

Adult Social Care

Review of charging for non-residential adult social care services

Report on the Consultation and Engagement

Date: 06/11/2021

1. Introduction

- 1.1. This paper is a summary of the consultation and engagement on Adult Social Care charging.
- 1.2. The reason for the charging review is in relation to the financial position of the council and the options available to help improve the financial sustainability of Adult Social Care services. There continues to be a year-on-year increase in demand for Adult Social Care services in Leeds. At the same time the council is facing a considerable financial challenge, necessitating the examination of such options.
- 1.3. Adults and Health concentrated a review on areas where the council is subsidising the care costs of customers, beyond what is provided through financial assistance. This includes where individuals who benefit from such subsidies are not entitled to financial assistance, because they have enough income and / or capital to pay for the full costs of their services.
- 1.4. Between June and August 2021, Adults & Health opened a consultation to all non-residential customers of Adult Social Care, their carers and their financial representatives, on two proposed changes to how the council calculates charges for ASC services. An invitation to comment on the proposals was sent to a wide range of third sector disabled peoples organisations. Furthermore, feedback on the proposals was sought and obtained from the People's Parliament, from Independent Mental Capacity Advocates (Advonet) and Change.
- 1.5. The changes proposed related to:
 - a) Removing the subsidy for multiple home care workers, which limits the cost of home care to the cost of one carer per visit.
 - b) Removing the Maximum Assessed Charge cap that anyone can be asked to pay for ASC services (the current cap is £482 a week).
- 1.6. Following this period of consultation, an analysis of the results has been undertaken and used to inform the completion of an Equality, Diversity, Cohesion and Integration Impact Assessment. This will accompany the report to the council's Executive Board in December 2021 with final recommendations on changes to charging.
- 1.7. This paper provides a summary of the consultation that was undertaken between June and August 2021 and the feedback that was obtained from individuals and organisations taking part in this consultation.

2. The Consultation Process

- 2.1. A range of experts within the council fed into the creation of an Information Booklet that explained the two changes that were being proposed, who would be immediately impacted and how they would be impacted. This group consisted of members of the A&H Operational Services Team, Financial Assessment & Benefits team, Social Work teams, the Commissioning team and the Consultation Team. Officers who fed into the creation of the document had an extensive accumulative experience of public services, consultation and engagement, Disability, social care services, customer finances and benefits.
- 2.2. Lessons were noted from a previously undertaken consultation regarding possible changes to charging that was conducted in 2015 by Adults & Heath. Particularly, it had been advised that although there were concerns about consultation information being sent out in a format that was overly long, there was a necessary trade-off between this and making sure to include all necessary information for respondents to make an informed response.
- 2.3. Advice was sought from a number of third sector organisations about how to ensure that the language of the information leaflet was as accessible as possible, whilst providing adequate information. A number of suggestions were made that improved the clarity of the documents and to reduce the anxiety that communicating the proposals could generate. In addition, it was advised that an Easy Read version of the Information Booklet be made available. An Easy Read version was commissioned and created by experts.
- 2.4. Advonet agreed to support individuals in understanding and responding to the consultation. Advonet are an organisation that provides independent support to individuals with limited mental capacity, who do not have a suitable person to advocate for them. The availability of this support was made clear in the Information Booklet sent out.
- 2.5. The Leeds Hearing and Sight Loss Service provide services for sensory impaired individuals. They created a video translation of the Information Booklet using British Sign Language, for individuals for whom BSL was their primary or preferred language. It was also established that individuals wanting to respond in BSL could do so on video and that this would be translated by the LHLS. The LHLS agreed to provide support for individuals with sensory impairments, to understand and respond to the consultation. The availability of this support was made clear in the Information Booklet sent out.
- 2.6. All current Adult Social Care customers receiving non-residential services were written to individually and invited to respond to the consultation. Where the customer had a financial representative, the representative was written to. Included with the letter, was an Information Booklet outlining the proposed changes, the methods available for responding the consultation and the support

that was available to help them to do so. In total 5196 letters were sent out to customers for the 18th June. A deadline for responses was set for the 13th August.

- 2.7. A freephone helpline was set up to assist individuals who had queries about the consultation, the proposed changes, and if and how they might be impacted. The availability of this helpline was made clear in the Information Booklet and cover letter that were sent out.
- 2.8. A process was established so that, should a customer require a more detailed financial assessment of how they would individually be impacted by the proposed changes, the Financial Assessments and Benefits Team would contact customers directly. The FAB team was able to provide individuals with an accurate picture of how they would be impacted. Support was also made available through the helpline, to assist respondents in answering the survey questionnaire and with otherwise giving feedback regarding the proposals.
- 2.9. An online “Smart Survey (Smart Survey Ltd.)” questionnaire was set up to allow people to share their views on the proposed changes.
- 2.10. The availability of the following methods for providing feedback were made clear in the information leaflet:
 - a) Online via the Smart Survey website.
 - b) Via the freephone helpline
 - c) Via email
 - d) Via teleconference (Zoom, Microsoft Teams or Skype).
 - e) In person in an arranged meeting
 - f) Via the Leeds Hearing and Sight Loss Service
 - g) Via Advonet
- 2.11. The cover Letter and Information Booklet made clear the availability of having the Information Booklet and questionnaire translated into another language, should this be preferable to respondents. Upon request the Information Booklet and questionnaire were translated into Punjabi.
- 2.12. Third Sector Organisations across Leeds were informed of the consultation and the proposed changes through the Forum Central mailing list. Forum Central is organisation that brings together and provides information to over 300 third sector groups across Leeds. An email was sent to all of Forum’s Central member organisations, with information about the proposals and the consultation, and with an invite to contact officers from the council to receive any necessary clarifications, or to provide feedback.

3. The Consultation Findings

- 3.1. In total there were: 12 emailed response, 3 written responses, and 5 survey questionnaires sent in by post. There were 66 Smart Survey questionnaires completed online and 17 partially completed with sufficient data for analysis. The 5 posted questionnaires were transcribed onto Smart Survey, for ease of analysis. In total here were 103 responses which represents a response rate of 1.98%. Although this is relatively low response rate, this was expected as it likely reflects the relatively small population of ASC customers who would be immediately impacted by the proposed changes. An analysis of billing data from Dec 2020 showed that approximately the proposed changes (if both adopted) would only affect 5.2% of non-residential ASC customers.
- 3.2. However, the low response rate may also reflect that people may not have understood the proposals. This is supported by the number of responses that seem to reflect a misunderstanding of who would be impacted and what those impacts would be (see “Conclusions on the Consultation Outcomes”).
- 3.3. Quantitative data was analysed, and aggregated figures are presented in the table 1, below. Narrative data taken from the questionnaire responses and from emailed and written comments, was analysed by officers of the Service Transformation Team in line with principles of Thematic Analysis. The range of responses was sufficient to identify a number of themes in the responses that were received. These are replicated in full on page 34. A summary is provided below.
- 3.4. Of all the questionnaire responses where it was indicated who had completed the form, 33% identified as a customer of ASC services, 29.5% identified as an unpaid carer, 3.4% identified as a paid carer, and 29.8% identified as the financial representative of the person receiving care.

4. Survey Questionnaire: Headline Summary

- 4.1. Question 3 and question 8 ask respondents to identify if they think they would be affected by the removal of the home care subsidy and / or the removal of the MAC cap, respectively.
- 4.2. Question 3 to 7 regarded the proposed changes to homecare. Question 8 to 12 regarded the proposed removal of the MAC cap.

Table 1: Quantitative results aggregated

Qs	Question	No. of responses	Response rate	No. of "Yes"	% "Yes" of all who responded to the question (of all 88 respondents)	No. of "No"	% "No" of all who responded to the question (of all respondents)
3	Do you think the change to charging for home care that we are thinking about may affect you, the person you care for or the person you represent?	86/88	97.7%	59/86	68.6% (67.0%)	27/86	31.4% (30.7%)
4	If they may affect you, the person you care for or the person you represent, do you think this may have a negative impact on your / their ability to live safely and independently?	77/88	87.5%	59/77	76.6% (67.0%)	18/77	23.4% (20.5%)
5	Do you think that the change to charging for home care services that we are thinking about may affect the way you, the person you care for or the person you represent would use Adult Social Care services?	77/88	87.5%	51/77	66.2% (58.0%)	26/77	33.8% (29.5%)
6	Do you think that the change to charging for home care that we are thinking about is reasonable?	80/88	90.9%	15/80	18.8% (17.0%)	65/80	81.3% (73.9%)

8	Do you think that if we removed the Maximum Assessed Charge (MAC) cap of £482 a week, this may affect you, the person you care for or the person you represent?	75/88	85.2%	42/75	56.0% (47.7%)	33/75	44.0% (37.5%)
9	If yes, do you think this may have a negative impact on your / their ability to live safely and independently?	56/88	64.8%	39/56	69.6% (44.3%)	17/56	30.7% (19.3%)
10	Do you think that removing the MAC cap of £482 a week may affect the way you, the person you care for or the person you represent would use services?	62/88	72.7%	36/62	58.1% (40.3%)	26/62	42% (29.5%)
12	Do you think that the removal of the MAC cap of £482 a week is reasonable?	71/88	83.0%	10/71	14.1% (11.4%)	61/71	85.9% (69.3%)

5. Further:

5.1. 85.3% of respondents answered both question 3 and 8. 62.7% of respondents who thought they would be affected by the proposed change to charging for home care, thought they would also be affected by the removal of the MAC cap.

5.2. Vice versa, 88.1% of those who thought they would be affected by the removal of the MAC cap, thought they would also be impacted by the changes to home care that were proposed.

5.3. Those who thought they would be affected by both changes represent 42.0% of all respondents and 49.3% of all those who answered both question 3 and 8.

6. Themes

6.1. Questions 4, 5, 6, 7 (2 to 1 home care), 9, 10, 12, 12 (MAC cap), provided space for respondents to share their views in their own words. The answers to these questions were analysed to detect what common themes emerged.

6.2. The common themes identified in the responses are details in the table below, along with the figures showing the percentage of all survey responses in which these themes were identified. 18 common themes were identified overall. Some of these are grouped into the 3 main meta-themes that were identified across the survey responses. A table of council responses to the 18 themes raised can be found below (see “Conclusions on the Consultation Outcomes”).

7. Common Meta-Themes

7.1. Discrimination:

7.1.1. The most common response theme across all questions was that the changes were discriminatory against the customer group or were otherwise unethical / unfair, or that the changes were “targeting disabled people.” This theme was identified in the responses of 64.8% of respondents (46.6% home care, 39.8% Mac cap).

7.1.2. The higher rate of prevalence of the theme of unfairness in the responses to the 2 to 1 home care charges, reflects the additional perception that increasing charges for those who need two or more carers per visit, meant that individuals were effectively being “penalised” for having higher needs, and that this proposal effectively “discriminated against people with more severe needs.”

7.1.3. A related theme that was identified in 22.7% of all responses, was that some people perceived it to be unfair that they should be charged more relative to individuals with less capital. This is including the perception that those who have savings were unfairly being made to “subsidise other people” who have been less financially prudent, and that individuals were effectively being “punished for having savings.” There were also concerns more widely that the fact that some people were charged more than others is “not an equitable system.”

7.2. Concerns about financial impact:

7.2.1. The 2nd most common theme across all questions, is that respondents would not be able to afford the changes being proposed. This theme was identified in the responses of 50% of respondents (33% 2 to 1 care, 30.7% MAC cap).

7.2.2. Related to this theme, 40.9% of respondents had concerns about the general impact of having less money as a result of the proposals (14.8% 2 to 1 home care, 35.2% MAC), with 14.8% saying that the changes would increase financial anxiety and the fear of accumulating debt (12.5% 2 to 1 home care, 2.3% MAC cap). 11.4% of respondents worried that the proposals would mean they would struggle to pay bills, for food and for other living costs (8.0% 2 to 1 home care, 3.4% MAC cap). A number of these respondents worried that the financial limit

of £23,250 did not represent enough savings to pay for long-term home maintenance costs.

7.2.3. 43.2% of respondents thought that having less money available to them as a result of the proposed changes, would mean they were less able to afford or would have to reduce spending on hobbies, activities, trips or holidays, or were less able to make long term plans regarding such expenditures (9.1% 2 to 1 homecare, 38.6% MAC cap). Several respondents linked this to a diminished sense of independence, choice, and control and to lower mental and physical wellbeing. The difference in prevalence between the responses to the MAC cap questions and the 2 to 1 homecare questions may be explained by the fact that individuals perceive that this removing the MAC cap would have a larger impact on those with higher savings, but that the financial upper threshold of £23,250 did not represent enough in savings to fund such activities over the course of the customer's life.

7.2.4. 19.3% of respondents suggested they would consider, or worry they would be forced into, selling their home to pay for care costs and/ or moving into residential care (9.1% 2 to 1 home care, 11.4% MAC cap). This was either out of concerns over the affordability of remaining in their own home as a result of increased charges, or that this would be unsafe if they could not afford the necessary level of care in their own home.

7.3. Reducing service use:

7.3.1. The 3rd most common theme across all questions was that the changes would cause people to rethink or refuse services, would dissuade people from using services, would encourage customers to look to reduce the amount or quality of the service they received, or would encourage them to look in the private sector for cheaper options; in order to reduce costs to mitigate the potential financial impact of the changes, or out of concerns that the changes were unaffordable and that people would therefore be forced to change their use of services in these ways. This theme was identified in the responses of 48.9% of respondents (43.2% 2 to 1 home care, 11.4% MAC cap). In many responses this was linked to negative impacts on safety, physical and mental wellbeing and on maintaining independence choice and control.

7.3.2. The difference in the prevalence of this theme between the 2 to 1 homecare and MAC cap questions may be explained by the worry of the sudden financial shock caused by a sudden and proportionally large increase in charges (for instance if care charges were to double overnight, as may have been the perception gained from the information provided to respondents) and the need to immediately mitigate this financial impact by lowering expenditure on care. It may also reflect that a number of people may feel they are current oversubscribed to home care services, perhaps due to historical reasons that no longer apply, and no longer need multiple carers.

7.3.3. 21.6% of respondents linked the unaffordability of increased charges, and the need therefore to reduce service usage, to concerns about increasing pressure on unpaid carers, such as friends and family members (17% 2 to 1 homecare, 5.7% MAC cap). This was further linked in a number of responses to concerns that people would consider residential care for themselves or for the person under their care, to reduce pressure on unpaid carers. The difference in prevalence between responses to 2 to 1 home care and the MAC cap questions, may be because it is home care in particular that reflects activities that would be taken up by family and friends, should its provision become insufficient in the face of unaffordability. A number of respondents stated that they were already struggling to cope with the level of care they currently had to provide for a service user.

7.4. Other themes:

7.4.1. A full list of the themes identified from the question responses is on page 34.

8. Feedback from People's Parliament

8.1. Two forums were held on the 23rd September with members of the People's Parliament (PP). Members of PP include individuals with Learning Disabilities who are active in advocating on matters important to the Learning Disability community and disabled community in general. They are supported by Change and Advonet. Below is a summary of the points raised in the forums and the council's responses.

8.2. Feedback from session on 2 to 1 homecare.

8.2.1. The opinion was raised and generally agreed with that, as a society, we should be charging disabled people less and not more for care services.

8.2.2. The Care Act 2014 states that individuals are responsible for paying the costs of their care unless they are entitled to means-tested financial assistance or are otherwise exempt from charges (such as under section 117 of the Mental Health Act 1983). The existence of the MAC cap and the subsidy for multiple home care workers has meant that individuals who are not entitled to financial assistance, are having their care subsidised at a significant cost to the council.

8.2.3. The council must reduce its costs to make sure Adult Social Care services are sustainable and that it does not have to consider reducing its spend on non-statutory preventative services that help keep people safe, healthy, and independent.

8.2.4. Therefore, the council feels that it must make these changes, which will mean that only people who can afford to, will pay more towards the full costs of their services.

8.2.5. Concerns were raised about individuals not being left enough money to live on, or to enjoy the activities they currently do. In response to discussion about Minimum Income Guarantees (Cost of Living allowances), it was questioned if this was truly enough to live off.

8.2.6. A Minimum Income Guarantee is the minimum amount of income person must be allowed to keep after paying for their services. MIGs are set out in the Care and Support Statutory Guidance by the Government and are based on personal circumstances. If a person's income is less than their MIG, then that person is entitled to full financial assistance.

8.2.7. The Care and Support Statutory guidance sets out that Local Authorities have a duty to consider whether it is appropriate to set local MIG rates above national levels to "help ensure that people are encouraged to remain in in their own homes, promoting individual wellbeing and independence."

8.2.8. A feasibility study regarding a flat £10 uplift or 10% in MIGs across all age groups was conducted in 2019. It found that, based on an analysis of clients in 2019, that:

- A flat £10 per week increase to the nationally prescribed MIG across all age groups would cost the council an estimated £2.3m
- A 10% per week increase would cost the council an estimated £3.8m

8.2.9. In addition to the statutory care services that the council provides, the council is currently providing a number of non-statutory services that are specifically adopted to encourage and maintain independent living amongst Adult Social Care customers. By adopting higher MIGs locally, the council will (based on the 2019 analysis) significantly increase funding pressures on care services, which may put these non-statutory services at risk in the future. This would impact on the independence and wellbeing of users of these services.

8.2.10. The council has weighed the benefits to the individual of providing these non-statutory services, with the benefits to the individual customer of retaining a higher portion of their disposable income. It is felt that the benefits that are generated by these services to service users are greater (in terms of promoting independence and wellbeing) than would be achieved through raising MIGs.

- 8.2.11. However, the council will continue to support customers to maximise benefit income and to signpost customers to money and benefits advice services where necessary.
- 8.2.12. Furthermore, it is noted that the Government has recently committed that MIGs will be unfrozen from April 2022, and that these allowances will increase at a minimum in line with inflation each year going forward. This will benefit customers who are paying at were full assessed charge, but it will also increase funding pressure on the council.
- 8.2.13. **In response to discussion about the financial assessments process, concerns were expressed that the financial assessment process might not properly reflect individual affordability.**
- 8.2.14. There are currently no plans to alter entitlements to means-tested financial assistance for those who cannot afford to pay. The proposed changes relate to what subsidies are provided to individuals regardless of individual affordability and would not impact on the financial assessment process.
- 8.2.15. The council has a number of mechanism available at its discretion for increasing the amount retained by an individual after charges. Theses include:
- Increasing local Minimum Income Guarantee (MIG) rates
 - lowering the rates charged for services
 - Disregarding a higher portion of chargeable income and capital as part of the financial assessment
- 8.2.16. MIGs are addressed above in response to the point above.
- 8.2.17. Charging rates are reviewed every year in February for the coming financial year in April. Rates are approved by the council's Executive Board. Charging rates are set to reflect as closely as possible, the cost of delivering that service. These rates are the same for all service users regardless of financial circumstances. The council does not consider it appropriate to lower its charging rates as this would mean subsidising care costs for individuals who can afford to pay for their care, at the expense of increased funding pressure on council ASC services. Individuals who cannot afford to pay for their care will remain protected by financial assistance.
- 8.2.18. The council has considered the discretion to charge up to a maximum percentage of what individuals can afford to contribute, during its two previous charging reviews in 2013 and 2015. Such a measure would increase the share of costs paid by the council rather than individuals, regardless of their individual ability to pay. On both occasions, it was not considered sustainable for the council to adopt this measure whilst ensuring the provision of statutory services, given its financial position.

- 8.2.19. In 2013, a charging review considered whether people should continue to pay 10% less than they could afford towards their services. Following a customer consultation, the Executive Board decided that people would be asked to pay as much as they could afford towards their services to ensure that services could be maintained.
- 8.2.20. In 2015, the council again considered adopting a discretionary policy regarding the percentage of disposable income charged but, given that the financial position was worse than in 2013, it was not felt to be appropriate to adopt this policy at that time.
- 8.2.21. The council is today facing an even greater financial pressure. As such it is not considered appropriate to introduce a percentage of disposable income model at this time. However, the council will continue to support customers to maximise customer's benefit income and signpost customers to money and benefit advice services where appropriate.
- 8.2.22. **It was questioned whether account had been taken of the fact that people do not *choose* to have multiple care workers present to provide homecare.**
- 8.2.23. The council acknowledges that the level of care that is required to support an individual varies according to individual need and that nobody chooses to have higher care needs. However, it is the matter of national policy that, under the Care Act 2014, individuals are expected to pay the full costs of their care unless they are entitled to financial assistance or are exempt from charges.
- 8.2.24. The Care Act 2014 does not make a distinction on this principle based on the level of support required.
- 8.2.25. The council understands that differing costs for individuals with differing care needs are mitigated by the different levels and components of financial support that are available to individuals through disability related benefit payments such as Personal Independence Payments. It is also noted that the majority of multiple home care worker users are over pension age and may therefore qualify for an Attendance Allowance to help pay for home care. This benefit has a lower and higher rate to reflect that some individuals have higher support needs.
- 8.2.26. **A lack of surety and concern was expressed that care plans would be altered as a result of the proposed changes, and that people would be forced to reduce service usage.**

- 8.2.27. No customer will be put in a position where they are forced to reduce or alter services due to affordability. Financial assistance will remain in place to help those who cannot afford to meet their care needs on their own. The proposed changes will only affect those who can afford to pay more, or who are not entitled to financial assistance because they have sufficient income and / or capital to pay their care costs in full.
- 8.2.28. The council has a duty to ensure that care needs are met. No care plan will be altered without the approval of a social worker and without a care needs review being undertaken. No care plan will be approved that leaves an individual's care needs unmet.
- 8.2.29. It is however acknowledged that concerns about increased charges may trigger a desire by some customers to undertake a care plan review, if they feel their plan no longer reflects their needs. It may be appropriate in some cases to reduce the level of care someone is receiving if that individual's care needs have reduced.
- 8.2.30. **Concerns were raised that the upper threshold for financial assistance of £23,250 and the existence of full charges after this threshold is reached, may unfairly impact the ability of disabled people (particularly younger disabled people in work) to secure a mortgage to buy a home.**
- 8.2.31. The upper threshold is set nationally by the Care and Support Statutory Guidance. The proposed changes would not impact the upper threshold, but the removal of the MAC cap would mean that those who have capital above this threshold would be expected to pay the full costs of their services. If an individual's capital subsequently fell below this threshold, they could be entitled to financial assistance dependent on their ability to afford costs out of their income and capital. This financial assistance will remain in place for those who cannot afford to pay for their care.
- 8.2.32. There are no examples of local or national benefits and means-tested financial support locally or nationally that are provided with disregards or exemptions to support individuals for saving for a mortgage, and so it is not considered appropriate that this should be taken into account in the case of ASC service users. It is understood that disability related benefits are not provided to contribute towards the costs of an individual securing a mortgage.
- 8.2.33. The council acknowledges that barriers exist that make it significantly more difficult for disabled people to find and maintain employment. This in turn makes it more difficult to develop enough savings to secure a mortgage. However, there are two factors that mitigate this:

- a) Financial assessments do not take account of any earnings from employment, and as such a customer may keep all their earnings without this affecting their entitlement to financial assistance.
- b) Means testing for financial assistance for Adult Social Care is more generous than other working age benefits in terms of its upper capital threshold. Whilst you are not entitled to income-related Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit or Universal Credit, if you have savings over £16,000; the capital threshold for financial assistance from the local authority to pay for ASC services is £23,250.

8.2.34. The lower threshold of £14,250 (under which ASC customers capital is disregarded), compared to £6,000 for these other benefits, means that customers of ASC services receiving financial assistance are able to keep more of their capital than those receiving other benefits.

8.2.35. **Concern was raised about suggested mitigation measures regarding the proposed changes:**

8.2.36. **In response to the suggestion that the council signpost customers impacted by the proposed changes to money and benefit advice services, it was expressed that such services are not always effectively Inclusive of or Accessible to those with Learning Disabilities, or who are Neurodivergent.**

8.2.37. **This includes the fact that often multiple automated number menus have to be negotiated before someone is able to speak directly to an advisor. Also, that advisors are not necessarily trained or comfortable in communicating information in an Accessible way. It was suggested that developing training in this area, in conjunction with LD and Neurodivergent groups would help to ensure that effective advice was available for those impacted by the changes.**

8.2.38. The council is committed to continually developing its training on Inclusion and Accessibility and welcomes the opportunity to improve understanding in these areas, and to develop more Inclusive and Accessible services. The council will work with the People's Parliament and other third sector groups to find out what barriers are currently in the way of individuals with Learning Disabilities or those who are Neurodivergent receiving effective money and benefits advice, and to determine what improvements can be made. This may include developing additional training for colleagues in conjunction organisations representing disabled groups.

8.2.39. **Similarly, the Inclusivity and Accessibility of appeals processes were questioned.**

- 8.2.40. As above, the council welcomes the opportunity to work further with third sector groups representing disabled people, to find out what barriers exist to and in the appeals process and to work to remove them.
- 8.2.41. The council also acknowledges that Advonet is an organisation in Leeds that provides independent advocacy and support in navigating and understanding services, for those who lack the mental capacity to make effective decisions regarding their finances. A referral to Advonet may be made by a social worker who understands there to be a need for such support and where there is no appropriate adult in the service user's life to advocate on their behalf.
- 8.2.42. If there is an appropriate individual in the service user's life to advocate on their behalf and support them with financial matters, they can apply to the council for that person to become their financial representative. Although, the council understands that this will not be appropriate for all ASC customers with Learning Disabilities and who are Neurodivergent (and starts from the assumption that all individuals can make affective decisions about at least some, if not all, aspects of their care), it is felt that the existence of these measures will mitigate the risk of those with the most acute support needs, from being under-represented or under-supported through Appeals processes.
- 8.2.43. **It was suggested that the appeals process regarding any changes to bills, should be advertised to impacted individuals, along with signposting to advocacy support.**
- 8.2.44. The council will ensure it gives sufficient notice to impacted customers of any changes to their bills as a result of the proposed changes. The council will ensure that customers are made aware of the appeals process and available advocacy support, and how to access these. The council will also ensure that impacted customers are aware of money and benefit advice services and how to access these.
- 8.2.45. **It was suggested that a helpline be set up to give professional support to those impacted. The helpline could also direct customers to appeals processes and advice services, if required.**
- 8.2.46. The council will establish a helpline to help customers impacted by the changes to understand the changes, and to signpost individuals to support and advice services and appeals processes, as required.

8.2.47. **The importance of working closely with the third sector and those with “lived experience,” was stressed, particularly in relation to ensuring that any change and information is communicated effectively and that customer facing staff are appropriately skilled in Inclusivity and Accessibility.**

8.2.48. As above the council welcomes the opportunity to work closely with those with lived experience and, should the changes be adopted, will do so to ensure that changes are communicated effectively, unambiguously and sensitively.

8.3. Feedback from session on Removal of the MAC cap

8.3.1. **It was commented that the removal of the MAC cap would “do damage to people.”**

8.3.2. The council understands that there are concerns about bills becoming unaffordable. However, the changes will only impact those who can afford to pay more than they are currently doing, towards the total costs of their services. Financial assistance will remain in place for those who cannot afford to pay for all the care they need. Therefore, if these changes are adopted, no one will be made to reduce the level of care because they use because they cannot afford to pay. Customers’ disposable income will be protected by the existing Minimum income Guarantees, which will rise from April 2021.

8.3.3. **A concern was raised that some people are precluded from making choices about their care because they had a financial representative, though they maintain the capacity to make at least some important choices about their care. Further, there was a concern that financial representatives, including family members, may attempt to reduce care expenditure as a result of the proposed changes, in a way that does not include the service user and may not be in the user’s best interests. It was questioned what processes were in place to prevent this from happening.**

8.3.4. Financial Representatives are appointed with the approval of the service user only. By being appointed, a financial representative is able to administer the financial affairs of the service user, such as paying for care bills and supporting the individual with a financial assessment. They are not able to make decisions about that individual’s care. Where a person has capacity to make decisions about their care, no changes are ever made to their care plan without their approval. Changes to a care plan can only be made by a social worker under a care plan review and no changes will be made to care plan that leave an individual’s care needs unmet.

8.3.5. Where a person is found by a social worker to lack capacity to make decisions, a determination about their care will be made by social work

professionals, in the client's best interests and in line with the Mental Capacity Act 2005. The Mental capacity Act 2005 sets out a clear test of capacity and is supported by a Code of Practice that informs health and care professionals. The Act has five key principles:

- Presume people have the capacity to make decisions
- Support people to make their own decision
- Remember that people can make “unwise” decisions, but this does not mean they do not have capacity
- Act in the best interests of the person who lacks capacity
- Always consider the least restrictive option first

A friend or family member can only make decisions about a person's care, if they:

- have power of attorney for health and welfare
- are their deputy for health and welfare

8.3.6. Lasting power of attorney is appointed by the individual when they have capacity and can only be used to make decisions about that individual's care if they later lack the capacity to do so themselves. The individual can withdraw this power or nominate a new person at any time.

8.3.7. A deputy for health and welfare is appointed the Court of Protections, who will consider if:

- There is a need to appoint a deputy to the individual, e.g., because the person lacks mental capacity to make some decisions,
- There are any objections to this.

The deputy will be told by the Court exactly what decisions they are able to undertake regarding a person's affairs.

8.4. Feedback from Independent Mental Capacity Advocates (Advonet)

8.4.1. A meeting was held with Independent Mental Capacity Advocates (IMCAs) via Advonet, on the 22nd September 2021. IMCAs are experienced in advocating on Adult Social Care and Healthcare matters for those who have limited mental capacity and who cannot always advocate effectively for themselves. The meeting was held to gather feedback on the proposed changes, how they might impact customers and what mitigation measures should be in place.

8.4.2. Concerns were raised that the changes would be difficult for many customers to understand.

- 8.4.3. The council is committed to ensuring that any changes are communicated in an accessible way, and to working with third sector groups and experts in order to do so. This will include the production of documents in an alternative “Easy Read” format.
- 8.4.4. Should either of the proposed changes be made, the council will host a forum with members of the People’s Parliament to explain the changes and the impacts they could have for members.
- 8.4.5. The council will establish and manage a helpline for customers impacted by the changes, through which customers can seek clarification about the changes.
- 8.4.6. In many cases, customers have a nominated representative who would be able support the customer to understand the changes. All nominated representatives of impacted customers will be written to, should the changes be adopted.
- 8.4.7. Should the changes be adopted, all social workers will be trained to understand the changes and will be able to support customers to understand the changes.
- 8.4.8. Should the proposed changes be adopted, the council will communicate the changes to third sector disability groups in Leeds, who are well placed to support their members to understand the changes.
- 8.4.9. **It was queried if customers have any say in determining how many carer workers they are prescribed for homecare.**
- 8.4.10. A customer’s care plan is developed in conjunction with that customer and the customer’s social worker. Social Workers after completing a thorough assessment of care and support needs will assess service needs based on health and safety requirements, and how many carers are required to complete the necessary tasks.
- 8.4.11. Information about how a care needs assessment is conducted, can be found at: [Needs assessments \(leeds.gov.uk\)](https://www.leeds.gov.uk/needs-assessments) . Individuals retain the right to organise and pay for their own care privately.
- 8.4.12. If a customer does not agree with the outcome of a care needs assessment, they have the right to challenge this through an appeals process.
- 8.4.13. **It was queried what measures were in place to ensure that individuals with limited mental capacity and without an appropriate adult in their life, could receive support to advocate regarding any changes to their care plan, and to challenge any changes.**

- 8.4.14. Advonet is an organisation in Leeds that provides independent advocacy and support in navigating and understanding services, for those who lack the mental capacity to make effective decisions regarding their finances. A referral to Advonet may be made by a social worker who understands there to be a need for such support and where there is no appropriate adult in the service user's life to advocate on their behalf.
- 8.4.15. If there is an appropriate individual in the service user's life to advocate on their behalf and support them with financial matters, they can apply to the council for that person to become their financial representative. Although, the council understands that this will not be appropriate for all ASC customers with Learning Disabilities and who are Neurodivergent (and starts from the assumption that all individuals can make affective decisions about at least some, if not all, aspects of their care), it is felt that the existence of these measures will mitigate the risk of those with the most acute support needs, from being under-represented or under-supported through Appeals processes.
- 8.4.16. **It was queried if the removal of the MAC cap would affect the amount of disposable income that individuals have left, and further if this would impact individual's ability to pay for and take part in activities.**
- 8.4.17. Individuals with sufficient capital and or income are expected to meet the full costs of their care under the Care Act 2014. Financial assistance will remain in place for individuals who are assessed as unable to afford to meet their care costs.
- 8.4.18. Minimum Income Guarantees are in place to protect a portion of customers income from charges, to be used for cost-of-living expenses.
- 8.4.19. Where activities are related to supporting the individual in terms of physical, emotional or mental wellbeing, the customer may apply to have the costs of these activities disregarded from their financial assessment.
- 8.4.20. **It was noted that there were high costs associated with Learning Disability (LD) Day Services and LD Supported Living. It was queried what could be done to protect those with high care needs from these high costs, if the MAC cap were removed.**
- 8.4.21. Those who are able to meet the full costs of their care will be expected to do so, if the MAC cap is removed. This is the same as for a user of any other services. The Care Act 2014 does not make a distinction regarding the level of care required, when it sets out that those with sufficient capital and or income are liable to meet their full care costs.
- 8.4.22. The report recommended changes to the council's Executive Board, details a number of charging options for individuals in Supported Living

placements, should the MAC cap be removed. Should the cap be removed, customers would be charged at the cost of their Placement Agreement. This is individually negotiated for each customer and reflects the cost to the council of that individual's placement (excluding council administrative fees).

8.4.23. The council considers this the only administratively workable option and the one that best protects customers from being charged over the true cost of their service. This option means that there would be no subsidy in place for Supported Living placements, which is considered equitable because other similarly costly services (such as the use of a personal assistant) are not subsidised (other than through the current MAC cap).

8.4.24. Financial assistance will remain in place for those who cannot afford to meet the full costs of their Supported Living placement.

8.4.25. **It was queried how the recent government announcements (regarding changes to means-testing for financial assistance for care and the imposition of a lifetime cap on care costs) affected the council's understanding of the need for the proposed changes, and how the proposed changes would impact customers.**

8.4.26. Details of the announced changes are not yet known. However, the government has indicated that it will place a lifetime cap on care costs and increase the level of entitlement to means tested financial assistance. This will affect questions of affordability and the financial assessment process. However, these changes do not address what to charge people once their affordability is known, or where there is no entitlement to financial assistance (which is the area addressed by these proposed changes).

8.5. Change: Feedback on Consultation process

8.5.1. **It was noted that the pandemic created barriers to consultation that potentially affected the reach of the consultation and limited the prospects of engaging directly with client groups. It was suggested that more work could have been done to target communications to particular groups of customers, in order to improve the response rate.**

8.5.2. The council acknowledges that there were barriers present during the pandemic that may have prevented people from responding in the way they would chose to do otherwise. However, the council did consider alternative pathways for respondents in light of the pandemic, particularly with the use of modern technologies. An online Smart Survey was created to allow individuals to respond online, but respondents could also call the consultation helpline, respond via teleconference, write in, respond in person, in email, or via Advonet and the LHSLs.

8.5.3. The council considers that it took reasonable steps to best mitigate the barriers created by the pandemic. However, lessons learned from this consultation process will inform how to communicate with customers in the future, and particularly in similarly restrictive situations.

8.5.4. It was suggested that advertising the consultation through Forum Central was not necessarily affective in ensuring that third sector organisations were fully aware of it and able to respond and that in the future some consideration could be given to having an online feedback from for organisations, rather than relying on being contacted directly by them.

8.5.5. The council acknowledges that there was a dearth of feedback from organisations contacted through Advonet. The council considers that it gave reasonable opportunity for Forum Central member organisations to share their views on the proposed changes. However, the council is committed to continually improving the way it engages third sector organisations and will use lessons learned from this consultation process to inform how best to communicate with such organisations in the future.

8.6. Feedback from previous consultations

8.6.1. Feedback from previous charging reviews is also relevant to this review in that:

- a) People did not agree with charging for Adult Social Care services.
- b) People did not agree with increasing the amount that they contribute towards the cost of their services.
- c) People did not agree with taking savings into account in calculating their contribution and they felt that some people who had not saved were being subsidised by those who had saved.

8.7. Email and written feedback

8.7.1. The below feedback is from 12 emails and 3 letters received. The feedback from these email and letters were consistent with the points raised in the analysis of the survey questionnaire responses, with the main points raised being:

- a) That the proposals are unfair, discriminatory, or unethical (40%)
- b) Concerns about increasing financial anxiety and / or the risk of accumulating debt (33%).
- c) That the proposed changes to charging would be unaffordable (27%)
- d) Concerns about the adverse effects on Quality of Life (27%)
- e) Concerns about adverse effects on Mental Wellbeing (27%)
- f) Concerns about increasing pressure on unpaid carers (20%)

- g) That the customer or representative would consider or would be forced to reduce or refuse services (20%)
- h) Concerns about the general impact of having less money available (20%).

9. Conclusions on the Consultation Outcomes

- 9.1. The narrative data from the survey questionnaire, emailed and written responses from the consultation indicate that there is a great deal of concern around the affordability of the proposed changes with nearly half of all respondents stating that they would not be able to afford at least one of the proposals.
- 9.2. Respondents that were very concerned that the proposed changes would have an impact the level of care they would or could receive and that the changes would have a negative impact on their ability to live safely and independently, exercise choice and control, their physical and mental wellbeing and generally their quality of life.
- 9.3. The logic of the proposals was challenged in that a number of respondents saw that the changes may bring little value if the customer affected was to run out of capital and become entitled to financial assistance, or should people be incentivised to move to more costly residential care arrangements.
- 9.4. It appears that many individuals may not have understood the impact of the proposals on their own individual circumstances. For example, the proposed removal of the MAC cap would only affect customers who are paying currently at the Maximum Assessed Charge cap of £482 a week and is only likely to impact individuals with savings above £23,250. However, although only 29.5% of respondents identified themselves as having over £23,250 in savings, and only 14.8% identified themselves as currently paying at the MAC cap of £482 a week, 47.7% thought that they would be affected by the removal of the MAC cap.
- 9.5. 12 customers who identified as receiving direct payments, thought they would be affected by changes to homecare. However, those in receipt of direct payments to commission their own care, are already charged for all carers used and so would not be affected by the proposed changes.
- 9.6. It's clear that should the proposed changes be adopted, that a high level of care must be taken to ensure that the changes are communicated effectively to those who would be affected.
- 9.7. Responses to the concerns raised are presented in table 2, below:

Table 2. Responses to concerns raised

No.	Themes from responses	Response to Concern
1	<p>The changes are discriminatory against the client group or were otherwise unethical / unfair / the changes are “targeting disabled people.”</p>	<p>Both proposed changes are in line with the Care Act 2014. Under the Care Act 2014, where a Local Authority chooses to charge for ASC services, individuals are required to pay for their care, unless they are entitled to means-tested assistance from their local authority.</p> <p>Where a customer is not entitled to means-tested financial assistance, they are expected to meet the full costs of their care through their income and / or capital. The Care Act 2014 makes no distinction in this principle based on the level of need. The council does not therefore consider it discriminatory to ask those who can afford to do so, to pay for the full costs of the services they use.</p> <p>The council has a duty to set a balanced budget, whilst also maintaining its statutory commitments. This is increasingly unsustainable due to the costly subsidies that are currently provided and the increasing demand on services. Furthermore, the council has considered the balance between the wellbeing generated by subsidising care charges, and the wellbeing generated through its non-statutory social care service, including its preventative services. These are services that vulnerable people currently rely on to stay independent, healthy and in their own home.</p> <p>The council is not in a strong position to continue to provide these services, whilst subsidising the care costs of individuals who do not need subsidising because they can afford to pay for their costs in full.</p> <p>The council does not therefore think it is unethical to ask those who are able to afford to pay more, to do so to support the sustainability of its statutory and non-statutory services.</p> <p>By the nature of the client group, all of ASC clients needing care and support have some level of need</p>

		<p>due to their disability or frailty. It is therefore not considered discriminatory that the impacts of the proposed changes would be disproportionately experienced by these groups.</p>
2	<p>Can't afford the proposed changes</p>	<p>Everyone who receives social care services through the Authority, is entitled to a financial assessment. <i>No one will be charged more than their financial assessment shows that they can afford to pay.</i></p> <p>Those who currently receive means-tested financial assistance to pay for the costs of their care, will continue to do so.</p> <p>The changes will only impact those who have sufficient income and capital to pay for the full costs of their care, or to contribute more than they currently do towards their full costs.</p>
3	<p>The customer would rethink or refuse services, would be dissuaded from using services or would look to reduce the amount or quality of the service they received, or would look elsewhere in the private sector for cheaper options; in order to reduce costs to mitigate the potential financial impact of the changes, or out of concerns that the changes are unaffordable, and that customer would therefore be forced to change their use of services in these ways.</p>	<p>The Authority has a statutory duty to ensure that individual's care needs are met.</p> <p>Social Workers after completing a thorough assessment of care and support needs will assess service needs based on health and safety requirements, and how many carers are required to complete the necessary tasks.</p> <p>If someone cannot afford the level of care that they need, they are entitled to apply for financial assistance, which requires a financial assessment.</p> <p>No one will be asked to pay more for the care they need than their financial assessment shows that they can afford.</p> <p>However, if an individual feels that the level of care they receive is not required, they are entitled to undertake a new care needs assessment, which could help lower their care costs.</p> <p>Because financial assistance will remain in place for those who cannot afford to meet the full costs of their care, the council does not consider it a risk that individuals will be forced to change their care usage out of affordability issues.</p>

<p>4</p>	<p>The customer would be forced to reduce activities such as hobbies, trips and holidays as a result of having less money / would find it difficult to make long term plans to fund such activities.</p>	<p>Holidays are considered a luxury expense and anyone seeking state assistance would not receive any help with this. However, some hobbies, or respite trips may be considered as care needs. Therefore, if an individual finds their wellbeing is being impacted by not being able to afford these hobbies and activities, a care review can be considered.</p>
<p>5</p>	<p>Having less money left after ASC bills are paid will have a general negative impact on the customer's life.</p>	<p>As above, the Care Act 2014, states that people should pay the full costs of their care unless entitled to means-tested financial assistance. The rules governing who is entitled to assistance, determine also how much money individuals are entitled to retain after charges are applied. This is known as a Minimum Income Guarantee and is advised annually on a Local Authority Circular in compliance with the Care and Support Statutory Guidance.</p> <p>All customers are offered a financial assessment when they receive a care needs assessment, though this is not required if the customer does not wish to apply for financial assistance. A customer can request a financial assessment or a review at any time, whilst receiving care through the Authority, and any individual affected by the proposed changes will be written to and offered one.</p> <p>Only those who are deemed as able to afford the changes to their charges would be affected by the changes. If any hardship occurs or is threatened as a result of the proposed changes to charging (this may occur if the Authority does not know the financial circumstances because a financial assessment has not taken place or has been refused) a customer will be offered a financial assessment to ascertain if financial assistance is applicable.</p> <p>The proposed changes do not change the financial assessment process, the requirements for entitlement or the level of assistance that is applicable for individuals who cannot afford the full costs of their care.</p>

6	<p>This represents bad value for the Authority, as it will cost more for the in the long run because: the customer will go into more costly residential care / the customer will run out of savings quickly and will therefore be entitled to financial assistance / other</p>	<p>The council is facing a large gap in its funding for social care. The council faces difficult choices to ensure the sustainability of ASC services and to retain our ability to fund vital non-statutory preventive services.</p> <p>A care review would be required if an individual deemed that their care did not meet their needs, any amendment is made through a panel to ensure consistency in meeting needs across the city. Anyone requiring residential care requires a different financial assessment, as different factors are taken into account.</p>
7	<p>The changes would have a negative impact on the customer's ability to exercise independence, choice and control whilst living safely.</p>	<p>Individuals are entitled to a care needs assessment, which sets out the level of care that the person requires to live safely and independently their own home. There are a number of state benefits available to support individuals to live independently and pay for adjustments, equipment and care in order to do so.</p> <p>No customer will see a reduction in their care and support because of the changes. Financial assistance will remain in place for those who cannot afford to meet the full costs of the care they need.</p> <p>Where a customer is not entitled to means-tested assistance, this is because they are deemed to have enough income and / or capital to afford to pay for the full costs of their care. In this case, the customer is entitled to seek alternative provision outside of the council, if they deem this appropriate.</p>
8	<p>The changes would have a negative impact on the customer's Physical Wellbeing and safety if they cannot afford the services they receive.</p>	<p>As above, if an individual has undertaken a financial assessment which shows they cannot afford to meet the full costs of the care that they require, they are entitled to financial assistance to cover what they cannot afford.</p> <p>If customers are not entitled to financial assistance, this is because they are deemed as able to meet the full costs of their care through their income and / or capital. In this case the level of care they receive is a matter of choice for them and / or their family / representative.</p>

		<p>In this way, no one will be forced to reduce the level of care they receive and to compromise their physical wellbeing and safety.</p> <p>However, the council will offer a care needs review to any impacted customer and is committed to performing periodic check-ins with impacted customers over the first year after the implementation of the changes. This will help identify and prevent deteriorations in customer wellbeing, caused as a result of the proposed changes.</p>
9	The changes would have a negative impact on the customer's Quality of Life	<p>As above, it is commensurate with the Care Act 2014 that individuals pay the full costs of their care, unless they are entitled to financial assistance because they are deemed as not able to afford the full cost of the care required to meet their needs.</p> <p>If an individual is receiving financial assistance to pay for the care that they need, this will not change, and neither will the level of care they receive.</p> <p>Therefore, although the council acknowledges that no one wishes to pay more for the care they use, it does not consider it a reasonable risk that customers will face a reduced quality of life due to increased charges.</p> <p>However, the council will offer a care needs review to any impacted customer and is committed to performing periodic check-ins with impacted customers over the first year after the implementation of the changes. This will help identify and prevent deteriorations in customer QoL, caused as a result of the proposed changes.</p>
10	The changes punish people who have been financially prudent / have built savings/ worked hard and yet who face paying more towards their care than those who haven't done so.	<p>The Care Act 2014 provides that everyone should pay the full costs of their care unless they cannot afford to do so.</p> <p>Financial assistance is only in place for those who cannot afford to meet their care costs in full.</p> <p>The changes proposed are in line with this national policy.</p>

<p>11</p>	<p>The changes would increase care pressures on family or friends (unpaid carers), including by making the current level of services unaffordable and therefore unviable for the customer.</p>	<p>For the reasons stated above, no one will be forced financially to see a reduction in the home care or other services they receive, as a result of the changes, because financial assistance will remain in place for those who are not able to afford to meet the full costs of their services.</p> <p>Carers are entitled to non-means tested Carers Allowance to support them in providing care.</p> <p>Where the level of paid care that someone is receiving is inadequate to meet their needs, the customer is entitled to undertake a care needs review.</p>
<p>12</p>	<p>The customer or customer's family / representatives would consider selling the customer's home to pay for care costs and / or would choose residential care. The Customer otherwise has concerns about the safety and affordability of staying in their own home.</p>	<p>The Council supports the rights of people who wish to remain in their home, in their community for as long as they can.</p> <p>A care needs assessment is required for someone to move into a residential care home and, if supported, a referral would be made for a financial assessment.</p> <p>Anyone requiring residential care requires a different financial assessment to non-residential care services, as different factors are taken into account.</p> <p>During a financial assessment for care in the community, the value of a customer's home is not taken into account when calculating the amount of capital that they have available to pay for their care costs. Conversely, if a person enters residential care and applies for financial support, the value of that person's house <i>is</i> included (if they own it).</p> <p>Those in residential care also have a much lower level of income left to them as an "allowance," than the "Minimum income Guarantees" left to non-residential care recipients.</p> <p>The cost of residential placements is generally much higher than the cost of caring for someone in the community.</p> <p>For these reasons, the council considers there to be a low risk of individuals being financially incentivised by the proposed changes to go into residential care.</p> <p>As already stated above, no customer will be faced with charges for the non-residential care they receive that are unaffordable, because financial assistance is available for customers who cannot</p>

		<p>meet their care costs. If a customer has concerns about the level of care they are receiving and do not think it is enough to stay in their home safely, they are entitled to undertake a care needs review.</p> <p>If, however, a customer chooses to move to a residential care home without support from the Local Authority, the client will be expected to fund the placement without financial assistance, as this is the individual's choice.</p>
13	<p>The customer would be happy to pay some more than they currently do towards my services / happy to pay but not as much as proposed / would prefer or benefit from changes being brought in incrementally.</p>	<p>The council understand that a phased approach to introducing the proposed changes will help mitigate any disruption caused to people's ability to plan financially and will allow people time to adapt. The council will consider options for introducing incremental changes to charging and communicate this to the Executive Board as part of its recommendations.</p>
14	<p>The proposed changes would increase the customer's financial worries and related stress / anxiety, including the worry of falling into debt.</p>	<p>It is understood that people generally do not wish to pay more for the service that they receive. However, the Council is faced with difficult decisions to fill the gap in ASC funding and to ensure the sustainability and availability of services for all those who have care needs in Leeds.</p> <p>As above, no one will be asked to pay more than their financial assessment says that they can afford to pay. If they have not already undertaken a financial assessment, they may request one at any time. If a person cannot afford to pay for the services they need, means-tested financial assistance is available.</p> <p>Those individuals who are currently receiving financial assistance to pay for their care, will not be affected by these proposals and will continue to receive this assistance.</p> <p>The council will, however, signpost impacted individuals to money and benefit advice services to ensure they are aware of the support available to them to maximise their benefits and reduce any existing debts.</p>

15	The changes would have a negative impact on the customer's Mental Wellbeing	<p>As above, no one will be forced to reduce their care as a result of these proposed changes. Individuals who can afford to pay for their care may continue to do so. Individuals who cannot, will still be entitled to financial assistance to ensure they get the care that they need.</p> <p>Where people find that they have insufficient care to meet their needs, they can apply for a care needs review. Care assessments take into account the physical, emotional and mental wellbeing needs of the individual concerned. If a customer is concerned that they will no longer be able to afford an activity or service that is not covered in their care plan currently, that benefits their mental wellbeing, they can apply to have this considered as a Disability Related Expenditure and to have its cost disregarded from their assessment.</p>
16	The customer would have not enough money left regularly to pay for utility or food bills /long term home maintenance or other necessary living costs, or that the customer would have to make a choice between care and such living costs.	<p>Utility bills, food expenditure, home maintenance costs and necessary living costs are accounted for in a financial assessment. Customers will not be charged more than they afford to pay for their care, or more than that which leaves them enough money to meet these obligations.</p> <p>If a customer finds that they cannot afford these costs, as a result of proposed changes, a financial review will be offered.</p>
17	ASC services are underperforming / of poor quality and / or they need to be improved to be worth the additional charge paid. The Financial Assessments and care needs assessment need to be changed / made fairer. The council needs to	<p>Although these concerns do not relate the proposed changes, the Authority takes them very seriously. People are encouraged to report any services they think are underperforming to:</p> <ul style="list-style-type: none"> • Complaints.SOCS@leeds.gov.uk • By phone to 0113 222 4405 (Monday to Friday, 9am to 5pm, except Wednesday 10am to 5pm) • By post to: <p style="text-align: center;">The Complaints Manager Leeds City Council Adults and Health Complaints 4th Floor East</p>

	<p>stop wasting money in other areas first.</p>	<p>Merrion House 110 Merrion Centre Leeds LS2 8BB</p> <p>The proposed changes will not affect the financial assessment process.</p> <p>The council has undergone a number of far-reaching spending reviews in the last few years in response to increasing service demand and cost pressures, and diminished central government funding. The proposed measures are part of a wider commitment across the council to meet the challenge of covering the current funding gap and to making sure services are sustainable and available for those who need or rely on them.</p>
<p>18</p>	<p>People should pay more if they can afford to.</p>	<p>The council acknowledges that only a small number of the survey respondents stated this or similar thoughts.</p> <p>The council considers that it is right that people should receive financial assistance if they qualify for help to pay for care costs. However, the council also currently subsidises the costs of some services where it is deemed that the customer has enough money to pay more for their care.</p> <p>The Care Act 2014 provides that people should pay for the full costs of their care, unless they cannot afford to, i.e., they are entitled to financial assistance.</p> <p>For these reasons, the council considers reasonable that it should ask people that can afford to pay more (and are therefore not entitled to financial assistance) and yet are currently having their care subsidised, should be asked to contribute more than they currently do.</p>

10. Response to the Consultation Outcomes

- 10.1. At the end of the consultation process, council officers analysed the information that they had received from people who use Adult Social Care services and other interested organisations and groups.
- 10.2. Based on this analysis some proposed changes to the original consultation proposals will be submitted to the council's Executive Board who will make the final decision in December 2021. Council officers have also identified a number

of actions which may mitigate some of the impact of the changes. These are included in the Equality, Diversity, Cohesion and Integration Impact Assessment that will form part of the report to the Executive Board.

10.3. A summary version of this report will be prepared to be as accessible as possible for customers. This will be sent to all respondents who requested it and will be available for all who request it going forward.

See below for Appendices

Themes from analysis of responses to the consultation

Themes: Survey responses	2 to 1	No of respondents who thought this.	MAC cap	No of respondents who thought this.	All question responses	No of respondents who thought this.
The changes are discriminatory against the client group or were otherwise unethical / unfair / the changes are “targeting disabled people.”	46.6%	41	39.8%	35	64.8%	57
Can't afford the proposed changes	33.0%	29	30.7%	27	50.0%	44
The customer would rethink or refuse services, would be dissuaded from using services or would look to reduce the amount or quality of the service they received, or would look elsewhere in the private sector for cheaper options; in order to reduce costs to mitigate the potential financial impact of the changes, or out of concerns that the changes are unaffordable, and that customer would therefore be forced to change their use of services in these ways.	43.2%	38	11.4%	10	48.9%	43
The customer would be forced to reduce activities such as hobbies, trips and	9.1%	8	38.6%	34	43.2%	38

holidays as a result of having less money / would find it difficult to make long term plans to fund such activities.						
Having less money left after ASC bills are paid will have a general negative impact on the customer's life.	14.8%	13	35.2%	31	40.9%	36
This represents bad value for the council as it will cost more for the council in the long run because: the customer will go into more costly residential care / the customer will run out of savings quickly / other	25.2%	31	19.9%	17	40.9%	36
The changes would have a negative impact on the customer's ability to exercise independence, choice and control whilst living safely.	12.5%	11	12.5%	11	25.0%	22
The changes would have a negative impact on the customer's Physical Wellbeing / safety	11.4%	10	14.8%	13	25.0%	22
The changes would have a negative impact on the customer's Quality of Life	12.5%	11	17.0%	15	23.3%	21
The changes punish people who have been financially prudent / have built	15.9%	14	6.8%	6	22.7%	20

savings/ worked hard and yet who face paying more towards their care than those who haven't done so.						
The changes would increase care pressures on family or friends (unpaid carers), including by making the current level of services unaffordable and therefore inviable for the customer.	17.0%	15	5.7%	5	21.6%	19
The customer or customer's family / representatives would consider selling the customer's home to pay for care costs and / or would choose residential care. The Customer otherwise has concerns about the safety and affordability of staying in their own home.	9.1%	8	11.4%	10	19.3%	17
The customer would be happy to pay some more than they currently do towards my services / happy to pay but not as much as proposed / would prefer or benefit from changes being brought in incrementally.	10.2%	9	11.4%	10	15.9%	14
The proposed changes would increase the customer's financial worries and related stress / anxiety,	12.5%	11	2.3%	2	14.8%	13

including the worry of falling into debt.						
The changes would have a negative impact on the customer's Mental Wellbeing	10.2%	9	6.8%	6	13.6%	12
The customer would have not enough money left regularly to pay for utility or food bills /long term home maintenance or other necessary living costs, or that the customer would have to make a choice between care and such living costs.	8.0%	7	3.4%	3	11.4%	10
ASC services are underperforming / of poor quality and / or they need to be improved to be worth the additional charge paid. The Financial Assessments and care needs assessment need to be changed / made fairer. The Council needs to stop wasting money in other areas first.	9.1%	8	2.3%	2	10.23%	9
People should pay more if they can afford to.	5.7%	5	0%	0	5.7%	5