

**Report of:** the Director of Adult Social Services

**Report to:** Executive Board

**Date:** 24th April 2013

**Subject:** Charges for Non-Residential Adult Social Care Services

<b>Are specific electoral Wards affected?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>If relevant, name(s) of Ward(s):</b>		
<b>Are there implications for equality and diversity and cohesion and integration?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the decision eligible for Call-In?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does the report contain confidential or exempt information?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>If relevant, Access to Information Procedure Rule Number:</b>		
<b>Appendix Number:</b>		

### Summary of main issues

1. This report sets out the outcomes from the consultation on the review of charges for non-residential adult social care services and makes recommendations for changes to these charges.
2. Although changes were made to the Adult Social Care charging policy in 2009 & 2011, customers in Leeds continue to pay less than in most authorities. Also, there are some anomalies in the current charging arrangements that give rise to potential inequities. In this context, in July 2012 Executive Board approved a consultation on further proposed changes.
3. An extensive stakeholder consultation has taken place overseen by a Service Expert Advisory Group and a Members Advisory Board. Consultation documents outlining the proposals and seeking feedback on their potential impact were sent to 21,500 customers and almost 4,000 have been returned. Drop-in sessions for customers took place across the city and focus groups have been held with VCFS organisations and other stakeholder groups.
4. The main concerns raised in the consultation relate to the affordability of the proposals. These affordability concerns were manifested in a proportion of customers expressing the view that they would cancel or reduce their services if the consultation proposals went ahead.

5. Some changes have been made to the original proposals to take account of the feedback received during the consultation. The table below summarises the original consultation proposals and proposed responses to the consultation outcomes.

Service	Initial Proposed Charge	Recommended Charge	Reduction	Means-tested
<b>Financial Assessment Methodology</b>				
All non-residential services	100% of disposable income and capital assessed as for residential care	100% of disposable income and capital assessed as for residential care	No change	Yes
<b>CareRing and Telecare</b>				
CareRing (Pendant Alarm)	£3.84 per week	£2.50 per week	35%	No
Care Ring and mobile response service	£6.84 per week	£3.00 per week	56%	No
Telecare (peripheral monitors)	£5.50 per week	£3.00 per week	45%	Yes
Telecare (GPS Systems)	£12.50 per week	£9.00 per week	28%	Yes
Telecare (Just Checking)	£16.50 per week	Nil	100%	Not Applicable
Telecare mobile response service	£3.00 per week	£3.00 per week	No change	Yes
<b>Shared Lives Home-based Sitting Service</b>				
Outreach: daytime support	£13.00 per hour	£7.80 per hour	40%	Yes
Outreach: waking night-time support	£14.50 per hour	£9.30 per hour	36%	Yes
Day Support service	£13.00 per hour	£7.80 per hour	40%	Yes
<b>Mental Health Services</b>				
Day services: group session	£9.00 per session	£9.00 per session	No change	Yes
Day services: one-to-one support	£18.00 per hour	£18.00 per hour	No change	Yes
Housing Support service	£18.00 per hour	£18.00 per hour	No change	Yes

6. All current customers will be financially assessed, except for those only using the Care Ring service, so they will only pay what they can afford. The financial assessment will include a benefits check to ensure that customers are claiming their full entitlement and claim forms will be completed on the customer's behalf if they wish.
7. All customers, including those living in sheltered accommodation where Care Ring alarms are currently provided in all properties, will be able to choose whether to continue to receive services when the new charging arrangements are introduced.

8. Anyone who says that they want to cease or reduce their service will be subject to a full risk assessment to safeguard their wellbeing and ensure that individuals are not disadvantaged.
9. The proposals included in this report will bring Leeds into line with the substantial majority of other authorities and address the anomalies within the current charging arrangements. They will generate projected net additional income after associated costs of between £2.2m and £2.4m in a full year. This will be reinvested within Adult Social Care in delivering our “Better Lives” strategy.

## **Recommendations**

- (a) Note the outcomes of the consultation and the way in which they have been addressed as set out in sections 4 to 6
- (b) Note the outcomes of the equality impact assessment and the way in which they have been addressed as set out in section 9.2
- (c) Approve the changes to charges for non-residential services as set out in section 5
- (d) Approve the revised Adult Social Care Charging and Contributions Policy Framework as set out in Appendix 9
- (e) Approve the Care Ring and Telecare Eligibility and Prioritisation Policy set out in Appendix 10

## **1. Purpose of this Report**

- 1.1. This report sets out the outcomes from the consultation on the review of charges for non-residential adult social care services and makes recommendations for changes to these charges.
- 1.2. The purpose of this report is to:
  - Summarise the reasons for this review as set out in full in the report to Executive Board on 18th July 2012
  - Set out the consultation process and the outcomes, including an equality, diversity, cohesion and integration impact assessment
  - Set out the implications for service users and for the Council's income of the proposals
  - Make recommendations for changes to charges for non-residential adult social care services

## **2. Background Information and Reasons for the Review**

- 2.1. Customer contributions toward the cost of most non-residential services i.e. home care, supported living, day care and transport are calculated on the basis of two factors:
  - The charge for the services received
  - A financial assessment of a person's ability to pay all or part of the cost
- 2.2. Of the people who are financially assessed, currently 43% do not make any contribution towards the cost of their care services. Some charges are flat-rate, for example meals, with everyone paying the same amount on top of any financially assessed contributions.
- 2.3. The changes made in 2009 and 2011 generated additional income of £2.85m and brought Leeds more in line with other authorities, but our income from customer contributions remains lower than the core cities average. This impacts on the funding available to the Council to fund Adult Social Care services whilst the demand pressures are increasing and government funding to councils is reducing. In addition, there is national recognition that the responsibility for funding care services needs to be shared between the state and those individuals who can afford to contribute towards the cost of their care in order to make better use of increasingly constrained resources.
- 2.4. There are three main reasons for income from charges in Leeds being lower:
  - There are some services in Leeds for which charges are not made
  - There are some anomalies within the current charging arrangements which mean that customers are charged differently for similar services
  - The financial assessment methodology takes a lower amount of people's income and savings into account than in most authorities
- 2.5. The main services for which charges are not currently in place are:
  - Care Ring and telecare services
  - Respite/sitting services (except respite care in residential homes and provided by the Shared Lives service), which provide support for carers as well as for our customers
  - Mental health day services
- 2.6. There are some anomalies in the current charging arrangements that give rise to potential inequities. For example, charges are made for respite care provided in a

residential home, but respite care provided in community settings such as sitting services in the customer's home do not currently attract a charge. The services people receive through mental health day centres are not currently treated as chargeable services, but this is not consistent with day services for other client groups.

- 2.7. A benchmarking review across comparator authorities has identified that these services are charged for in most authorities and the latest position is attached at Appendix 1.
- 2.8. There are two main differences between the financial assessment methodology in Leeds and that of most other authorities:
  - Most comparator authorities take 100% of disposable income (after allowances for daily living, housing and disability related costs) as being available to contribute towards care services compared with 90% in Leeds
  - All comparator authorities use the same approach to capital (savings & investments) as is used for residential assessments, but in Leeds higher capital thresholds are used.
- 2.9. In July 2012 Executive Board approved a consultation process on proposed changes to charges for non-residential Adult Social Care services as set out in section 3 below. The proposals for consultation were designed to bring Leeds into line with the substantial majority of other authorities and to address the anomalies within the current charging arrangements.

### **3. Current Charges and Initial Proposals**

- 3.1. Appendix 2 sets out the charges that are currently in place for individual services and for people with personal budgets, including the £210 per week maximum amount that anyone in Leeds is asked to pay for their services. There are no proposals to make any changes to these charges as part of this review and this was made clear in the consultation documentation.
- 3.2. The proposals approved by Executive Board in July 2012 to be consulted on were:
  - changing the way that we calculate how much customers will be asked to pay towards the services that they receive
  - introducing new charges for some services that are currently free
- 3.3. The two proposed changes to the financial assessment methodology were as follows:
  - Applying the Department of Health Charging for Residential Accommodation Guide (CRAG) approach to taking into account savings and investments (excluding the value of a person's home) i.e.
    - People would pay in full for their care (up to the maximum weekly charge of £210) if they had savings above £23,250 rather than above £46,500 as they do currently
    - People with savings between £14,250 and £23,250 will pay more based on their savings (to work out their contribution £1 per week will be added to their income for every £250 in savings between these two thresholds compared with every £500 of savings currently)
  - Assessing 100% of people's disposable income (after allowances for daily living, housing and disability related costs) as being available to contribute towards care services rather than the current 90%.

- 3.4. For mental health housing support services there was a proposed increase in the charge from £13.00 per hour to £18.00 per hour to reflect the cost of providing the service.
- 3.5. The proposed new charges that were consulted on are set out in the table below. Appendix 2 provides a more detailed description of these services.

<b>Service</b>	<b>Proposed Charge</b>
<b><i>CareRing and Telecare</i></b>	
CareRing (Pendant Alarm)	£3.84 per week (including VAT)
Telecare (Peripheral Monitors)	£5.50 per week
Telecare (GPS Systems)	£12.50 per week
Telecare (Just Checking)	£16.50 per week
Mobile Response Service	£3.00 per week
<b><i>Home-based Sitting Service</i></b>	
Shared Lives service: Outreach	£13.00 per hour daytime £14.50 per hour waking night-time
Shared Lives service: Day Support	£13.00 per hour
<b><i>Mental Health Services</i></b>	
Directly provided day services	£9.00 per group session £18.00 per hour one-to-one support

#### **4. Consultation Process and Outcomes**

- 4.1. The consultation process has been supported by a Service Expert Advisory Group. This group has reviewed the overall consultation approach and the consultation documentation that was sent to customers. It has considered the feedback received through the consultation process and has prepared a report on this. The group has also supported the preparation of the Equality, Diversity, Cohesion and Integration Impact Assessment. Members of the group feel overall that the consultation that has been undertaken on the charging proposals has been robust, open and transparent, offering people a range of opportunities to have their say.
- 4.2. A Members Advisory Board with representatives from all political groups has also overseen the charging review from the outset and considered the revised proposals before they were submitted to Executive Board.
- 4.3. The main consultation period was September to December 2012. Consultation documents outlining the proposals and seeking feedback on their potential impact were sent to 21,500 customers. Five different versions of the information packs were produced, one for each of the following categories:
- CareRing and telecare
  - People who have been financially assessed
  - Shared Lives home-based sitting services
  - Mental health day services
  - Mental health housing support.

- 4.4. Drop-in sessions for customers took place across the city and were well attended. The opportunity to discuss people's concerns face to face and understand the reasons behind the views they expressed provided very valuable information for the project team. A series of focus groups were held with VCFS organisations and other stakeholder groups, including staff, health partners and ALMOs. A members seminar was held in October. Some stakeholders provided written submissions as part of the consultation process, including NHS Airedale, Bradford and Leeds, Yorkshire Ambulance Service and the Alliance of Service Users and Carers.
- 4.5. Almost 4,000 feedback forms were returned, which overall represents 18% of the numbers sent out. Response rates varied from 12% for people who have already been financially assessed to 23% for Shared Lives. The letters to people who have already been financially assessed showed how, if at all, the proposals would affect them, whereas for the other groups who have not yet been financially assessed the impact on them could not be made clear. For mental health day services the response rate was 15%. Many people attended events held within the day centres to discuss the proposals and made their views known through this process, which may have impacted on the feedback form response rate.
- 4.6. A comprehensive report on the consultation process and outcomes is available as a background document to this report. The main outcomes from the customer and carer feedback forms received are attached at Appendix 3. The Service Expert Advisory Group has reviewed the outcomes from the consultation process and highlighted aspects that it would like Executive Board to consider. The Service Expert Advisory Group's report is attached at Appendix 4.
- 4.7. The main concerns raised in the consultation relate to the affordability of the proposals. These affordability concerns were manifested in a proportion of people expressing the view that they would cancel or reduce their services if the consultation proposals went ahead. Concerns were expressed by users of the Shared Lives home based sitting service about the proposed charge being the same as for home care as personal care is often not involved.
- 4.8. The feedback forms asked three main questions about the impact of the proposals: impact on daily life; impact on use of services; and impact on carers. The free text responses were analysed and grouped into themes which emerged from the responses. The main outcomes from the feedback forms received were as follows:
- 61% of respondents (2,194 people) said that the proposals would have an impact on their daily lives and 31% (1,111 people) said that they would not affect their daily lives.
  - 24% of respondents (742 people) said that they would cancel their service, 19% (608 people) said they would consider cancelling and 3% (94 people) said they would reduce the services that they use. 28% (886 people) said that the proposals would not affect their use of services.
  - 47% of respondents (1,197 people) said that the proposals would have an impact on their carers/family members and 46% (1,183 people) said that they did not think that the proposals would affect their carers/family members.
  - 26% of respondents (1,044 people) raised concerns about the affordability of the proposals.
- 4.9. People living in sheltered accommodation also raised concerns about whether they would be able to opt out of the service or whether it was a requirement in their tenancy. Environments & Neighbourhoods have confirmed that people living in

sheltered accommodation will be able to exercise their choice about whether to use Care Ring in the same way as people living elsewhere.

4.10. Health partners expressed concerns that the proposed charges for Care Ring and telecare services may lead some people to cease using these services and having a greater call on ambulances and hospital attendances / admissions.

4.11. Scrutiny Board (Health & Wellbeing and Adult Social Care) considered the outcomes of the stakeholder consultation and engagement at their meeting on 27<sup>th</sup> March. A Scrutiny Board Working Group was held on 12<sup>th</sup> April to provide members of the Scrutiny Board with the proposed responses to the consultation outcomes and the opportunity to make any comments. Section 5.12 sets out the comments of the Working Group and how they have been addressed.

## 5. Proposed Responses to the Consultation Outcomes

### 5.1. Summary

5.1.1. Changes have been made to the original consultation proposals in the light of the consultation responses. The table below summarises the original consultation proposals and proposed responses to the consultation outcomes. Appendix 5 provides more detail on the original consultation proposals, the revised proposals, how the impact will be mitigated, and how customers are likely to be affected. These proposals would bring Leeds into line with the majority of comparator authorities and address the anomalies in the current charging arrangements.

Service	Initial Proposed Charge	Recommended Charge	Reduction	Means-tested
<b>Financial Assessment Methodology</b>				
All non-residential services	100% of disposable income and capital assessed as for residential care	100% of disposable income and capital assessed as for residential care	No change	Yes
<b>CareRing and Telecare</b>				
CareRing (Pendant Alarm)	£3.84 per week	£2.50 per week	35%	No
Care Ring and mobile response service	£6.84 per week	£3.00 per week	56%	No
Telecare (peripheral monitors)	£5.50 per week	£3.00 per week	45%	Yes
Telecare (GPS Systems)	£12.50 per week	£9.00 per week	28%	Yes
Telecare (Just Checking)	£16.50 per week	Nil	100%	Not Applicable
Telecare mobile response service	£3.00 per week	£3.00 per week	No change	Yes
<b>Shared Lives Home-based Sitting Service</b>				
Outreach: daytime support	£13.00 per hour	£7.80 per hour	40%	Yes
Outreach: waking night-time support	£14.50 per hour	£9.30 per hour	36%	Yes
Day Support service	£13.00 per hour	£7.80 per hour	40%	Yes

Service	Initial Proposed Charge	Recommended Charge	Reduction	Means-tested
<b><i>Mental Health Services</i></b>				
Day services: group session	£9.00 per session	£9.00 per session	No change	Yes
Day services: one-to-one support	£18.00 per hour	£18.00 per hour	No change	Yes
Housing Support service	£18.00 per hour	£18.00 per hour	No change	Yes

## 5.2. Increased Charges - Financial Assessment Methodology

- 5.2.1. The original consultation proposals are recommended for approval regarding changes to the financial assessment methodology, but with transitional protection for those people facing the largest increases. This would put Leeds on the same basis in terms of taking capital into account as all other authorities and the same as the substantial majority with regard to how disposable income is treated.
- 5.2.2. Implementation is proposed from 1<sup>st</sup> July 2013 with a £35 per week cap on any increased payments due to these changes for the first six months and further £35 caps for the subsequent two six month periods. A £35 per week cap is consistent with the transitional protection that was applied when charges were increased in October 2011.

## 5.3. Increased Charges - Housing Support Services

- 5.3.1. The original consultation proposal of £18.00 per hour for housing support services is recommended for approval, with the same transitional protection as for the financial assessment methodology changes.

## 5.4. New Charges – Phasing-In

- 5.4.1. Where new charges are being introduced it is proposed that 50% of the charge applies for the first six months so that people can become accustomed to the new arrangements more gradually. As most people paying for these services for the first time do not receive other Adult Social Care services, the £35 per week cap on the increase would not provide them with any transitional protection and so the 50% charge is proposed to provide this. It is proposed that all new charges are introduced on 1<sup>st</sup> January 2014 to give sufficient time for all the necessary preparatory work on financial assessments and billing to be undertaken.

## 5.5. New Charge - Care Ring (Telecare Level 1)

- 5.5.1. For Care Ring, a revised charge of £2.50 per week is proposed, a 35% reduction in the charge originally proposed (£3.84 per week) with 50% of the charge being applied from 1<sup>st</sup> January 2014 for the first six months. The original proposal included VAT, which it has now been clarified is not applicable. For customers who have eligible social care needs the 50p equipment element of the charge is not payable so the weekly charge would be £2.00.
- 5.5.2. The benchmarking information set out in Appendix 1 identifies that the £2.50 proposed charge is lower than in almost all the other comparator authorities.
- 5.5.3. Most customers would not be financially assessed as their care needs are below the eligibility threshold for Adult Social Care services, hence the Council is providing these services through a statutory power rather than a statutory duty. Around 1,000 of the 10,000 customers receive other Adult Social Care services

and would be financially assessed to pay up to £2.00 per week, but the remainder would pay £2.50 per week.

#### 5.6. New Charges – Telecare Levels 2 and 3

- 5.6.1. For telecare services the equipment element of the charge has been removed as the customers have eligible social care needs and so this is not chargeable. This reduces the charge to £3.00 per week, a 45% reduction in the charge originally proposed (£5.50 per week) and the 50% phasing in will be applied. All current customers will be financially assessed to determine their contribution towards the charge.
- 5.6.2. Half of the authorities from whom benchmarking information could be obtained charge more than the proposed £3.00 per week for Leeds.
- 5.6.3. For the 100 customers receiving more advanced GPS based telecare services the weekly charge will be £9.00 per week, subject to a financial assessment, a 28% reduction on the original proposal (£12.50 per week).
- 5.6.4. The telecare “Just Checking” service is provided for a short period of time as part of the care assessment process and so it is proposed that the charge of £16.50 per week does not go ahead.

#### 5.7. New Charges – Mobile Response Service

- 5.7.1. For telecare customers the original consultation proposal of £3.00 per week for the mobile response service is recommended for approval and this will be subject to a financial assessment. For the 300 people using this service alongside Care Ring who will not be financially assessed it is proposed that a combined charge of £3.00 per week for Care Ring and the mobile response service applies. These charges will be subject to the 50% reduction for the first six months.
- 5.7.2. Work is underway to enhance this service so that it provides customers with reassurance and assists them to their feet after a non-injuring fall in addition to the current key-holding service.

#### 5.8. New Charges - Mental Health Day Services

- 5.8.1. For mental health day services the original consultation proposals are recommended for approval. Customers will be financially assessed to determine how much they can afford to contribute towards the charges of £9.00 per staff-led group session and £18.00 per hour for one-to-one staff support. The £5.00 per day transport charge already in place for other client groups would also apply for those who do not make their own way to day care.
- 5.8.2. Benchmarking information could not be obtained from several comparator authorities and direct comparisons are difficult as most authorities that provided information charge on a daily basis rather than the sessional or hourly basis proposed in Leeds. Of the eight comparator authorities charging for this service that provided figures, five are charging more than is proposed for Leeds (assuming a daily charge in Leeds of £18.00 based on two group sessions).
- 5.8.3. Based on the anonymous financial assessments that some customers have volunteered for, 47% of people attending mental health day services will not contribute towards their services. Some customers will be eligible not to pay anything for their services on a statutory basis through Section 117 of the Mental Health Act 1983.
- 5.8.4. In the new service model several forms of support will be available that are non-chargeable, for example peer support groups and general interaction with staff. It

is acknowledged that people using mental health services can require intensive staff support when they are in crisis and charges will not be made for this immediate support. It is likely that most people who use chargeable day services will access one staff-led group session per week and so would pay up to £9.00 per week depending on their financial assessment.

#### 5.9. New Charges - Shared Lives Sitting Service

- 5.9.1. Further examination of the costs of the Shared Lives home-based sitting service has identified that some assessment and care management costs were included in the £13.00 per hour charge proposed in the consultation as they are provided by social workers within the Shared Lives Team. Taking these out reduces the unsubsidised cost of the direct service delivery to £7.80 per hour for daytime support, a 40% reduction on the charge proposed in the consultation, and £9.30 for waking night-time support (36% reduction). This revised charge is recommended for approval, with 50% of the charge applying for the first six months.
- 5.9.2. Several authorities have not provided figures on their charges for this service, for example where they are provided as part of a personal budget, so direct comparisons are difficult. Of the seven comparator authorities charging for this service that provided figures, five are charging more than the £7.80 per hour that is proposed for Leeds.

#### 5.10. New Customers

- 5.10.1. The phasing-in of new charges and the transitional protection cap are proposed to apply to existing customers at the respective implementation dates. It is proposed that new customers are charged in full at 100% of the new charges after the initial implementation dates and the new financial assessment methodology will also apply. This is consistent with the arrangements in previous charging reviews.

#### 5.11. Impact on Customers

- 5.11.1. Appendix 6 illustrates how these proposals will affect customers using a variety of services. Appendix 7 shows how these proposals will impact on people who have already been financially assessed and in summary:
- 3,111 people (55%) would see no change in their payments
  - 1,403 people (24%) would pay up to £5 per week extra for their services
  - 848 people (15%) would pay between £5 and £10 per week extra
  - 153 people (3%) would pay between £10 and £50 per week extra
  - 179 (3%) will pay an extra £50 or more per week for their services.
- 5.11.2. For those customers affected by the new charges who have not yet been financially assessed, the final column of the table in Appendix 5 provides an indication of the impact based on the information we have available. The main anticipated impacts on those who have not been financially assessed are:
- 9,000 Care Ring customers would pay £2.50 per week
  - 2,900 telecare customers would pay up to £3.00 per week
  - 60 telecare GPS customers would pay up to £9.00 per week
  - 340 mental health day service customers would typically use one group session per week and pay up to £9.00 per week
  - 160 Shared Lives customers would pay something towards their £7.80 per hour charge

5.11.3. The Service Expert Advisory Board report at Appendix 4 highlighted five key messages that it wanted to draw to the attention of Executive Board (Appendix 4 – Section 4.2). The ways in which these issues have been addressed in the proposals contained in this report are set out below:

- i) Concerns about affordability have been addressed through the reductions from the original proposals set out in the preceding paragraphs of section 5.
- ii) The risks to customers arising from any service cancellations will be addressed through the procedure set out in section 6.3 that will ensure that people's individual circumstances are considered and that they are safeguarded.
- iii) The Care Ring charge has been reduced by 35% from the original proposal to make it more affordable as most of these customers will not be financially assessed. The letter to customers explaining the new charge will provide details of how they can access information and advice on welfare benefit entitlements.
- iv) The impact on customers of increases in daily living costs such as food and fuel have been taken into account and the reduced charges now proposed will assist customers, particularly those using Care Ring who will not be financially assessed. For those who are financially assessed, reduced income will lead to a reduction in their assessed contribution, except for people with high incomes and/or savings.
- v) The £35 per week cap on any increased charges for the first six months and two further £35 caps over the subsequent year will give customers time to adjust. New charges will not be introduced until January 2014 and a 50% reduction will apply for the first six months so that customers can get accustomed to the new charges gradually.

## 5.12. Scrutiny Board Comments

5.12.1. The comments of the Scrutiny Board Working Group on 12<sup>th</sup> April (see Section 4.11) are attached at Appendix 8. The Working Group recommended that Executive Board:

- Specifically considers the impact of the proposals on those service users who have already been financially assessed and would see charges increase by £50 per week or more; and
- Through the proposals seeking to provide transitional protection, gives further consideration to reducing the impact of the proposals on this specific group of individuals likely to be affected.

5.12.2. In response to these comments the transitional protection period set out in section 5.2.2. for those people affected by the increased charges has been extended from a year to eighteen months.

## **6. Implementation and Further Mitigating the Impact of the Charging Proposals**

### 6.1. Explanation of the Changes

6.1.1. All customers will receive a written explanation of the changes to charges and how they will be implemented. This will include information on the outcomes of the consultation and how these have been taken into account in the final proposals. Some customers have relatives or carers that they have asked us to liaise with about their charges and so in these cases we will not write directly to the customer. A telephone helpline will be available for anyone who is concerned, confused or upset about the changes.

6.1.2. During the consultation customers have expressed concerns about the financial impact of welfare reform and how this may affect their ability to contribute towards their social care services. Customers will be reminded that if their financial circumstances change they can ask for a financial reassessment and reduced income will lead to a reduction in their assessed contribution, except for those people with high incomes and/or savings. The Financial Assessment Team will also review their caseload regularly to identify those customers most likely to be affected so that a reassessment can be offered.

## 6.2. Future Charges

6.2.1. In the latest and previous consultations customers expressed concerns that there may be further increases in the future in addition to those included in the consultation. Until these new charging arrangements are fully implemented it is proposed that there are no inflationary increases in charges that would normally take effect each April. This will mean that the next inflationary increase in charges would be effective from April 2015.

## 6.3. Monitoring Implementation

6.3.1. As any changes to service user contributions are implemented Adult Social Care has procedures in place to systematically monitor the use of services and follow-up individual customers to ensure that they are safeguarded. For all customers who cease or reduce their service when the new charging arrangements are introduced a risk assessment will take place. An initial screening will be undertaken by the service provider and if any risks or potential risks to the customer or their carer are identified the case will be referred to care management for a review.

6.3.2. It is important to note that services cannot legally be withdrawn for non-payment of the customer's assessed contribution, but debt recovery action can be taken. The Adult Social Care Charging and Contributions Policy Framework provides discretion for the Director to waive charges in individual circumstances if appropriate.

6.3.3. When increased charges were implemented in October 2011 89 customers, 8% of those affected by the increases, said that they wanted to cancel or reduce their service due to the charging increases. Subsequently 22 people decided to retain their service and the final cancellation percentage was 6%, almost all users of day care services. Those service users who actually cancelled their service were all followed up to ensure that they or their carers were not at risk. Many had found alternative services, for example attending a voluntary sector service such as a luncheon group instead.

## 6.4. Review of Assessed Contribution

6.4.1. Service users can ask for their assessed contribution to be reviewed if they do not feel that it properly takes account of their particular circumstances. The first stage of this is for the financial assessment team manager to review the financial assessment, with a second more formal stage if the matter is not resolved. In addition, the Director of Adult Social Services has discretion to waive customer contributions in appropriate individual circumstances.

6.4.2. People who choose not to have a financial assessment are also asked on an annual basis whether they wish to have one. Customers are reminded in the document setting out their assessed charge that they can ask for a reassessment

at any time if their financial circumstances change and this will be reiterated in the explanatory letter following the changes to charges.

## **7. Charging Policy**

- 7.1. The proposals set out in this report are consistent within the Adult Social Care Charging and Contributions Policy Framework.
- 7.2. The principles within the Charging and Contributions Policy Framework have been refined to provide greater clarity on those services that are chargeable and those that are not. The policy framework also now includes the responsibility for setting and collecting charges for directly provided and commissioned services. The revised policy framework is attached at Appendix 9 and the headings for the new sections are highlighted in grey.
- 7.3. All current Care Ring and telecare customers have been assessed in accordance with the eligibility criteria for these services, which identifies that they are vulnerable or at risk or have a long term health condition, prior to their services commencing. The eligibility and priority policy for Care Ring and telecare has been revised to ensure that it complies with age discrimination legislation. The updated policy is attached at Appendix 10.

## **8. Commissioned Services**

- 8.1. The Executive Board decisions will relate to charges for services directly provided by Adult Social Care, but the charging principles that will be approved also cover commissioned services.
- 8.2. Introducing charges for directly provided mental health day services and the Shared Lives home based sitting services will lead to an inconsistency in the short term between these services and similar services commissioned from the third sector that are currently free of charge.
- 8.3. For mental health day services, a renegotiation of the current contracts is underway and introducing charging will be included as part of these discussions. Mental health VCFS organisations have been well engaged as part of the charging review consultation.
- 8.4. For home based sitting services discussions need to take place on how best to take forward charging discussions. The proposed implementation date of 1<sup>st</sup> January 2014 for Shared Lives charges provides time for an approach to be agreed.

## **9. Corporate Considerations**

### **9.1. Consultation and Engagement**

- 9.1.1. A comprehensive stakeholder consultation and engagement has been undertaken on the initial charging proposals. Section 4 of this report sets out the consultation process and outcomes. Section 5 sets out how the original proposals have been amended in the light of the feedback received. Further mitigation of the impact of the final proposals is set out in Section 6.

### **9.2. Equality, Diversity, Cohesion and Integration**

- 9.2.1. The Council has a duty as defined in the Equality Act 2010, the main requirements being that a public authority must, in the exercise of its functions, have due regard to the need to:
  - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and people who do not share it

- 9.2.2. An Equality, Diversity, Cohesion and Integration Impact Assessment has been produced in consultation with the Service Expert Advisory Group and it is attached at Appendix 11. It considered the impact of the proposals on older and disabled people as a whole and sought to identify whether any other equality characteristics are impacted upon so that appropriate mitigating actions can be considered.
- 9.2.3. The main method of assessing the equality implications of the proposals was to link the feedback response categories to the statutory equality categories to see if there is any significant correlation; for example, if particular equality groups are more likely to cancel services than other groups.
- 9.2.4. The impact assessment identified that the people that the proposals will affect will all be older and/or disabled people, but that no other equality characteristics were impacted upon disproportionately.
- 9.2.5. The main actions arising from the Equality, Diversity, Cohesion and Integration Impact Assessment are as follows:
- Revise the original charging proposals so that those people do not face charges that are unaffordable
  - Consider the timing and phasing of introducing any changes to charges to help to address affordability concerns and give customers time to adjust to the new charges
  - Review the impact of the policy on people's use of services
  - Ensure that the Council's communications with service users are clear and appropriate
  - The Council needs to be able to show how the extra income generated through these new and increased charges has been used.
  - Review the carers respite aspects of the provision of day care services to ensure that carers are not negatively impacted upon.
  - Produce clear and transparent policies on charging issues, including the use of disability related expenditure and the Director of Adult Social Services' discretion to waive or reduce charges in exceptional circumstances
  - To ensure that the assessment officers are appropriately trained/briefed to provide a clear and consistent message around disability related expenditure.
  - To promote financial assessments for people who have chosen not to have one.
  - To provide service users with an additional opportunity on implementation to let Adult Social Care know what impact any changes may have on them.
- 9.2.6. The Equality, Diversity, Cohesion and Integration Impact Assessment also identified the positive impact of the financial assessment process. This seeks to maximise people's benefits income through providing benefits checks as part of the financial assessment process, including completing benefits claims forms on behalf of the customer. In addition, some stakeholders noted that charging may result in service users having a greater interest in the quality of services.

### 9.3. Council Policies and City Priorities

9.3.1 This charging review will contribute to the Health and Wellbeing City Priority Plan through generating additional income to support more people to live safely in their own homes. It will also contribute to the Council's Business Plan priority of spending money wisely.

### 9.4. Resources and Value for Money

9.4.1 These revised proposals are projected to generate additional income of £2.65m to £2.85m in a full year, depending on the number of customers who cease services due to the changes (expected to be minimal apart from Care Ring customers). Of the £2.85m projected, £1.4m relates to changes to the financial assessment methodology, £1.05m to Care Ring and £0.4m to telecare. Income from mental health and Shared Lives services is expected to be relatively minimal due to the smaller customer numbers and the likely impact of financial assessments on these customers. This additional income will be partly offset by the £0.2m charge to the HRA for Care Ring ceasing when charges are introduced. Additional income of £0.8m has been included in the 2013/14 budget and the revised proposals set out in this report are projected to generate this amount.

9.4.2 The additional resources required for care assessments and financial assessments are £0.25m on an on-going basis. The one-off costs are more difficult to project as they are largely dependent on:

- the numbers of customers who notify that they will cease using services and require a risk assessment
- the numbers of Care Ring customers not in receipt of other social care services who request a care assessment to determine their eligibility for further support that will lead to a financial assessment

Assuming that 10% of Care Ring customers notify that they will cease using services and a further 10% request a care assessment, the one-off cost will be £0.25m.

9.4.3 Additional care assessments may identify people with eligible social care needs, around half of whom would be expected not to pay for their services following a financial assessment. The extent of this is difficult to project, but it will impact on income projections. It may also identify additional social care support needs with an associated cost.

9.4.4 The net additional income raised through this charging review will be reinvested in providing the level and quality of Adult Social Care services for the future set out in our "Better Lives" strategy. This link between the additional income generated and the way it will be utilised will be articulated as part of the directorate's medium term financial planning for 2014/15 and beyond. In the 2013/14 Adult Social Care budget additional funding of £2.0m has been provided to support people with eligible social care needs, with a further £0.3m to provide preventative services to support older people to live independently in their own homes. The enhancement currently being made to the mobile response service for people using telecare and Care Ring (see section 5.7.2) is another example of service improvement.

### 9.5. Legal Implications, Access to Information and Call In

9.5.1 The proposals included within this report are in accordance with the Department of Health's "Fairer Charging" and "Fairer Contributions" guidance and with the Council's Fees and Charges policy. The ways in which these proposals have been

developed and presented in this report are in accordance with the requirements of the Equality Act 2010.

9.5.2 Legal advice has been sought in the preparation of this report from the Corporate Lawyer (Social Care).

## 9.6. Risk Management

9.6.1. There is some risk of service users ceasing or reducing their use of services following the outcome of this charging review. The impact of Welfare Reform from April 2013 onwards increases this risk. A risk based procedure is in place to ensure that customers are safeguarded as set out in sections 6.3.1 and 6.3.2 of this report and appropriate steps will be taken during the implementation process to mitigate this risk.

9.6.2. On 11<sup>th</sup> February the government announced some policy intentions on Care and Support Funding in response to the Dilnot Report published in July 2011 (Fairer Care Funding : Reforming the Funding of Adult Social Care – Commission on Funding of Care and Support). The government signalled its intention to raise the capital thresholds for residential care financial assessments but no specific mention was made of thresholds for non-residential assessments. The proposed changes require legislation and the implementation date indicated is currently April 2016. During this intervening period the Council would lose a significant amount of income if the changes proposed in this report do not go ahead. If the financial assessment methodology in Leeds is not put on the same basis as other authorities, the Council may be disadvantaged financially when the government's proposed changes are introduced. In this context the risks in proceeding with the proposed changes set out in this report are considered to be minimal. The implications of the government's proposals will be kept under on-going review.

## 10. Conclusions

10.1. Some changes have been made to the original proposals to take account of the feedback received during the consultation. The affordability concerns of people using only the Care Ring service who will not be financially assessed have been addressed through a 35% reduction in the charge originally proposed. The proposed charge for telecare has been reduced by 45% and the recalculation of the Shared Lives cost has reduced the proposed charge for daytime care by 40%.

10.2. All current customers will be financially assessed, except for those only using the Care Ring service, so they will only pay what they can afford. The financial assessment will include a benefits check to ensure that customers are claiming their full entitlement and claim forms will be completed on the customer's behalf if they wish.

10.3. All customers, including those living in sheltered accommodation where Care Ring alarms are currently provided in all properties, will be able to choose whether to continue to receive services when the new charging arrangements are introduced.

10.4. Anyone who says that they want to cease or reduce their service will be subject to a full risk assessment to safeguard their wellbeing and ensure that individuals are not disadvantaged.

10.5. The net additional income raised through this charging review will be reinvested in delivering our "Better Lives" strategy.

## 11. Recommendations

11.1. Executive Board is recommended to:

- (a) Note the outcomes of the consultation and the way in which they have been addressed as set out in sections 4 to 6
- (b) Note the outcomes of the equality impact assessment and the way in which they have been addressed as set out in section 9.2
- (c) Approve the changes to charges for non-residential services as set out in section 5
- (d) Approve the revised Adult Social Care Charging and Contributions Policy Framework as set out in Appendix 9
- (e) Approve the Care Ring and Telecare Eligibility and Prioritisation Policy set out in Appendix 10

## **12. Background documents<sup>1</sup>**

- 12.1. Adult Social Care Charging Review for Non-Residential Services 2012/13 – Report on the Consultation and Engagement (April 2013).

---

<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

## Benchmarking Data Summary

Local Authority	Alarm Call Charges (per week)	Telecare, (per week)	Non-Residential Respite Services (per hour)	Mental Health Day Services (per day)	Maximum Weekly Charge	Percentage of Disposable Income Assessed	Savings & Investments Assessed?	Capital Amount above which Full Charge Paid for Services
<b>Leeds (current)*</b>	Free		No Charge	No Charge	£210.00	90%	Yes	£46,500
<b>Leeds (proposed)</b>	£2.50	£3.00	£7.80	£9.00 per group session £18.00 per hour one-to-one support	£210.00	100%	Yes	£23,250
<b>Barnsley</b>	£3.15	Extra 50p - £1.20	£13.00	£30.00	£105.00	100%	Yes	£23,250
<b>Birmingham*</b>	£1.76				Not capped	100%	Yes	£23,250
<b>Bradford*</b>	Currently free but under review		£4.13	£20.58	£199.00	100%	Yes	£23,250
<b>Calderdale</b>	£4.14 (unless customer is on benefits)		£9.08 per hour (day). £22.74 - £45.44 per night	£12.12	£208.00	85%	Yes	£23,250
<b>Doncaster</b>	£3.20	N/A	Home Care assumed to be the equivalent service £11.28 per hour	Max £10.78 per day	£335.46 per week.	100%	Yes	£23,250
<b>East Riding</b>	£3.68 - £5.52 depending on service level	Extra 23p per item	No charge	All day services are charged for regardless of client group.	Not capped	100%	Yes	£23,250
<b>Kingston-upon-Hull</b>	£2.69 - £3.97	N/A	Charged at cost from 2013/14	Charged at cost from 2013/14	No maximum from 14/15. To be phased in by increase to £200 13/14	100%	Yes	£23,250
<b>Kirklees*</b>	£3.80			£8.90	Not capped	100%	Yes	£23,250

Local Authority	Alarm Call Charges (per week)	Telecare, (per week)	Non-Residential Respite Services (per hour)	Mental Health Day Services (per day)	Maximum Weekly Charge	Percentage of Disposable Income Assessed	Savings & Investments Assessed?	Capital Amount above which Full Charge Paid for Services
Newcastle-upon-Tyne *	£3.10 or £4.99 depending on service level	N/A	£55.00 per night. £45.00 per day. Minimum charge £26.00 for 4hrs+ £6.35 per additional hour		£200.00	100%	Yes	£23,250
North East Lincs	Nil	Nil	Full cost of the service	£26.42	90% of cost of residential care	100%	Yes	£23,250
North Lincs	£2.68	Currently not charged	Not provided	N/A - no day services charged for as standalone services	£250.00 (proposal to increase)	100% after personal allowance disregard - local buffer of 15% on the remainder	Yes	No upper capital limit – but proposed to adopt CRAG limits
North Yorkshire *	Each of the 7 District Councils provide their own service			£26.40	Not Capped	90%	Yes	£23,250
Rotherham*	£3.00	N/A	£13.90		£230.00	100%	Yes	£23,250
Sheffield	£4.67 plus charge for individual items of equipment (£0.50 - £1.50)		Respite care provided via a direct payment so there are no standard rates.	Mental Health Day Service rates are variable, but the most common one is £51 a day.	£360 for non res care	100%	Yes	£23,250
Stockport*	£5.19		N/A		£258.00	100%	Yes	£23,250
Trafford*	£4.62		Charged according to Fairer Charging assessment		Depends on Capital.	100%	Yes	£23,250
Wakefield	£3.30 + £0.70 for mobile response		£11.00 per hour Traditional - Respite also provided through Personal Budgets		Based on Residential Rate which is currently £402.00 per week	100%	Yes	£23,250
York	£4.25		Provided through personal budgets	Provided through personal budgets	Not capped	100%	Yes	£23,250

## Notes

1. \* = 2012/13 Charges
2. Benchmarking information was sought from Yorkshire and Humber authorities, Core Cities and Audit Commission comparator authorities. This table includes data from those authorities from whom we were able to get this information.
3. The economic base of authorities reflects their ability to raise income from their customers. This can impact on the level of the maximum weekly charge as for some authorities increasing this maximum will result in very little additional income due to the financial profile of their customer base.

## **Current Charges, Financial Assessment Methodology and Service Descriptions**

### **Current Charges for Non-Residential Services**

#### **Charges for Individual Services**

Home Care/Supported Living support      £13.00 per hour

#### **Day Care**

    Older People                                      £24.00 per day

    Physical Disabilities                          £42.00 per day

    Learning Disabilities                         £42.00 per day

Transport to Day Care                         £5.00 per day

Customers pay the lower of:

- The charges for the services they receive
- The amount that the financial assessment calculates that they can contribute towards their services

#### **Charges for People with Personal Budgets**

A support plan will be put together that provides sufficient funds in their Personal Budget for the customer to buy services to meet their eligible social care needs.

Customers pay the lower of:

- The value of their Personal Budget
- The amount that the financial assessment calculates that they can contribute towards their services

**Maximum Weekly Charge**                                      £210 per week

This is the most anyone pays for their services, irrespective of their income or level of service they receive.

### **Current Financial Assessment Methodology**

#### **Income Included in the Financial Assessment**

<b>Income Included</b>	<b>Income Excluded</b>
<ul style="list-style-type: none"> <li>• State Retirement Pension</li> <li>• Occupational Pension</li> <li>• Guarantee Credit (Pension Credit)</li> <li>• Attendance Allowance</li> <li>• Disability Living Allowance Care Component</li> <li>• War Disability Pension (first £10 per week disregarded)</li> <li>• War Widows Pension (first £10 per week disregarded)</li> </ul>	<ul style="list-style-type: none"> <li>• Earnings</li> <li>• Working Tax Credit</li> <li>• Savings Credit (Pension Credit)</li> <li>• Disability Living Allowance Mobility Component</li> <li>• War Widows Supplementary Pension</li> </ul>

## **Allowances Given in the Financial Assessment**

### **Personal Allowances**

Basic Income Support/Pension Credit plus 25% - figures vary depending on the benefits being received, but the minimum weekly amounts for each age group for 2013/14 are:

	Personal Allowances
State pension age or over	£181.75
Aged 25 to state pension age	£89.63
Aged 18 to 24	£71.00

### **Housing Costs**

- Mortgage/rent payments (less any Housing Benefit received)
- Council Tax (less any Council Tax Benefit received)
- Water rates

### **Disability Related Expenses**

- Additional heating costs (using regional figures issued by the National Association of Financial Assessment Officers)
- Additional laundry costs (using regional figures issued by the National Association of Financial Assessment Officers)
- Additional dietary costs
- Community alarm costs
- Costs of equipment purchased (converted to a weekly amount)
- Costs of help with domestic tasks or gardening
- Costs of care purchased (if part of a care plan)
- Other costs associated with maintaining independence

### **Disposable Income**

Total Income (that can be included in the financial assessment)

*Less allowances:*

- Personal allowances (for daily living costs e.g. food & energy)
- Housing costs
- Disability related costs

*Equals:* Disposable income (remaining income available that could be contributed towards services)

### **Taking Capital into Account**

Capital (excluding the value of a person's home) is taken into account by treating people as having a weekly income on top of other income to represent them utilising their capital to contribute towards their services.

- Any capital below £14,250 is ignored
- The value of a person's home is ignored
- For every £500 of capital between £14,250 and £23,250, £1 per week will be added to a person's income to work out their contribution
- For every £250 of capital people have between £23,250 and £46,500, £1 per week will be added to their income
- If a person has more than £46,500 in capital they are assessed as being able to pay the standard charge for their care services up to the maximum of £210 per week

## Example of Financial Assessment Calculation

	Per Week £	Per Week £	
Income			
Pension Credit	74.95		
Attendance Allowance	53.00		
State Retirement Pension	101.75		
Occupational Pension	28.20		
		<hr/>	
		257.90	
Weekly amount based on £20,000 capital		<hr/>	
		12.00	
Total Assumed Income		<hr/>	
		269.90	
Allowances			
Personal allowance	181.75		No other housing costs as entitled to full Housing and Council Tax Benefit
Water rates	5.50		
Excess fuel (extra heating)	3.20		
Laundry allowance	3.50		
Domestic help	28.00		
Gardening	4.61		
Window cleaning	2.30		
Electric wheelchair	5.25		
Stair lift	5.70		
Taxis	15.00		
Total Allowances		<hr/>	
		254.81	
Disposable Income		15.09	Income less allowances
Maximum Assessed Contribution towards services		13.58	90% of disposable income

## Service Descriptions

### Shared Lives

The Shared Lives service provides paid carers that are carefully trained, checked, supervised and supported to provide adults and older people with a range of care and support needs with an opportunity for family carers to have a break.

The Shared Lives Outreach (home-based) service is based in the customers own home for agreed periods of time, usually between 2 and 4 hours during the day or overnight.

The Shared Lives Day Support service is based in the home of our Shared Lives carers for periods of up to 7 hours during the day.

### Care Ring

Care Ring is an emergency alarm call service which involves a unit and pendant attached to the response centre through the telephone line. When the customer activates the alarm unit or presses the pendant, this alerts the response centre where trained staff will provide the assistance and reassurance required.

## Telecare

Telecare is a service that supports older and vulnerable people to live safely and independently in their own home through the use of simple sensors added to the Care Ring unit and pendant. Types of sensors include smoke detectors, flood detectors, fall sensors, medication dispensers and wandering alerts. The Telecare sensors are linked to the response centre and trained operators will respond as necessary to whichever sensor is activated.

Some Telecare services include a GPS location device that can be used outdoors to locate a customer's whereabouts and alert the response centre if they leave the area that is familiar to them.

The Telecare Just Checking system includes a number of motion sensors to detect how a person is moving around their home to help care staff to assess care needs. This service is usually only provided for a short period of time.

## Mobile Response Service

The mobile response service is for people who use Care Ring and Telecare services and who do not have a carer, family member or other person living locally who can be a key-holder and come to their aid if there is an emergency.

Summary of Feedback Form Responses

		Total for all Services			Care Ring/Telecare			Financial Assessments		
		No.	% Forms	% Reasons	No.	% Forms	% Reasons	No.	% Forms	% Reasons
	<b>Number of feedback forms</b>	<b>3,963</b>			<b>3,052</b>			<b>694</b>		
<b>Q .1.1</b>	<b>Impact on daily life</b>									
	Don't know	100	2.8%		63	2.3%		32	5.1%	
	Don't use/need service	169	4.7%		161	5.8%		7	1.1%	
	No	1,111	30.9%		853	30.8%		219	34.8%	
	Not significantly	17	0.5%		17	0.6%			0.0%	
	Yes	2,194	61.1%		1,672	60.4%		372	59.0%	
		<b>3,591</b>	<b>100.0%</b>		<b>2,766</b>	<b>100.0%</b>		<b>630</b>	<b>100.0%</b>	
	No answer	372			286			64		
		<b>3,963</b>			<b>3,052</b>			<b>694</b>		
	<b>Impact reasons</b>									
	Financially/can't afford	1,044	26.3%	33.8%	853	27.9%	36.2%	108	15.6%	22.4%
	Less disposable income	557	14.1%	18.0%	384	12.6%	16.3%	141	20.3%	29.2%
	Adversely affect physical mental health	148	3.7%	4.8%	55	1.8%	2.3%	34	4.9%	7.0%
	Feel won't get help when need it/reduced peace of mind	331	8.4%	10.7%	308	10.1%	13.1%	18	2.6%	3.7%
	Not affected now but worry about future bills etc.	82	2.1%	2.7%	43	1.4%	1.8%	31	4.5%	6.4%
	Provides/removed independence/ won't feel safe without service	351	8.9%	11.4%	313	10.3%	13.3%	28	4.0%	5.8%
	Still need service so pay	149	3.8%	4.8%	118	3.9%	5.0%	28	4.0%	5.8%
	Cancel service	213	5.4%	6.9%	174	5.7%	7.4%	26	3.7%	5.4%
	Won't be able to stay in own home	56	1.4%	1.8%	48	1.6%	2.0%	8	1.2%	1.7%
	Service not essential	15	0.4%	0.5%	11	0.4%	0.5%	1	0.1%	0.2%
	Decreased quality of life/ affect social & leisure activities	126	3.2%	4.1%	41	1.3%	1.7%	56	8.1%	11.6%
	Affect ability to complete household tasks	16	0.4%	0.5%	11	0.4%	0.5%	4	0.6%	0.8%
		<b>3,088</b>	<b>77.9%</b>	<b>100.0%</b>	<b>2,359</b>	<b>77.3%</b>	<b>100.0%</b>	<b>483</b>	<b>69.6%</b>	<b>100.0%</b>

		Total for all Services			Care Ring/Telecare			Financial Assessments		
		No.	% Forms	% Reasons	No.	% Forms	% Reasons	No.	% Forms	% Reasons
<b>Q. 1.2</b>	<b>Impact on services</b>									
	Cancel service	742	23.7%		614	26.0%		58	10.0%	
	Consider cancelling	608	19.4%		472	20.0%		99	17.0%	
	Reduce service	94	3.0%		16	0.7%		52	8.9%	
	May have to move	13	0.4%		9	0.4%		4	0.7%	
	Keep service	542	17.3%		443	18.7%		89	15.3%	
	No effect	886	28.3%		628	26.6%		229	39.3%	
	Yes	94	3.0%		69	2.9%		14	2.4%	
	Don't know	157	5.0%		113	4.8%		37	6.4%	
		<b>3,136</b>	<b>100.0%</b>		<b>2,364</b>	<b>100.0%</b>		<b>582</b>	<b>100.0%</b>	
	No answer	827			688			112		
		<b>3,963</b>			<b>3,052</b>			<b>694</b>		

<b>Q. 2.1</b>	<b>Impact on carers</b>									
	Yes	1,197	46.5%		880	45.5%		214	44.8%	
	No	1,183	46.0%		905	46.7%		229	47.9%	
	Not significantly	8	0.3%		8	0.4%			0.0%	
	Don't know	90	3.5%		60	3.1%		27	5.6%	
	No family or carers	94	3.7%		83	4.3%		8	1.7%	
		<b>2,572</b>	<b>100.0%</b>		<b>1,936</b>	<b>100.0%</b>		<b>478</b>	<b>100.0%</b>	
	No answer	1,391			1,116			216		
		<b>3,963</b>			<b>3,052</b>			<b>694</b>		

	Impact reasons	Total for all Services			Care Ring/Telecare			Financial Assessments		
		No.	% Forms	% Reasons	No.	% Forms	% Reasons	No.	% Forms	% Reasons
	Stress/worry for carer/family	463	11.7%	33.8%	365	12.0%	37.8%	70	10.1%	26.0%
	Family/carers have to take on more caring responsibilities	299	7.5%	21.8%	160	5.2%	16.6%	96	13.8%	35.7%
	Lose peace of mind that service user safe/not notified of incidents	313	7.9%	22.8%	297	9.7%	30.7%	14	2.0%	5.2%
	Unable to leave service user alone	33	0.8%	2.4%	29	1.0%	3.0%	2	0.3%	0.7%
	Affect mental/physical health of carer	43	1.1%	3.1%	12	0.4%	1.2%	15	2.2%	5.6%
	No longer able to continue being the carer	17	0.4%	1.2%	2	0.1%	0.2%	10	1.4%	3.7%
	No respite for carer	28	0.7%	2.0%	1	0.0%	0.1%	9	1.3%	3.3%
	Carer may have to give up work/reduce hours	14	0.4%	1.0%	6	0.2%	0.6%	6	0.9%	2.2%
	Carer not feel valued	2	0.1%	0.1%		0.0%	0.0%		0.0%	0.0%
	Sitter expected to do different tasks/reduced employment for sitters	6	0.2%	0.4%		0.0%	0.0%	2	0.3%	0.7%
	Carer/sitter a valued friend/support	8	0.2%	0.6%	1	0.0%	0.1%	1	0.1%	0.4%
	May lose paid carer or reduce the hours they work	8	0.2%	0.6%	3	0.1%	0.3%	4	0.6%	1.5%
	Have to pay for care outside the family	15	0.4%	1.1%	11	0.4%	1.1%	4	0.6%	1.5%
	Family live long distance away	66	1.7%	4.8%	50	1.6%	5.2%	14	2.0%	5.2%
	Affect family/carers financially	55	1.4%	4.0%	29	1.0%	3.0%	22	3.2%	8.2%
		<b>1,370</b>	<b>34.6%</b>	<b>100.0%</b>	<b>966</b>	<b>31.7%</b>	<b>100.0%</b>	<b>269</b>	<b>38.8%</b>	<b>100.0%</b>

		Shared Lives			Mental Health Day Services			Mental Health Housing Support		
		No.	% Forms	% Reasons	No.	% Forms	% Reasons	No.	% Forms	% Reasons
	<b>Number of feedback forms</b>	<b>85</b>			<b>105</b>			<b>27</b>		
<b>Q .1.1</b>	<b>Impact on daily life</b>									
	Don't know	4	5.6%			0.0%		1	3.7%	
	Don't use/need service	1	1.4%			0.0%			0.0%	
	No	18	25.0%		18	18.8%		3	11.1%	
	Not significantly		0.0%			0.0%			0.0%	
	Yes	49	68.1%		78	81.3%		23	85.2%	
		<b>72</b>	<b>100.0%</b>		<b>96</b>	<b>100.0%</b>		<b>27</b>	<b>100.0%</b>	
	No answer	13			9					
		<b>85</b>			<b>105</b>			<b>27</b>		
	<b>Impact reasons</b>									
	Financially/can't afford	27	31.8%	32.9%	47	44.8%	38.5%	9	33.3%	21.4%
	Less disposable income	10	11.8%	12.2%	14	13.3%	11.5%	8	29.6%	19.0%
	Adversely affect physical mental health	10	11.8%	12.2%	35	33.3%	28.7%	14	51.9%	33.3%
	Feel won't get help when need it/reduced peace of mind	1	1.2%	1.2%	2	1.9%	1.6%	2	7.4%	4.8%
	Not affected now but worry about future bills etc.	5	5.9%	6.1%	2	1.9%	1.6%	1	3.7%	2.4%
	Provides/removed independence/ won't feel safe without service	3	3.5%	3.7%	5	4.8%	4.1%	2	7.4%	4.8%
	Still need service so pay	1	1.2%	1.2%	2	1.9%	1.6%		0.0%	0.0%
	Cancel service	7	8.2%	8.5%	5	4.8%	4.1%	1	3.7%	2.4%
	Won't be able to stay in own home		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%
	Service not essential	3	3.5%	3.7%		0.0%	0.0%		0.0%	0.0%
	Decreased quality of life/ affect social & leisure activities	14	16.5%	17.1%	10	9.5%	8.2%	5	18.5%	11.9%
	Affect ability to complete household tasks	1	1.2%	1.2%		0.0%	0.0%		0.0%	0.0%
		<b>82</b>	<b>96.5%</b>	<b>100.0%</b>	<b>122</b>	<b>116.2%</b>	<b>100.0%</b>	<b>42</b>	<b>155.6%</b>	<b>100.0%</b>

		Shared Lives			Mental Health Day Services			Mental Health Housing Support		
		No.	% Forms	% Reasons	No.	% Forms	% Reasons	No.	% Forms	% Reasons
<b>Q. 1.2</b>	<b>Impact on services</b>									
	Cancel service	27	37.0%		38	40.0%		5	22.7%	
	Consider cancelling	17	23.3%		16	16.8%		4	18.2%	
	Reduce service	7	9.6%		12	12.6%		7	31.8%	
	May have to move		0.0%			0.0%			0.0%	
	Keep service	2	2.7%		8	8.4%			0.0%	
	No effect	10	13.7%		14	14.7%		5	22.7%	
	Yes	7	9.6%		4	4.2%			0.0%	
	Don't know	3	4.1%		3	3.2%		1	4.5%	
		<b>73</b>	<b>100.0%</b>		<b>95</b>	<b>100.0%</b>		<b>22</b>	<b>100.0%</b>	
	No answer	12			10			5		
		<b>85</b>			<b>105</b>			<b>27</b>		

<b>Q. 2.1</b>	<b>Impact on carers</b>									
	Yes	57	83.8%		37	53.6%		9	42.9%	
	No	9	13.2%		29	42.0%		11	52.4%	
	Not significantly		0.0%			0.0%			0.0%	
	Don't know	2	2.9%		1	1.4%			0.0%	
	No family or carers		0.0%		2	2.9%		1	4.8%	
		<b>68</b>	<b>100.0%</b>		<b>69</b>	<b>100.0%</b>		<b>21</b>	<b>100.0%</b>	
	No answer	17			36			6		
		<b>85</b>			<b>105</b>			<b>27</b>		

	Impact reasons	Shared Lives			Mental Health Day Services			Mental Health Housing Support		
		No.	% Forms	% Reasons	No.	% Forms	% Reasons	No.	% Forms	% Reasons
	Stress/worry for carer/family	7	8.2%	8.6%	18	17.1%	40.9%	3	11.1%	30.0%
	Family/carers have to take on more caring responsibilities	24	28.2%	29.6%	15	14.3%	34.1%	4	14.8%	40.0%
	Lose peace of mind that service user safe/not notified of incidents	2	2.4%	2.5%		0.0%	0.0%		0.0%	0.0%
	Unable to leave service user alone	1	1.2%	1.2%	1	1.0%	2.3%		0.0%	0.0%
	Affect mental/physical health of carer	13	15.3%	16.0%	3	2.9%	6.8%		0.0%	0.0%
	No longer able to continue being the carer	5	5.9%	6.2%		0.0%	0.0%		0.0%	0.0%
	No respite for carer	14	16.5%	17.3%	3	2.9%	6.8%	1	3.7%	10.0%
	Carer may have to give up work/reduce hours	1	1.2%	1.2%	1	1.0%	2.3%		0.0%	0.0%
	Carer not feel valued	2	2.4%	2.5%		0.0%	0.0%		0.0%	0.0%
	Sitter expected to do different tasks/reduced employment for sitters	4	4.7%	4.9%		0.0%	0.0%		0.0%	0.0%
	Carer/sitter a valued friend/support	5	5.9%	6.2%		0.0%	0.0%	1	3.7%	10.0%
	May lose paid carer or reduce the hours they work	1	1.2%	1.2%		0.0%	0.0%		0.0%	0.0%
	Have to pay for care outside the family		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%
	Family live long distance away		0.0%	0.0%	1	1.0%	2.3%	1	3.7%	10.0%
	Affect family/carers financially	2	2.4%	2.5%	2	1.9%	4.5%		0.0%	0.0%
		<b>81</b>	<b>95.3%</b>	<b>100.0%</b>	<b>44</b>	<b>41.9%</b>	<b>100.0%</b>	<b>10</b>	<b>37.0%</b>	<b>100.0%</b>

**Leeds City Council**  
**Adult Social Care Charging Review 2012/13**  
**Consultation and Engagement**  
**Report of the Service Expert Advisory Group**

**1. Introduction**

- 1.1. Members of the Service Expert Advisory Group have worked with Officers from Adult Social Care on the Charging Review 2012/13 since July 2012. We have continued to meet with Officers on a regular basis until the middle of March 2013.
- 1.2. This has taken us through the production of the Feedback Forms and information packs to the analysis of the outcomes of the consultation and engagement activity.
- 1.3. This report has been written by the group to provide details of the work that we have done and the influence that we have had on the proposals made by the Council.

**2. Summary**

- 2.1. Members of the group feel overall that the consultation that has been undertaken on the charging proposals have been robust, open and transparent, offering people a range of opportunities to have their say.
- 2.2. We understand the Council's current financial situation and the need to invest in services; however, we think that the services that people depend on for their very existence should not be charged for. Most services provided by the Council are to varying degrees optional, however personal care is different and people cannot choose to opt out of eating or of having essential personal care needs met.
- 2.3. As a group we think that it is good that Leeds currently charges less than its neighbouring authorities for adult social care services. We would encourage it continue to be a disabled friendly and compassionate city and exercise its discretion in what it charges for services.
- 2.4. We would ask, because of the concerns raised during the consultation process by service users, other stakeholders and members of the Service Expert Advisory Group, that changes are not implemented unless the impact can be measured.

**3. The Service Expert Advisory Group's Perspective on the Proposals.**

- 3.1. As members of the Service Expert Advisory Group we bring with us our own experience of using services or of caring for people who use services. Some of us represent other people or through our links in the community gain some understanding from people on how the proposals are affecting them now and may do so in the future.
- 3.2. This is an opportunity, therefore, to bring to the attention of Elected Members our views on the proposals and how it may significantly impact on people.
  - 3.2.1. Many people will not really have a choice about whether they will be able to afford the cost of the proposals. They will have to afford them as they need the services. People will make adjustments elsewhere in their lives which will have a negative impact on them, for example reducing their social activity. This will affect their quality of life and many disabled people already have a reduced quality of life. People have to have their basic needs met in order to remain living

at home. It is the opinion of the group that the Council will not know about these coping strategies until it is too late and the service user and their carer are in crisis.

- 3.2.2. If people do cancel services there will be a significant impact on them and on their carers and the Service Expert Advisory Group have serious concerns about this. A major concern is that the impact on individual lives will go unnoticed in many cases.
- There will be more of a reliance on Carers to meet the needs of the cared for person which in turn will have a negative impact on the health and wellbeing of the Carer. This could lead to carer breakdown and an increased demand on, and increased cost to, other parts of the service.
  - People will struggle to continue to live in the community without the support that they need, putting themselves at risk. Inevitably this will result in the individual requiring more intensive support over a period of time to continue to live in their own home, or will require a move to residential care.
  - In our experience we know that a number of people with mental health needs using day services do not have carers, so ceasing to use services will result in a number of people being isolated and ending up in crisis.
- 3.2.3. Respite sitting and Telecare alarms give carers peace of mind to leave their relative and get a break from unremitting and onerous twenty four hour unpaid responsibility of care. Carers feel guilty about experiencing stress and about needing to take a break, the break is however, essential for the mental and physical health of the carer. The ability of carers to continue with their role (this reducing the ultimate cost to Adult Social Care) will be significantly reduced if they do not receive as much support as possible.
- 3.2.4. There is less incentive for individuals to save as this will result in people having to either contribute or to contribute more towards the cost of their care, whilst people who have not saved generally make no financial contribution at all.
- 3.2.5. People may move from council services towards the voluntary sector services that are free or cheaper. We understand from Officers that a review of similar services that are commissioned from the Third Sector will be undertaken in the near future. However, as people who currently use adult social care services have not been consulted on the possibility of charges arising in the voluntary sector, it is important that the Council take this into account when implementing the charges for its own services.

#### **4. Key Messages from the Group based on the Consultation Outcomes**

- 4.1. The consultation with service users, members of mental health day services and other interested stakeholders has highlighted a number of impacts that the proposals may have.
- 4.2. Members of the group have been provided with full details of the analysis of the Feedback Forms and the key issues from other consultation activity. This has enabled members to decide what the key messages are that they would like to bring to the attention of the Executive Board. Details are provided below.
- 4.2.1. The responses to the Feedback Form have shown that the main issue raised by people is that they do not think that they will be able to afford the cost of the proposals. Some people are not in a position to cancel their services and so they will have no choice but to pay the charge. However, meeting the charges could have an impact on other vital activities that maintain them in their own home, for

example an opportunity to socialise and be active members of their local communities.

- 4.2.2. Some people will cancel services because of the proposed charge and this will have an impact on their health and wellbeing. If people do cancel services this will incur greater costs in the medium term as people's conditions/impairments get worse through a lack of support they will need to use more intensive and more expensive services. It is therefore very important that Adult Social Care makes sure that people who cease services are not putting themselves at risk. The impact of mental health service users ceasing services can lead to more dramatic responses. The report to Executive Board needs to note the impact on other services (noting the impact on health services and the ambulance service).
- 4.2.3. As there will be no financial assessment for people who receive CareRing services, Adult Social Care would be charging without any knowledge of people's ability to pay. It is not fair that people who only use CareRing services are not financially assessed and do not have access to reduced contributions to the cost of the service. However, we understand that the cost of financially assessing 10,000 people would divert resources and this could potentially have a detrimental effect on other services provided to meet people's needs. Therefore, the Council needs to make the service as affordable as possible and to give people information they can use to make sure they all have the welfare benefits they are entitled to.
- 4.2.4. People are being affected by a number of changes with rising costs (for example essential utilities like water and power and food), falling levels of benefits and lower wages, as examples. Whilst the group understands that there is not a good time to introduce charges, we would want the Council, when it plans to implement charges to take into account all these other things that are affecting service users.
- 4.2.5. Increased charges should be spread over as long a period as possible to give people a chance to adjust their budgets. It is important that there is a long lead in time between people being notified of the changes and the changes being implemented. The changes should not be introduced all at once.

## **5. How We Have Arrived at These Views and Opinions**

- 5.1. Terms of Reference were established for the Service Expert Advisory Group, full details of which can be obtained from Leeds City Council (please refer to reference on the last page of this report for details on how to obtain full Terms of Reference).
- 5.2. The Service Expert Advisory Group was asked to advise on four aspects of the Charging Review:
  - the accessibility and clarity of the publicity and explanations of the review process
  - the accessibility of the consultation process
  - the accessibility and clarity of the report of the consultation findings
  - the impact that the proposals will have on people that would be affected by any changes which would contribute to the Equality, Diversity, Cohesion and Integration Impact Assessment
- 5.3. To assist in this process Officers provided members of the group with details of the proposals, information on the potential financial impact on people and benchmarking undertaken with other local authorities, to facilitate our consideration of the issues and the impact they may have.

5.4. Throughout the main consultation period, September to December 2012, Officers provided members of the group with updates on the feedback from the consultation with service users, carers and other interested stakeholders. This offered the group a number of opportunities to raise issues in relation to the consultation process; discuss the potential impact on people of the proposals and other factors that may need to be considered alongside the proposals; and provide an opinion on how the Council could potentially mitigate against some of the negative impacts on people.

## **6. The Work of the Group**

### **6.1. The accessibility and clarity of the publicity and explanations of the review process.**

6.1.1. From mid-June to mid-August 2012, the group looked at the consultation documentation that had been prepared for distribution to service users and other interested stakeholders. The group contributed some key suggestions that improved the clarity of the documents and minimised the anxiety that they would raise with service users. For example, a front sheet of key messages and a separate sheet with contact details were introduced. Many suggestions were also made on points of detail.

### **6.2. The accessibility of the consultation process.**

6.2.1. Officers provided the group with details of the Community Engagement Strategy. The views of the group in relation to the process are:

- Consulting with a peer group (the Service Expert Advisory Group) was valuable and it brought together people in different circumstances and with different views
- Within the group there was a good range of representation and it was useful to have members who had been involved in previous reviews.
- Issues were raised at meetings and Officers acted on the recommendations of the group throughout the consultation period.
- The process was transparent and open and fully involved people.
- The benchmarking information was useful to understand the position of Leeds City Council in relation to other local authorities.
- It is important that service users do not worry about charges until they know exactly how they will be affected. It is important that accurate information is made available to people instead of stories in the media that frighten them, and the consultation process did this.
- We understood that Leeds City Council would not be able to speak to all of the approximately 22,000 people who received a copy of the consultation documentation, but we did have some concerns about not everyone being able to understand the issues. The other consultation options that were open to people including one-to-one meetings, the availability of interpreters and the drop-in sessions, helped to mitigate against this issue. Officers have taken these concerns into consideration for any communication on the implementation of any changes to the current Charging Policy, post Executive Board approval in April 2013.

### **6.3. The accessibility and clarity of the report of the consultation findings.**

6.3.1. The report prepared by the Council on the outcomes of the consultation process reflects the feedback that has been received from service users, carers and other stakeholders, as has been reported to us in the Service Expert Advisory Group.

6.3.2. The Council has been transparent in the reporting of issues arising through the consultation process.

- 6.3.3. In terms of accessibility, the report serves a purpose in collecting and analysing the feedback from stakeholders and reporting this to Officers within the Council and Elected Members. Officers of the Council have discussed the need to make the outcomes more accessible to people.
- 6.3.4. It has therefore been agreed that a summary of the inputs to and outcomes from the consultation will be written that will be accessible to the people of Leeds.
- 6.4. The impact that the proposals will have on people that would be affected by any changes.
- 6.4.1. The purpose of the consultation was to find out how the proposals would impact on services and the people who use them. The outcomes from the consultation can therefore feed directly into the Equality, Diversity, Cohesion and Integration Impact Assessment.
- 6.4.2. The feedback from the consultation has identified a number ways that the proposals could impact on service users, carers and/or family members, Adult Social Care services and the wider health and wellbeing sector.
- 6.4.3. The people who are in receipt of Adult Social Care services are older and disabled people and so there appears to be an immediate impact on identified sectors of the population of Leeds. Some of the feedback shows that people consider that charging is a tax on disability and on people who have the most need of services.
- 6.4.4. Within these broad categories, we have looked at whether there is a potential impact on people with other protected characteristics, such as age, gender and ethnicity, and the results of this work are reflected in the Equality, Diversity, Cohesion and Integration Impact Assessment.

**Note:**

A full copy of the Terms of Reference for the Service Expert Advisory Board can be obtained from:

Janet Somers  
Adult Social Care  
Merrion House  
110 Merrion Centre  
Leeds  
LS2 8QB  
Tel: 0113 2478690  
Email: [janet.somers@leeds.gov.uk](mailto:janet.somers@leeds.gov.uk)

## Summary of Original and Revised Charges

Service/ Customer Group	Original Proposal	Revised Proposal	Impact Mitigation	Actual Impact on Customers
<b>INCREASED CHARGES</b>				
People receiving financially assessed services	<p>Taking 100% of disposable income after allowances into account</p> <p>Adopting the same approach to assessing capital as for residential care (excluding the value of a person's home)</p>	<p>Same as original proposal</p> <p>Same as original proposal</p>	<p>A cap on the increase of:</p> <ul style="list-style-type: none"> <li>- £35 per week for the first six months</li> <li>- A further £35 per week for the next six months (£70 per week increase in total)</li> <li>- A further £35 for the next six months (£105 per week increase in total)</li> </ul>	<p>3,111 customers (55%) unaffected</p> <p>179 customers (3%) would face an increase of more than £50 per week when the capped charge transitional protection ends</p>
Mental Health Housing Support Services	£18.00 per hour for one to one support from a member of staff	Same as original proposal	<p>A cap on the increase of:</p> <ul style="list-style-type: none"> <li>- £35 per week for the first six months</li> <li>- A further £35 per week for the next six months (£70 per week increase in total)</li> <li>- A further £35 for the next six months (£105 per week increase in total)</li> </ul>	<p>70 customers expected to receive free services</p> <p>70 people expected to pay something towards their services</p> <p>30 people already receiving other services and may not pay any increase</p>
<b>NEW CHARGES</b>				
Telecare Level 1 (CareRing)	£3.84 per week (£3.20 plus VAT)	£2.50 with no VAT payable	<p>Phased implementation:</p> <ul style="list-style-type: none"> <li>- £1.25 per week for first 6 months</li> <li>- £2.50 per week thereafter</li> </ul>	<p>9,000 customers would pay £2.50 per week</p> <p>1,000 customers already receiving other services and may not pay any increase</p>

<b>Service/ Customer Group</b>	<b>Original Proposal</b>	<b>Revised Proposal</b>	<b>Impact Mitigation</b>	<b>Actual Impact on Customers</b>
Telecare Level 2 (peripheral monitors e.g. flood alerts, falls monitors)	£3.00 per week for the monitoring service £2.50 per week for equipment rental  £5.50 per week total charge	Same as original proposal  Not payable for people with eligible adult social care needs  £3.00 per week total charge	All existing customers financially assessed  Phased Implementation: - £1.50 per week for first 6 months - £3.00 per week thereafter	1,100 customers expected to receive a free service  1,500 people expected to pay something towards their service  1,400 customers already receiving other services and may not pay any increase
Telecare Level 3 (GPS system e.g.to alert if people wander)	£9.00 per week for the monitoring service £3.50 per week for equipment rental  £12.50 per week total charge	Same as original proposal  Not payable for people with eligible adult social care needs  £9.00 per week total charge	All existing customers financially assessed  Phased Implementation: - £4.50 per week for first 6 months - £9.00 per week thereafter	40 customers expected to receive a free service  60 people expected to pay something towards their service
Telecare “Just Checking” Service	£9.00 per week for the monitoring service £7.50 per week for equipment rental £16.50 per week total charge	Continue as a non-chargeable service	Not Applicable	Not Applicable
Telecare Mobile Response Service	£3.00 per week	Same as original proposal for Levels 2 and 3 customers  For Level 1 customers (not financially assessed) combined charge of £3.00 per week for Care Ring & the mobile response service	Telecare Level 2 and Level 3 customers financially assessed  Phased Implementation: - £1.50 per week for first 6 months - £3.00 per week thereafter	700 customers to be financially assessed and 300 of these expected to receive a free service  300 customers would pay combined Care Ring & mobile response charge of £3.00 per week

<b>Service/ Customer Group</b>	<b>Original Proposal</b>	<b>Revised Proposal</b>	<b>Impact Mitigation</b>	<b>Actual Impact on Customers</b>
Mental Health Day Services	<p>£9.00 per session for group work led by a member of staff</p> <p>£18.00 per hour for one to one support from a member of staff</p> <p>£5.00 per day transport to day care charge already in place for other client groups would also be applicable</p>	<p>Same as original proposal</p> <p>Same as original proposal</p> <p>Same as original proposal</p>	<p>All existing customers financially assessed</p> <p>Phased Implementation: <u>Group Session</u></p> <ul style="list-style-type: none"> <li>- £4.50 per session for first 6 months</li> <li>- £9.00 per session thereafter</li> </ul> <p><u>One to One Support</u></p> <ul style="list-style-type: none"> <li>- £9.00 per hour for first 6 months</li> <li>- £18.00 per hour thereafter</li> </ul>	<p>310 customers expected to receive free services</p> <p>340 customers expected to pay something towards their services, typically £9.00 per week for a group session</p> <p>30 people already receiving other services and may not pay any increase</p>
Shared Lives Services	<p>£13.00 per hour daytime support</p> <p>£14.50 waking night-time support</p>	<p>£7.80 per hour daytime support</p> <p>£9.30 waking night-time support</p>	<p>All existing customers financially assessed</p> <p>Phased Implementation:</p> <ul style="list-style-type: none"> <li>- £3.90 per week for first 6 months (£4.65 for waking night support)</li> <li>- £7.80 per week thereafter (£9.30 for waking night support)</li> </ul>	<p>120 customers expected to receive a free service</p> <p>160 people expected to pay something towards their service</p> <p>90 people already receiving other services and may not pay any increase</p>

## Impact of the Proposals on Typical Customers

### Financial Assessment Methodology Changes

#### Example 1

Mrs T owns her home. She has £150.00 retirement income per week, and housing costs of £12.00. Her disability related costs are £6.00 per week. She also has £20,000 in savings. She receives 10 hours of home care each week.

Mrs T currently has no contribution to make towards her home care service and that will not change with the proposed changes to the financial assessment methodology.

#### Example 2

Mr Y aged 35 lives with his parents. He has £112.05 Incapacity Benefit, £79.15 Disability Living Allowance care component and £5.80 Income Support. He also receives £55.25 mobility component. He has no housing costs but has disability related costs of £13.84 per week. He attends a day service for people with learning disabilities 5 days a week and receives transport there and back.

Mr Y would pay £9.70 per week towards his services with the proposed changes to the financial assessment methodology, an increase of 97p per week.

#### Example 3

Mrs S is over state pension age and owns her home. She has £200.00 in retirement income per week, and £79.15 high rate Attendance Allowance. She also has savings of £20,000. She has £13 per week housing costs and has disability related costs of £25 per week. She attends a day centre 2 days each week and receives transport there and back.

Mrs S would pay £56.25 per week towards her day care service with the proposed changes to the financial assessment methodology, an increase of £5.63 per week.

#### Example 4

Mrs H is over state pension age and owns her home. She has £235.15 retirement income per week and £79.15 Attendance Allowance. She has £32.96 housing costs. She also has £60,000 in savings. She receives 12 hours of home care each week.

Mrs H currently pays £156.00 per week towards her home care service and that will not change with the proposed changes to the financial assessment methodology.

## **New Charges for Care Ring and Telecare Services**

### Example 5

Mrs K rents her house and her rent is fully covered by Housing Benefit. She has £150.00 retirement income per week. Mrs K has the Care Ring alarm service but does not use any other adult social care services.

Mrs K currently has no contribution to make towards her Care Ring service. With the proposed charges she would pay £2.50 per week.

After a few years Mrs K develops dementia and a care assessment identifies that she has eligible social care needs. Mrs K has telecare equipment installed (a gas monitor and a flood alert) in addition to the Care Ring alarm service.

The charge for Mrs K's increased services is £3.00 per week. She has a financial assessment and is assessed not to contribute to her Care Ring or telecare service. As a result she ceases to pay the £2.50 Care Ring charge.

### Example 6

Mr D is over state pension age and owns his own home. Has £200.00 in retirement income per week, and £79.15 high rate Attendance Allowance. He also has savings of £20,000. He has £13 per week housing costs and has disability related costs of £25 per week. He has dementia and uses the telecare service, with a falls monitor, a flood alert and a falls sensor.

The charge for Mr D's service is £3.00 per week. He has a financial assessment and he will pay £3.00 per week for his telecare service.

## **New Charges for Mental Health Day Services**

### Example 7

Miss C is aged 55 and she rents her home. She receives £121.65 per week Employment Support Allowance and has housing cost of £3.25 per week. Miss C attends a mental health day service for one staff led group session each week.

The charge for Miss C's service is £9.00 per week. She has a financial assessment and is assessed not to contribute towards the cost of her day service.

### Example 8

Mr B is aged 47 and he rents his home. He receives £181.15 per week Employment Support Allowance, £53.00 per week Disability Living Allowance care component and £21.00 per week mobility component. Mr B pays £16.37 is housing costs. He attends a mental health day service and receives an hour's one to one support in week.

The charge for Mr B's service is £18.00 per week. He has a financial assessment and he will pay £18.00 per week for his day service.

## New Charges for Shared Lives Sitting Services

### Example 9

Mr and Mrs M rent their home. Mrs M is aged 75 and she cares for her 80 year-old husband who has Alzheimer's Disease. Mr M has a state pension of £127.80 per week and Attendance Allowance of £79.15 per week. Mrs M has a state pension of £66.00 per week and they have a joint Pension Credit award of £61.55 per week. They have £8,000 in savings. They have housing costs of £8.50 per week and disability related expenses of £9.50 per week. Mr M uses the Shared Lives home based sitting service for 3 hours each week to give his wife a break to spend the afternoon with her sister.

The charge for Mr M's service is £23.40 per week. Mr M currently has no contribution to make towards his Shared Lives home based sitting service and that will not change with the introduction of a charge for this service.

### Example 10

Mr W is 61 and he cares for his wife who has severely impaired mobility. Mrs M receives £112.05 Incapacity Benefit, £79.15 Disability Living care component and £55.25 mobility component each week. Mr W receives Carers' Allowance of £59.75 and they claim Income Support jointly of £40.00. They rent their home and have housing costs of £30.02 per week and disability related expenses of £3.50 per week. Mrs W uses the Shared Lives home based sitting service for 6 hours each week.

The charge for Mrs W's service is £46.80 per week. Currently Mrs W has no contribution to make towards his Shared Lives home based sitting service and that will not change with the introduction of a charge for this service.

### Example 11

Mrs Q is 72 and cares for her husband who has Vascular Dementia. Mr Q receives a state pension of £146.57, an occupational pension of £69.23 and Attendance Allowance of £79.15. Mrs Q receives a state pension of £119.26 and an occupational pension of £32.15. They have joint savings of £21,275.12. They rent their home. They have housing costs of £96.89 and disability related expenses of £11.35. Mr Q uses the Shared Lives home based sitting service for 6 hours each week.

The charge for Mr Q's service is £46.80 per week. He has a financial assessment and he will pay £21.78 per week towards his Shared Lives home based sitting service.

## Implications of Proposals on Customers who have been Financially Assessed

The table includes the impact of the proposed financial assessment methodology changes, increased charges for mental health housing support services and new charges for Care Ring, telecare, mobile response service, mental health day services and Shared Lives home-based sitting services for those customers who have already had a financial assessment.

	Number of Service Users Paying Increased Charges								Total Paying Increased Charge
	No Change	Less Than £5	£5 to £9.99	£10 to £19.99	£20 to £29.99	£30 to £49.99	£50 to £99.99	Over £100	
People of pensionable age	1,958	1,051	531	62	32	39	50	114	1,879
Working age adults	1,153	352	317	17	1	2	5	10	704
	3,111	1,403	848	79	33	41	55	124	2,583
	54.6%	24.6%	14.9%	1.4%	0.6%	0.7%	1.0%	2.2%	45.4%

	Number of Service Users Per Weekly Charge Range								Total Paying Charge
	Free Service	Less Than £5	£5 to £9.99	£10 to £19.99	£20 to £29.99	£30 to £49.99	£50 to £99.99	Over £100	
People of pensionable age	1,295	55	80	318	275	531	712	571	2,542
Working age adults	1,060	38	40	115	66	132	336	70	797
	2,355	93	120	433	341	663	1,048	641	3,339
	41.4%	1.6%	2.1%	7.6%	6.0%	11.6%	18.4%	11.3%	58.6%

### **Proposed Changes to Charges for Non-Residential Adult Social Care Services Working Group Summary for Consideration by the Executive Board**

#### **Purpose**

1. The purpose of this statement is to provide the Executive Board with additional comments from the working group established by the Scrutiny Board (Health and Wellbeing and Adult Social Care) to consider proposed changes to charges for Non-Residential Adult Social Care Services.

#### **Background**

2. In July 2012, Executive Board approved a consultation on proposed changes to charges for Non-Residential Adult Social Care Services.
3. The main consultation period ran between September 2012 and December 2012, and was supported by a Service Expert Advisory Group.
4. At its meeting on 27 March 2012, the Scrutiny Board (Health and Wellbeing and Adult Social Care) considered a report from the Director of Adult Social Services, which detailed the outcomes of the stakeholder consultation and engagement on the charging review for non-residential services. It was agreed that a working group of the Scrutiny Board would consider the revised proposals to be presented to the Executive Board on 24 April 2013.
5. The working group meeting was held on 12 April 2013. The following members of the Scrutiny Board were in attendance:
  - Cllr Sue Bentley
  - Cllr Clive Fox
  - Cllr John Illingworth (Chair)
  - Cllr Matthew Robinson
  - Joy Fisher (Co-opted member)
  - Betty Smithson (Co-opted member)
  - Emma Stewart (Co-opted member)
6. Apologies were received from a number of other members of the Scrutiny Board.
7. Members of the working group were assisted in their discussions and deliberations by:
  - Cllr. Lucinda Yeadon (Executive Board Member for Adult Social Care)
  - Steve Hume (Chief Officer, Resources and Strategy (Adult Social Services))
  - Ann Hill (Head of Finance (Adult Social Services))
  - Alden Chadwick (Charging Review Project Manager (Adult Social Services))
8. Members of the working group were presented with a copy of the proposed Executive Board report, which detailed the revised charging proposals and included the following appendices:
  - Benchmarking Data (Appendix 1)
  - Current Charges, Financial Assessment Methodology and Service Descriptions (Appendix 2)
  - Summary of Feedback Form Responses (Appendix 3)

- Consultation and Engagement: Report of the Service Expert Advisory Group (Appendix 4)
  - Summary of Original and Revised Charges (Appendix 5)
  - Impact of the Proposals on typical Customers (Appendix 6)
  - Implications on Proposals on Customers who have been Financially Assessed (Appendix 7)
  - Adult Social Care: Charging and Contributions Policy Framework (Appendix 8)
  - Care Ring and Telecare Eligibility Criteria and Prioritisation (Appendix 9)
  - Equality, Diversity, Cohesion and Integration Impact Assessment (Appendix 10)
9. Members were allowed time to read the full report and appendices, then proceeded to consider any issues on a page-by-page basis.

### **Summary of points raised**

10. Members considered the proposed Executive Board report on a page-by-page basis, and highlighted a number of issues, including the following:
- Members noted the feedback received on the original proposals: In particular 24% of respondents stating they would cancel their service and 19% of respondents stating they would consider cancelling their service. While it was recognised that the data was based on the original proposals, Members welcomed the proposal of risk assessments (and a benefits check) for all service users choosing to withdraw from the services offered.
  - Members also welcomed the proposal to discuss all potential options with service users considering withdrawing from services, noting that experience from other reviews suggesting some service users will opt for alternative service options (including Direct Payments).
  - Members noted the potential impact on other partners, in terms of potential greater calls on ambulances and hospital attendances / admissions. Recognising the proposals to undertake comprehensive risk assessments, Members noted that such potential risks could remain as a result of personal choice.
  - Members welcomed the proposed phasing-in of the proposed charges and noted that the proposed increases would not rise further until at least April 2015. Members also welcomed the capping elements of the proposals.
  - Some Members expressed some concern for the impact of the proposals on those service users who have already been financially assessed and would see charges increase by £50 per week or more, noting that around one third of the predicted level of additional income would be generated from 179 service users. It was again highlighted that alternative options for meeting the care needs of individuals would be discussed – including the use of direct payments – however Members suggested that further consideration should be given to reducing the impact of the proposals on this specific group of individuals likely to be affected.
  - With regard to the proposed changes for Mental Health Day Services, Members sought clarification around potential charges triggered by a ‘crisis event’. It was reported that charges could be triggered following assessment and agreement of an appropriate support package. Members were concerned and sought assurance that crisis events in themselves would not trigger a charge.
11. Some specific comments made in relation to the appendices presented. These are detailed below.

### Benchmarking Data (Appendix 1)

12. It was outlined that central government funding for Adult Social Services for all local authorities assumed individual levels of income generated through charging for services. It was confirmed that there was no central local authority database that facilitated comparative studies to be undertaken around adult social care charges.
13. It was recognised that one of the outcomes of discretion for individual local authorities to set their own terms for Adult Social Services policy, delivery and charges, was that true like-for-like comparisons were difficult to achieve.
14. It was noted that the Council has a maximum weekly charge policy in place – unlike a number of the other authorities (over 25% (5 from 18)) that had provided comparative charging data. It was also noted that the proposals did not include any increase to the maximum weekly charge.
15. There was some further reference to one third of the predicted level of additional income being generated from 179 people. It was highlighted that alternative options for meeting the care needs of individuals would be discussed – including the use of direct payments.

### Current Charges, Financial Assessment Methodology and Service Descriptions (Appendix 2)

16. There was some discussion around the level of ‘false alarms’ within the care ring service and the charging arrangements for such circumstances. While it was difficult to provide details of the levels of false alarms, it was confirmed that service users were not charged for false alarms – with charging based on having the service rather than the level of activity.

### Summary of Feedback Form Responses (Appendix 3)

17. As highlighted at the meeting of the Scrutiny Board (Health and Wellbeing and Adult Social Care) held on 27 March 2013, members again recognised the good response rate to the engagement and consultation activity undertaken. Members also welcomed the openness and transparency of the process.

### Consultation and Engagement: Report of the Service Expert Advisory Group (Appendix 4)

18. It was clarified that the proposed increases in charging would be implemented on a stepped basis over time to reflect the feedback from the consultation and engagement work undertaken.

### Summary of Original and Revised Charges (Appendix 5)

19. Members acknowledged the revised proposals represented increases less than those initially proposed.
20. While recognising the real impact of any proposals to increase charges, Members welcomed the genuine attempt to use the consultation and engagement process to help shape the final proposals to be recommended to the Executive Board.

### Impact of the Proposals on typical Customers (Appendix 6)

21. No specific comments were made in relation to Appendix 6.

### Implications on Proposals on Customers who have been Financially Assessed (Appendix 7)

22. No specific comments were made in relation to Appendix 7.

Adult Social Care: Charging and Contributions Policy Framework (Appendix 8)

23. For the purpose of clarification, there was some discussion about those elements covered under the chargeable and non-chargeable elements detailed in Appendix 8. There were no specific issues of concern identified.

Care Ring and Telecare Eligibility Criteria and Prioritisation (Appendix 9)

24. No specific comments were made in relation to Appendix 9.

Equality, Diversity, Cohesion and Integration Impact Assessment (Appendix 10)

25. Members were satisfied with the details presented in Appendix 10.

**Conclusions and recommendations**

26. The working group gave detailed consideration to the revised proposals and welcomed the service user engagement and consultation activity undertaken. Members acknowledged the genuine attempt to use the outcomes from the service user engagement and consultation activity to influence the final proposals.

27. Members recognised that the revised proposals represented increases less than those initially proposed and welcomed the attempts to limit the impact on service users.

28. Nonetheless, the working group recommends that, in considering the revised proposals, the Executive Board:

- a. Specifically considers the impact of the proposals on those service users who have already been financially assessed and would see charges increase by £50 per week or more; and,
- b. Through the proposals seeking to provide transitional protection, gives further consideration to reducing the impact of the proposals on this specific group of individuals likely to be affected.

# Adult Social Care

## Charging and Contributions Policy Framework

*[The headings for the new sections are highlighted in grey]*

### 1. Coverage

- 1.1. This policy framework covers all directly provided and commissioned Adult Social Care Services. The Framework contains sections on the following:
  - a. The Legislative Context for Charging
  - b. Council Policy and Guidance on Charging
  - c. Chargeable and Non-Chargeable Services
  - d. Charging Principles and Arrangements
  - e. Charging for Council Services Provided to External Organisations

### 2. The Legislative Context for the Provision of Community Care Services

- 2.1. The local authority has a duty to provide community care services to the residents of Leeds who have unmet eligible needs following an assessment. The Department of Health guidance '*Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010*', requires local authorities, at the start of every financial year, to determine what band of need it will meet. In Leeds it has been decided that any resident of Leeds who is deemed to have unmet community care needs which fall into the bands of either 'Substantial' or 'Critical', will be entitled to a service from the Council, subject to a financial assessment of their means.
- 2.2. Any resident of Leeds who has unmet community care needs which fall into the lower bands of 'low' or 'moderate', following a community care assessment, will be signposted to appropriate services in the community. These needs are not defined by law as eligible needs therefore no duty arises on the part of the Council to meet the need. However the local authority has a power to provide services to this group, but there is no statutory requirement that a service must be provided.
- 2.3. Legislation and guidance permits a local authority to deliver services to residents of Leeds with unmet eligible needs in a number of different ways i.e. personal budgets / direct payments, directly provided Council services, or via a commissioned service from a 3<sup>rd</sup> party.

### 3. The Legislative Context for Charging

#### 3.1. Powers

- 3.1.1. Under S17 of Health and Social Services and Social Security Adjudication Act 1983 the Local Authority has a power to 'recover such charges (if any) for (the service) as they consider reasonable.' This power relates to services for disabled people, care of mothers and young children, prevention of illness, care and after-care services, laundry facilities, meals and recreation for old people, home help services and services under S2 of the Carers and Disabled Children Act 2000.

#### 3.2. Duties

- 3.2.1. Under S22 of the National Assistance Act 1948 the Local Authority is required by law to recover the cost of residential accommodation. This is covered in detail

under the Charging for Residential Accommodation Guide (see statutory guidance below).

### **3.3. Statutory Guidance**

- 3.3.1. This policy framework is based on the following statutory guidance.
- 3.3.2. Fairer Charging Policies for Home Care and Other Non-residential Social Services – Department of Health, April 2013
- 3.3.3. Fairer Contributions Guidance 2010 - Department of Health, Nov 2010
- 3.3.4. Charging for Residential Accommodation Guide (CRAG) - Dept. of Health, April 2011 (as updated, usually annually)
- 3.3.5. Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care Guidance on Eligibility Criteria for Adult Social Care, - Department of Health, February 2010

### **3.4. Statutory Discretion**

- 3.4.1. For residential services the Council is required by the Charging for Residential Accommodation Guide to carry out a financial assessment to determine how much the customer can contribute towards the cost of their placement. There is little scope for discretion in the assessment.
- 3.4.2. For non-residential services the Fairer Charging guidance allows councils to decide whether to charge for services and there is quite significant scope for local discretion within the financial assessment

## **4. Council Policy and Guidance on Charging**

- 4.1. This policy framework is based on the following council policy and guidance.
  - a) Leeds City Council Fees and Charges Policy
  - b) Leeds City Council Fees and Charges Best Practice Guidance
- 4.2. The level of charges or customer contributions, and, where applicable, the financial assessment methodology, should support the strategic policies and objectives of the Council and the Adult Social Care service

## **5. Customer Context**

- 5.1. This charging and contributions policy makes a distinction between charges to external organisations and charges to customers with Adult Social Care needs.
- 5.2. Some customers will have unmet eligible social care needs and qualify for a personal budget, some will have unmet eligible needs and choose to self-fund, some will have chosen not to have a community care assessment and self-fund, and some will have needs below the eligibility threshold. Customers with a local authority managed personal budget may have some or all of their needs met through a directly-provided local authority service rather than through receiving a cash direct payment.

## **6. Scope of Charge-Setting Responsibility**

- 6.1. Adult Social Care has a responsibility to decide whether to charge for services and at what level in two circumstances:
  - a) Services provided to meet the eligible needs of customers as identified through a community care assessment (or CPA equivalent for mental health services)
  - b) Any other services directly provided by Adult Social Care

## **7. Personal Budget Customers**

- 7.1. For customers in receipt of a Personal Budget, their support plan will define the amount of their Personal Budget. This sum is available to the customer to buy their own care services.
- 7.2. Any services to meet the customer's eligible needs that are not charged for by the provider will have a nil value in the support plan.
- 7.3. Activities or trips that do not meet eligible needs are separate to the care package and any charges for these would be set by the service provider and paid for by the customer in addition to their contribution towards services meeting their eligible needs.
- 7.4. A financial assessment will be undertaken to determine how much, if anything, the customer can afford to contribute towards the cost of their care package. This assessed contribution is the charge to the customer for their care package, or the value of their support plan if this is lower.
- 7.5. The above applies to all Personal Budgets, whether provided in cash through a direct payment or through any other arrangements, including a local authority managed budget.

## **8. Customers not on a Personal Budget**

- 8.1. Customer charges for individual services are required for the time being until all customers are in receipt of a Personal Budget.

## **9. Chargeable and Non-Chargeable Services**

### **9.1. Chargeable Services**

- 9.1.1. Services will be chargeable by Adult Social Care if they meet **either** of the following criteria:
  - a) Any directly-provided or commissioned services provided to meet the eligible needs of people who have been through a care assessment (or CPA equivalent for mental health services) **and** are not included in the definition of statutory non-chargeable **or** discretionary non-chargeable services (see below)
  - b) Any other directly-provided or commissioned services that are not included in the definition of statutory non-chargeable **or** discretionary non-chargeable services (see below)

### **9.2. Statutory Non-Chargeable Services**

- 9.2.1. The services for which government regulation prevent charging currently are:
  - a) Services arranged and provided under Section 117 of the Mental Health Act 1983
  - b) Services to people with Creutzfeldt Jacobs Disease (CJD)
  - c) Services that are the responsibility of the health service, including intermediate care and continuing health care
  - d) Reablement support (up to 6 weeks), including support for people leaving hospital that might be provided outside a specific reablement service
  - e) Community equipment supplied to meet eligible social care needs
  - f) Adaptations to meet eligible social care needs for which the cost is less than £1,000
  - g) Social work support and occupational therapy
  - h) Assessment and care management services
  - i) Information and advice services

- j) Telecare equipment

### **9.3. Discretionary Non-Chargeable Services**

9.3.1. Adult Social Care defines two categories of discretionary non-chargeable services for the purpose of these principles:

- a) Primary Preventative Personal Support Services (PPPSS)
- b) Services where it is uneconomic to collect charges

#### **a) Primary Preventative Personal Support Services (PPPSS)**

9.3.2. Primary Preventative Personal Support Services are services that:

- a) provide general, non-specialised support with daily living skills, practical tasks or emotional support and
- b) prevent and / or delay a customer's social care needs from becoming substantial or critical and
- c) promote the quality of life of customers and their engagement with the community

#### **b) Services where it is uneconomic to collect charges**

9.3.3. It is uneconomic to charge for services where the cost of collecting charges is greater than the income generated from the charges.

