how best to communicate the changes, from the service users group to be established.	January 2022 to March 2022	Update all guidance and public facing materials to reflect the changes in an accessible way, informed by the service users group.	Cheryl Ward

**13. Governance, ownership and approval**

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job title	Date
Cheryl Ward	Head of Operational Services (A&H)	06/09/2021
<b>Date impact assessment completed</b>		

**14. Monitoring progress for equality, diversity, cohesion and integration actions** (please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board  
Please specify which board-**Income Recovery Board**
- Other (please specify)

**15. Publishing**

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality impact assessment should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality impact assessments that are not to be published should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk) for record.

Complete the appropriate section below with the date the report and attached assessment was sent:

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent:09/11/2021
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent: