

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

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

1. Title: Report on the Implementation of Changes to the Adult Social Care Charging Policy 2022-23

Is this a:

Strategy / Policy

 Service / Function

 Other

If other, please specify

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:

| Name | Organisation | Role on assessment team For example, service user, manager of service, specialist |
|-------------------|---------------------|----------------------------------------------------------------------------------------------|
| Matthew Foley | Leeds City Council | Service Transformation |
| Melanie Balmforth | Leeds City Council | Social Worker |
| Amy Travis | Leeds City Council | Operational Services |
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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.

Changes to the charging policy were agreed by the Executive Board in Dec 2021. These changes were implemented in April 2022. This assessment has been updated in conjunction with a final report on the implementation of the changes to the charging policy to the Executive Board.

The following changes were implemented:

- a) *Remove the subsidy for multiple home care workers, so that service users pay for all the care workers present during a home care visit or trip, subject to means-tested assistance.*
- b) *Remove the Maximum Assessed Charge (MAC) cap of £482 a week, so that service users are expected to pay for all their services in full, subject to means-tested financial assistance.*

These changes do not impact how financial assessments are carried out or on the maximum that someone is assessed as able to pay if they are entitled to means-tested financial assistance.

Those impacted are those who are not entitled to means-tested financial assistance, and those receiving homecare who are paying below what they have been assessed as able to pay (their Maximum Assessed Charge or MAC).

The full report can be found here at Item 11, pages 205-307: [Review of Non Residential ASC Charging Cover Report 061221.pdf \(leeds.gov.uk\)](#).

The previous EDCI assessment can be found here at item 11, 251-270: [Review of Non Residential ASC Charging Cover Report 061221.pdf \(leeds.gov.uk\)](#).

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

The vision and themes, objectives or outcomes and the supporting guidance

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| A specific section within the strategy, policy or plan | <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> x </div> |
| <p>Please provide detail:</p> <p>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:</p> <ul style="list-style-type: none"> • Home Care. • Residential College. • Specialist Autism Services. • Day Services. • Community Support. • Community Short Breaks. • Transport to Services. • Supported Living. • Shared Lives Day Support. • Mental Health Day Services. • Mental Health Housing Support Services. • Direct Payments <p>Removing the subsidy for multiple home care workers (2-to-1 home care)</p> <p>This change means that ASC customers are charged (subject to means-tested financial assistance) for all home care workers attending per home care visit, rather than for only one care worker, as is currently the case. The council no longer subsidises the cost of the additional care workers used. Home care visitation or community trips using more than one care worker at the same time is referred to herein as "2 to 1 care."</p> <p>Removal of the MAC cap</p> <p>The removal of the MAC cap means that LCC no longer provides a blanket subsidy to all those who have care total chargeable costs that exceed this cap (£482 a week before it was removed). This means that individuals who are not entitled to means-tested financial assistance (or another source of funding) are now expected to meet the full cost of their chargeable services at the rates set out in the charging policy.</p> <p>Customer impacted by the change to 2 to 1 home care <i>and</i> by the removal of the MAC cap</p> <p>Some individuals have been impacted by both these changes because they are not entitled to means tested assistance, they have total charges that are above the previous MAC cap of £482 a week and because they have 2 to 1 home care services.</p> | |

Important:

The only individuals impacted by the changes are those that can afford to pay more than they otherwise would have done if the changes had not occurred, according to their financial assessment. No customer is asked to pay more for their care than their financial assessment says that they can afford to contribute.

The changes have had no impact on clients who are exempt from charging under section 117 of the Mental Health Act 1983, or who receive funding under Continuing Health Care (or other funding).

Though LCC strives to ensure that individuals' care needs can be met in the most cost-effective way for the customer, LCC has a priority to ensure that a person's needs are met. No changes to a care plan will be agreed by a social worker, that leaves needs unmet.

Total impact:

An Equality, Diversity, Cohesion and Integration impact assessment was appended to the report recommending the changes to the charging policy ([Review of Charging for Non-Residential Adult Social Care Services, 15th December 2021, Appendix E](#)). This impact assessment has been updated and is appended to this report (see Appendix 1- EDCI Assessment).

The report to the Executive Board on 15th December 2021 suggested that **266** individuals could be affected by the changes, based on an analysis of care plan data. Further cleansing of outdated care plan and financial assessment data was subsequently conducted, meaning that the final number of impacted service users identified who had existing 2 to 1 service, or whose charges were capped at the MAC cap of £482 a week, *before* the 1st April 2022, was **199**.

In the last update report to the Board (Oct 2023), a further **55** individuals were identified as impacted by the changes based on new services or financial assessments that began *after* 1st April 2022. The total number of impacted individuals identified in the last update report to the Board was **254**.

The most recent analysis shows an overall **226** individuals who are impacted by the changes. This includes 100 individuals from the originally impacted group who are still impacted and 126 individuals who are impacted now but were not impacted when the changes were implemented, because they are new service users, their care plan has changed, or because their financial assessment has changed.

4b. Service, function, event

please tick the appropriate box below

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| The whole service (including service provision and employment) | <input type="checkbox"/> |
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| A specific part of the service (including service provision or employment or a specific section of the service) | |
| Procuring of a service (by contract or grant) | <input type="checkbox"/> |
| <p>Please provide detail: The changes have had an impact on charges for non-residential Adult Social Care.</p> <p>The changes led to a short term increase in requests for care needs re-reviews, which was manageable within existing Social Work and Occupational Therapy resources.</p> <p>The changes also led to a number of requests for review of financial circumstances. These were managed within existing Finance and Benefits Team resources.</p> <p>There was also a small and manageable increase in the number of invoice queries raised to the Billing Team and Sundry Income Team, particularly from those in transitional care arrangements.</p> <p>Commissioning have worked with providers to develop a training package for 1 to 1 moving and handling, in order to support the market in providing more of this type of care. Further work is needed with providers to develop processes and rules for dealing with novel cases that have arisen.</p> | |

| <p>5. Fact finding – what do we already know 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> | | | | | | | | |
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| <p><u>Consultation and Helpline</u></p> <p>A consultation was held between June and August 2021. Full results of the consultation are detailed in the consultation report to the Executive Board in December 2021. This can be found here, at item 11, 271-3017: (Public Pack)Agenda Document for Executive Board, 15/12/2021 13:00 (leeds.gov.uk).</p> <p>The consultation highlighted a number of concerns regarding the then proposed changes. Many of these concerns are consistent with concerns raised during previous charging review consultations. These are reproduced in the table 2, which also details how these concerns were mitigated.</p> <p>Table 2-These from consultation with customers about 2 to 1 and MAC changes</p> <table border="1" data-bbox="150 1917 1359 2018"> <thead> <tr> <th data-bbox="150 1917 229 2018">No</th> <th data-bbox="229 1917 475 2018">Themes from responses</th> <th data-bbox="475 1917 1359 2018">Response to Concern</th> </tr> </thead> <tbody> <tr> <td data-bbox="150 1973 229 2018">.</td> <td data-bbox="229 1973 475 2018"></td> <td data-bbox="475 1973 1359 2018"></td> </tr> </tbody> </table> | | | No | Themes from responses | Response to Concern | . | | |
| No | Themes from responses | Response to Concern | | | | | | |
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| <p>1</p> | <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 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> | |
| <p>2</p> | <p>Can't afford the proposed changes</p> | <p>Everyone who receives social care services through the Authority, is entitled to a financial assessment. No one will be charged more than their financial assessment shows that they can afford to pay.</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> | |

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| <p>3</p> | <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</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> |

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| | find it difficult to make long term plans to fund such activities. | |
| 5 | Having less money left after ASC bills are paid will have a general negative impact on the customer's life. | <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 | 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 | <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> |

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| | therefore be entitled to financial assistance / other | |
| 7 | The changes would have a negative impact on the customer's ability to exercise independence, choice and control whilst living safely. | <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 | The changes would have a negative impact on the customer's Physical Wellbeing and safety if they cannot afford the services they receive. | <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</p> |

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| | | <p>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 | <p>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> | <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> |
| 11 | <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> |
| 12 | <p>The customer or customer's family / representatives would consider selling the</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> |

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| | <p>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>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 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> | |
| <p>13</p> | <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> | |
| <p>14</p> | <p>The proposed changes would increase the</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</p> | |

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| | customer's financial worries and related stress / anxiety, including the worry of falling into debt. | <p>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 | <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> |

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| | costs. | |
| 17 | <p>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.</p> | <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="margin-left: 40px;">The Complaints Manager Leeds City Council Adults and Health Complaints 4th Floor East 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> |
| 18 | <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> |

Table 3 details the reasons that individuals contacted the Service Transformation Helpline that was established between 30th May and 31st August 2022, following notification to customers that the change would be implemented.

Table 2-Reasons for calling Service Transformation Helpline

| Contact Reason | Number of contacts (note: some individuals had more than one reason for getting in touch) |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Complaints | 4 |
| Care review requested for change of service or reduction in care hours | 7 |
| Concerns about changes | 5 |
| May have to cancel care | 1 |
| Can't afford / concern about costs | 6 |
| Financial review or financial clarification | 6 |
| Clarification of changes and impact required | 11 |
| Issues with a service | 5 |
| CIS or billing record issue | 8 |
| Cost of living concerns | 3 |
| Notification of service user passed away | 3 |
| Total | 31 |

Tracking the impact of the changes on those impacted at the time of the implementation in April 2022, a.k.a. the “Transitional group:”

The transitional group is made up of those service users who were impacted at the time of implementation because the changes meant they would pay more for their services, based on their care plan and financial assessment information. Charges for this group were phased in over a period of 9 months to mitigate the potential financial shock of the increased charges.

Table 3. How number in the Transitional Group have changed over time

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| Analysis for original Exec Board report Dec 21 | 266 |
| Number after data refined for implementation | 199 |
| Currently still impacted by the changes | 100 |

Table 4. Breakdown of impact of changes on Transitional Group

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| Impacted by the changes | 100 |
| Currently impacted by the removal of the MAC cap | 60 |
| Currently impacted by the change to 2 to 1 charges | 88 |
| Currently impacted by both changes | 48 |

Changes to service use since the 1st April 2022 for Transitional Group (TG):

Table 5. Service use impact on TG

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|----------------------------------------------------------|-----|
| Impacted at time of implementation | 199 |
| Have died | 36 |
| Have stopped receiving care through LCC (excluding died) | 31 |
| Are in residential care | 1 |
| Total still receiving services | 131 |

Table 6. Those impacted in TG who are still in receipt of community services

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|------------------------------------|-----|
| Still receiving community services | 131 |
| No longer impacted by changes | 31 |
| Still impacted by either change | 100 |

Impact on those who were not impacted at the time of implementation, but are now:

This group is made of individuals who are not in the transitional group, who are impacted based on their current care plan and financial assessment. This group was not impacted at the time of implementation but have become impacted because they are new service users, have changed their care plan, or have had a new financial assessment which has changed how much they are required to pay. They are paying more for their services than they would have done if the changes had not occurred.

Table 7. Breakdown of impact on Non-transitional Group

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| Impacted by changes | 126 |
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| Impacted by changes to 2 to 1 charges | 91 |
| Impacted by the removal of the MAC cap | 82 |
| Impacted by both changes | 47 |

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, suggested that the change to charging for 2 to 1 care would a greater impact on Older People and Physically Impaired cohorts because these groups were more likely to access 2 to 1 care. 82% of 2 to 1 service users were over the age of 65. 90% had physical impairment recorded as their primary reason for support.

The analysis also suggested that the removal of the MAC cap could have a greater impact on Learning Disability clients due to the generally high cost of LD care packages and associated charges. However, this impact is mitigated by the fact that LD clients are more likely to be entitled to means-tested financial assistance than other cohorts.

Other

- No evidence has been found for any other impacts experienced by one characteristic group disproportionately.

Increasing Debt

Although no direct evidence has been found of a disproportionate increase in care debt levels amongst those impacted by the 2 to 1 and MAC cap changes, there is evidence of a general increase in debt across all service users.

Are there any gaps in equality and diversity information?

Please provide detail:

There is a potential need to examine the impact on different demographic groups of the cost-of-living crisis, and how this is impacting on the ability to pay for care charges. However, it is understood that considerations around affordability of charges generally, falls outside of the scope of this project and is better addressed as part of an ongoing commitment to set charges appropriately and affordably.

Action required:

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

Please provide detail:

A consultation was held between June 18th and August 13th, 2021. All users of non-residential services or their nominated representative, were invited to participate. In addition, consultation was held with a number of third sector groups. Details of the consultation can be found in the consultation report here: [Charging Policy Review- Consultation Report](#).

A helpline was established to support customers during the implementation of the changes that also generated feedback. The themes raised can be found in table 2 in section 5.

Social Workers, Occupational Therapists, Commissioning Officers and other internal experts have been consulted at key points throughout the design and implementation of the changes.

Action required:

None 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

Age

Carers

Disability

Gender reassignment

Race

Religion or Belief

Sex (male or female)

Sexual orientation

Other

(**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:

Protected characteristics

Adult Social Care provides services to older and disabled people and so these groups are necessarily impacted by the changes to the charging policy.

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

- | | | |
|----------------------------------------------------|------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Services users | <input type="checkbox"/> Employees | <input type="checkbox"/> Trade Unions |
| <input type="checkbox"/> Partners | <input type="checkbox"/> Members | <input type="checkbox"/> Suppliers |
| <input type="checkbox"/> Other please specify | | |

Potential barriers

- | | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Built environment | <input checked="" type="checkbox"/> Location of premises and services |
| <input checked="" type="checkbox"/> Information and communication | <input checked="" type="checkbox"/> Customer care |
| <input checked="" type="checkbox"/> Timing | <input type="checkbox"/> Stereotypes and assumptions |
| <input checked="" type="checkbox"/> Cost | <input type="checkbox"/> Consultation and involvement |
| <input checked="" type="checkbox"/> Financial exclusion | <input type="checkbox"/> Employment and training |
| <input type="checkbox"/> specific barriers to the strategy, policy, services or function | |

Please specify

Potential barriers

Information and Communication

Evidence from the consultation survey and contacts to the 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.

Customer Care

There has been pushback from some providers who do not wish to change from 2 to 1 care to 1 to 1 care following a care needs review. In other cases, providers have not been able to provide 1 to 1 moving and handling care due to a lack of training and / or there has been an issue with identifying a new provider that can immediately take over provision.

In a small number of cases, clients have challenged the need to change providers saying that they wish to remain with a particular provider, despite that provider not being able to immediately provide 1 to 1 care. Furthermore, there have been some challenges to care reviews that state that a client is no longer in need of 2 to 1 care and can move to 1 to 1 care, from customers who receive full financial assistance or else have a low MAC, i.e., they are not incentivised to reduce their care costs.

Cost

Care needs assessments will continue to provide an effective vehicle for ensuring that service users have their needs met in a way that is affordable to them. Individuals 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.

Customers paying at their Maximum Assessed Charge in cost-of-living crisis.

A financial assessment determines how much a client can afford to contribute towards the costs of their care. In making this determination, LCC must ensure that individuals are left with at least the statutory Minimum Income Guarantee (MIG), from which to pay for daily living expenses. This minimum Income Guarantee has not historically risen in line with inflation and with rising living costs, for example for heating and for meals.

The government did increase benefits payments in April 2023, but this uplift is below the current rate of inflation, and it is known that inflation generally is higher than average for those on lower incomes (a group is disproportionately represented by disabled people). It is also known that certain impairments can require higher use of energy and therefore can incur higher energy costs than others.

If a client is in receipt of means-tested financial assistance to help pay for their care (because their care costs are greater than what they can afford to contribute), and the client is not in work, then this individual will have *only* their MIG from which to pay for heating and eating, and other expenses. This group is therefore at greater risk of hardship than others, in the context of inflationary pressures, due to having a restricted ability to absorb higher costs.

By removing the subsidy for multiple care workers, more individuals are now paying at their MAC and, therefore, are reliant on the MIG. In the context of inflationary pressures, this change may contribute to hardship.

The council has previously considered increasing the MIG to above the level set by the Government (2019), and has also consider setting a maximum percentage of disposable income up to which to charge service users (2013 and 2015). On both occasions the cost was considered unaffordable in the context on financial pressures faced by the Council. This financial pressure exists still.

Furthermore, analysis has shown that large majority of comparable authorities have not adopted these practices (only 3 out of 15 have set a higher MIG, none have set a maximum percentage of disposable income). It is therefore not recommended that the council adopt these practices.

However, there are various ways of managing this risk, including with the use of payment plans to spread the cost of services, of money management advice and, ultimately, the

Director of Adults & Health has the discretion to waiver charges where it is evidenced that a client is at risk of hardship.

Location and Premises

More work is required to support the market in providing 1 to 1 home care, particularly 1 to1 moving and handling care, to ensure that there is sufficient provision of these services in the place that service users live. Training has been developed which has been offered to a number of providers through the ASC Commissioning Team, and work is ongoing to review and support weaknesses in the market.

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:

The consultation 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 allowed LCC to develop measures to mitigate the impact of the changes. This included:

Mitigation measures

- Setting up a dedicated advice helpline for those impacted by changes, for advice and to direct requests for financial assessments and / or care reviews.
- Tracking issues raised to the helpline to develop further guidance for services.

- Developing language used to explain the changes to service users in subsequent communications, to help ensure the changes are understandable.
- Highlighting the availability of financial assessments and care reviews in communications with impacted groups.
- Developing a phased in implementation to the increase in charges for those who were impacted due to the services they received at the time of the implementation of the changes, to give service users time to adjust to higher charges.

Positive Impacts of the Changes

- Developed a better understanding of communicating with service users and groups about change, that will aid in future work by lowering barriers caused by non-inclusive communication.
- The changes have lead a number of service users to consider how they use services and has lead to a reduction in costs for a number of service users and the Council, following a review of care.
- Training in 1 to 1 home care, including “moving & handling” has been developed by the Council, to support the market to provide 1 to 1 care placements.
- Implementing the changes has improved the Council’s financial position, increasing the sustainability of its care services (including preventative and other non-statutory services).
- A number of care records identified as incorrect and cleansed.
- The chances triggered a number of care reviews that successfully led to reduction in care cost for the service user and the Council.
- The chances triggered financial reviews that lowered the cost of care for some service users.

Action required:

None

8b. Negative impact:

- Some service users will pay more for their services than they would have done if the changes were not made. However, no service users will ever be asked to pay more than their financial assessment says that they can afford.
- 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.
- There is evidence that a small number of customers have refused to change providers following a care review and reduction in their care package from 2 to 1 to

1 to 1 care, even though the provider is unable to provide 1 to 1 care. There is a need to support the market further in making these placements available, or else individuals will not have the ability to remain with their preferred carers.

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) 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.
- 3) There is a continuing development of Asset Based Community Development approaches to community care, which can bring down the cost of care for individuals.
- 4) Further guidance around charging and the take up of services offered, is being developed and will be disseminated as appropriate, to provide clarity to service users and social workers about rights to refuse services, and / or a change of provider.
- 5) To continue to identify and offer training to providers to support the provision of one to one moving and handling care. Also, to work with providers to identify any other issues with providing 1 to 1 care.

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

Yes

No

Please provide detail:

There is evidence from service user contacts of a perception of unfairness in who is asked to contribute what towards their care, which may adversely affect social cohesion, e.g., that those who have enough wealth are asked to pay for their services in full, whilst those who don't have sufficient wealth are afforded financial assistance.

By improving the sustainability of Adult Social Care services, the changes will have a positive impact on ensuring the council is able to fulfil its obligations to provide care services in the community. Care in the community is known to have positive impacts on cohesion and integration between disabled and non-disabled groups, by allowing for

increased contact between the groups.

Action required:
Review the language of the all public-facing information regarding means-tested financial assistance and potentially alter to better explain the statutory obligations behind charging and assistance.

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

Yes

No

Please provide detail:

By improving the sustainability of Adult Social Care services, the changes will have a positive impact on ensuring the council is able to fulfil its obligations to provide care services in the community. Care in the community is known to have positive impacts on cohesion and integration between disabled and non-disabled groups, by allowing for increased contact between the groups.

A number of consultees commented that the changes to the charging policy for community-based services, could change the calculation that individuals and / or their families make about the most appropriate care setting for that individual, i.e. that some individuals could be financially incentivised to go into a residential placement and not into community care. This perception is based on a lack of clarity about the rules regarding what assets are assessable for charging in each setting.

It remains a better option financially for the vast majority of individuals to be in a community care placement. Those individuals in the community with relatively high care costs are those who have the highest care needs and are consequently those who are less likely to have developed sufficient capital to pay for their care in full (without means-tested financial assistance), e.g., those who are in full time Supported Living placements.

Action required:

1. To potentially review all language in public-facing information regarding charges, to ensure that service users are clear about the different means -testing regimes that occur between for chargeable community and residential placements, and the relative benefits to themselves financially.

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)

| Action | Timescale | Measure | Lead person |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|--------------------|
| To continue 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. | Continuous | Monitoring by AOS | Amy Travis |
| To continue to monitor any trends in the usage of ASC services, in order to inform any further action required. | Continuous | Monitoring by AOS | Amy Travis |
| To ensure that all council communications, including online materials are continually reviewed in line with guidance on Accessible and Inclusive communications. | Continuous | Regular review | Amy Travis |

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 |
|-----------------------------------------|------------------------------------|------------|
| Amy Travis | Head of Operational Services (A&H) | 01/06/2023 |
| Date impact assessment completed | | |

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
- 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 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 Governance Services | Date sent: 21/6/23 |
| For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate | Date sent: |
| All other decisions – sent to equalityteam@leeds.gov.uk | Date sent: |