## **10. Charging Principles and Arrangements**

### **10.1. General Principles**

- 10.1.1. Charges for Residential Services must be set in accordance with the Department of Health's Charging for Residential Accommodation Guide (CRAG). Charges should reflect the actual cost of the service.
- 10.1.2. Service Costs should be calculated in a standardised manner, in accordance with the Department of Health expenditure return (PSSEX1) methodology where applicable.
- 10.1.3. Differentials between charges or customer contributions in residential and community settings should not be so wide that customers' choices are unduly influenced by financial considerations.
- 10.1.4. Customers will be financially assessed to determine their ability to contribute towards the cost of services provided to meet their eligible social care needs (as part of their overall package of care).
- 10.1.5. Charges or contributions for non-residential Adult Social Care services will take account of charges levied by other councils so that people in Leeds are not unduly advantaged or disadvantaged compared to those living elsewhere.
- 10.1.6. Those charges that are not levied at the full cost of providing the service will be termed "customer contributions" rather than charges.
- 10.1.7. For any customer contributions set below the full cost of providing the service, the cost and / or charge should be identified for customers as well as their contribution.
- 10.1.8. Customers are expected to claim all benefits / sources of funding for which they are eligible.
- 10.1.9. Charges and customer contributions will normally be increased annually at the start of each financial year on an appropriate basis, subject to a review each year of their circumstances

10.1.10. The Director will have the discretion to waive or reduce charges or customer contributions in individual circumstances if considered appropriate.

#### 10.2. Responsibilities

- 10.2.1. For directly-provided and commissioned services for customers with eligible social care needs, Adult Social Care will calculate the cost, set the charge, calculate the customer contribution, and collect the income
- 10.2.2. For directly provided direct access / self-referral services, Adult Social Care will calculate the cost, set the charge, and collect the income.
- 10.2.3. For commissioned direct access / self-referral services, Adult Social Care will agree with service providers the appropriateness of charging and the amount to be charged, having regard to these charging principles.
- 10.2.4. For services which are not commissioned by the council, service providers will set and collect charges and retain the income.
- 10.2.5. It will be the service provider's responsibility to consult their customers on any new or increased charges and to have due regard to equality.

#### 10.3. Setting and Collecting Charges for Services to meet Eligible Social Care Needs

- 10.3.1. People with eligible needs are those who, following an assessment, are determined to have critical or substantial needs as determined by the Council's eligibility criteria with reference to the Prioritising Need in the Context of Putting People First guidance.
- 10.3.2. Charges for services for people with eligible needs will be set at the cost of providing the service, except:
- 10.3.3. where a lower charge is appropriate to ensure that people in Leeds are not unduly advantaged or disadvantaged compared with those living elsewhere or
- 10.3.4. there are specific service circumstances which would warrant it
- 10.3.5. Providers of commissioned services to meet eligible needs will be paid the gross amount required to provide the service by Adult Social Care as the income from customer charges will be collected by Adult Social Care and will not go to the provider.

#### 10.4. Setting and Collecting Charges for Direct Access / Self-referral Services

- 10.4.1. Customers are not financially assessed for these services and will all pay the same to use them.
- 10.4.2. Charge for these services will be set at a reasonable level that does not discourage use of the services.
- 10.4.3. Providers of commissioned services will be paid the net amount required to provide the service by Adult Social Care to take account of the income from customer charges that the provider will collect.
- 10.4.4. For customers referred to these services following a care assessment the charge will be included as part of the cost of their overall care package, which will be financially assessed.

#### 10.5. Customer Financial Assessment

- 10.5.1. Customers will not be financially assessed where charging all customers the same is permitted under the "Fairer Charging" guidance.

- 10.5.2. Customers will be offered welfare benefits advice and support in making benefit claims as part of their financial assessment.
- 10.5.3. Customers can request a review of their financial assessment through an appeals process.

## **11. Charging for Council Services Provided to External Organisations**

- 11.1. Adult Social Care provides some services to external organisations, for example carrying out a care assessment on behalf of another authority. The majority are provided to partner organisations, for example the NHS.
- 11.2. All services provided to and/or on behalf of external organisations should be charged for at full economic cost, except where this would:
  - a) compromise partnership / contractual arrangements
  - b) be uneconomic i.e. too expensive to administer or where charges levied on the directorate through a reciprocal approach would be higher than those levied on other organisations

## Care Ring and Telecare Eligibility Criteria and Prioritisation

### Eligibility criteria

Care Ring – Pendant alarm only

- Be a resident in the metropolitan district of Leeds.
- Anyone who is vulnerable or at risk or with a long term health condition.
- Ideally have a landline connection in their dwelling (in exceptional circumstances a wireless unit maybe fitted) and an electrical socket close to a phone point.
- Safeguarding issues ensuring the protection of vulnerable adults.
- Provide contact details two key-holders within 45 minutes response time.
- If they do not have anyone to act as key-holder, be willing to have a key safe installed or provide keys to be held in the secure place in order to use the Mobile Response Service.

Telecare – Additional peripherals

- As above
- A completed referral from a Health or Social Care professional or trusted assessor identifying the equipment required.

### Priority

Care Ring - aim to install the pendant and alarm unit within two working days in the following circumstances.

- Continuing Health Care funding.
- Hospital discharges
- Reablement
- Intermediate Care Team discharges
- Safeguarding
- Breakdown of a care package
- Police Links
- Sheltered schemes-identified as urgent by a professional

Telecare – aim to install the pendant and alarm unit within two working days in the following circumstances.

- Continuing Health Care funding.
- Hospital discharges
- Reablement
- Intermediate Care Team discharges
- Safeguarding
- Breakdown of a care package

All other Telecare or Care Ring referrals that have been assessed by a professional not falling within the above categories - aim to be installed within 20 days following the TSA guidelines.

All remaining self referrals for Care Ring pendant alarms will be installed within 28 days.

## Equality, Diversity, Cohesion and Integration Impact Assessment



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

This form:

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

<b>Directorate: Adult Social Care</b>	<b>Service area: Finance</b>
<b>Lead person: Janet Somers</b>	<b>Contact number: 0113 2478690</b>
<b>Date of the equality, diversity, cohesion and integration impact assessment: From July 2012 to March 2013.</b>	

<b>1. Title:</b> <b>Charging for Non-Residential Services</b>
Is this a:
<input type="checkbox"/> Strategy <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Service <input type="checkbox"/> Function <input type="checkbox"/> Other
Is this:
<input type="checkbox"/> New/ proposed <input checked="" type="checkbox"/> Already exists and is being reviewed <input type="checkbox"/> Is changing
(Please tick one of the above)

### 2. Members of the assessment team:

Name	Organisation	Role on assessment team e.g. service user, manager of service, specialist
Janet Somers	Adult Social Care	Specialist
Ann Hill	Adult Social Care	Specialist
Sue Ford	Leeds Local Involvement Network	Service User/Carer representative
Myrtle Oke		Service User/Carer representative
Joy Fisher	Alliance of Service Experts	Service User/Carer representative

Name	Organisation	Role on assessment team e.g. service user, manager of service, specialist
Maria Trainer	Mental Health Day Services	Service User/Carer representative
Jane Throssell		Service user/Carer representative
Shirley Parker		Service user/Carer representative
Paul Adderley		Service user/Carer representative
Mariam Akullo		Service user/Carer representative

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

Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 gives councils a discretionary power to charge adult recipients of non-residential services. The Act provides that councils need to take particular care to ensure that any charging policy is reasonable.

All councils have to follow Government guidance about the way they charge people for the services they get to help them carry on living in their own home. This is to make sure councils do not charge people more than they can afford.

Leeds City Council, like other local authorities has a policy document entitled `Adult Social Care: Charging and Contributions Policy Framework`. This policy sets out legislation, government guidance and principles that underpin the way that we charge for these services.

### 4. Scope of the equality, diversity, cohesion and integration impact assessment

(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

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

(please tick the appropriate box below)

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

#### Please provide detail:

Leeds City Council is proposing the following changes to its charging policy in respect of non-residential adult social care services:

1. To introduce a charge for services that are currently free
  - The Shared Lives Outreach and Day Support Services
  - CareRing and Telecare services
  - Mental Health Day Services
2. To increase the charge for Mental Health Housing Support Services

3. To change the financial assessment methodology to:

- decrease the capital threshold above which a person would pay in full for their care; and:
- take into account 100% of service user's disposable income (after allowances for daily, living, housing and disability related costs) as being available to contribute towards care services rather than the current 90%

Further details are provided in the report on the outcomes from the consultation and engagement which is available from Janet Somers, Adult Social Care.

<b>4b. Service, function, event</b>	
please tick the appropriate box below	
The whole service (including service provision and employment)	<input type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>
Procuring of a service (by contract or grant) (please see equality assurance in procurement)	<input type="checkbox"/>
<b>Please provide detail:</b>	

<p><b>5. Fact finding – what do we already know</b></p> <p>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.</p> <p>(priority should be given to equality, diversity, cohesion and integration related information)</p> <p>1. Government guidance on council's use of its discretionary powers to charge for non-residential social care services. Guidance was originally issued in September 2003 with a recent revision to the guidance issued in October 2010. The aim of the guidance is to help local authorities who decide to charge for any non-residential services to design reasonable and fair charging policies and to ensure greater consistency in charging policies.</p> <p>2. The charging for non-residential care services has been reviewed on three previous occasions – in 2003, 2008/09 and 2011. On each occasion consultation was undertaken and we have the feedback and outcomes from this activity. On each occasion, the outcomes from the consultation was reported to Executive Board as part of the information provided to help Elected Members reach a decision on the changes that were proposed. Different changes were proposed on each occasion so there is not direct correlation with the overall changes suggested as part of this 2012/13 review, however there are some</p>
--

overall key messages we have taken from the 2008/09 and 2011 reviews that have been included in the report on the outcomes of the 2012/13 consultation activity `Adult Social Care: Charging Review for non-residential services 2012/13. Report on the Community Engagement`, which is available from Janet Somers, Adult Social Care.

3. We have the Equality Impact Assessment from the 2011 consultation and the Equality Impact Screening Tool that accompanied the Executive Board report in July 2012.

4. Feedback and outcomes from the comprehensive consultation that has just been completed for the 2012/13 review of the charging policy. A copy of the report detailing the outcomes from the consultation and engagement is available from Janet Somers, Adult Social Care. The main outcomes from the consultation are as follows:

- A significant percentage of people believe that they cannot afford the proposed charges and the changes to the financial assessment methodology.
- A significant percentage of service users believe that they will need to reduce or cease services as a direct result of the proposals.
- A number of people believe that, where they have family carers or family that they are involved with, then it will have an impact on them as well.

5. Benchmarking with other Local Authorities. We undertook to obtain information from a number of other local authorities (neighbouring, core and comparator authorities) in relation to their position on charging for non-residential services. Not all local authorities responded and some authorities dealt with charging in a totally different way to Leeds, so we were not able to compare policies in all instances. However, where we were able to compare policies we found that:

- Leeds City Council's income from customer contributions remains lower than the core cities average.
- Most comparator authorities take 100% of disposable income (after allowances for daily living, housing and disability related costs) as being available to contribute towards care services compared with 90% in Leeds.
- All comparator authorities use the same approach to capital (savings and investments) as is used for residential care financial assessment methodology, but in Leeds higher capital thresholds are used.
- Most comparator authorities charge for CareRing, Telecare, Respite/sitting services and mental health day services.

6. Outcomes of the monitoring on the implementation of the 2011 changes to the charging policy for non-residential care services. Close monitoring took place to identify any customers who have ceased or reduced their service following the increase in charges. 89 (8%) of customers affected by the increases said that they wanted to cancel or reduce their services due to the charging increase. Subsequently 22 people decided to retain their service and the final cancellation percentage was 6%, almost all users of day care services. Those service users who actually cancelled their service were all followed up to ensure that they or their carer were not at risk. Many had found alternative services.

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

**Please provide detail:**

We have, in the main, information about the people who may potentially be affected by the proposals. In relation to people who have received a financial assessment, we have all of the equality and diversity information that they have chosen to share with the local

authority. The information has been obtained from the financial assessment which does not ask for information about people's sexuality.

We also have equality information in relation to the Shared Lives service.

Mental Health Day services, CareRing and Telecare services for which we are proposing to start charging for are all direct access services that do not require a care assessment, therefore there has not been a requirement to hold or try and collect comprehensive equality and diversity data.

We know that the people who access these services are either Carers, older and/or disabled people. We know that the people who use mental health day and housing support services have a disability and that people who use the Shared Lives services are Carers.

In terms of the people who use CareRing services we have gender and age information, but no other equality and diversity information.

**Action required:**

Mental Health Day services are currently being modernised. As part of this modernisation people will receive a care assessment where equality and diversity information will be obtained. For people who are eligible for adult social care services, they will receive a Financial Assessment which will also obtain equality and diversity information. This information will enable us to understand any impact on particular equality groups. We have recommended to the CareRing and Telecare services that they obtain relevant and proportionate equality and diversity information for people new to the service. It may not be possible to obtain information about current service users because of the number of people who currently use these services (14,599).

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

Yes

No

**Please provide detail:**

We have contacted those people who we believe will be directly impacted by the proposals, to inform them of the likely impact of the proposals and to ask their views, this included Carers in receipt of Shared Lives and members of Mental Health Day Services. All of the people who have received a financial assessment and are still in receipt of services have been contacted irrespective of whether they will be affected by the changes to the financial assessment methodology to ensure that they receive a clear and consistent message from the Council. We have consulted with a range of other stakeholders including Third Sector organisations, NHS Commissioning and Provider organisations, Members of staff, Elected Members, Chief Executives of ALMOs, Supporting People Alarm Call Providers, Voluntary Sector Mental Health Service Users, Carer, Social Care Forum for Race Equality.

Throughout the process we have worked with a Service Expert Advisory Group to ensure accessibility of our communications and opportunities for people to have their say. The membership of the group included older people, carers and people with disabilities (mental health, learning disability, physical disability).

**Action required:**  
None

**7. Who may be affected by this activity?**  
please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

**Equality characteristics**

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

(for example – marriage and civil partnership, pregnancy and maternity, social class, income, unemployment, residential location or family background, education or skills level)

**Please specify:**  
Adult Social Care provides services to older and disabled people and so we know that older and disabled people will be affected by the proposals. In addition the proposals may have an impact on Carers both as people who use services and as people who provide `informal` support to service users.

**Stakeholders**

<input checked="" type="checkbox"/> Services users	<input type="checkbox"/> Employees	<input type="checkbox"/> Trade Unions
<input checked="" 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 type="checkbox"/> Location of premises and services
--	--

<input checked="" type="checkbox"/>	<b>Information and communication</b>	<input checked="" type="checkbox"/>	<b>Customer care</b>
<input checked="" type="checkbox"/>	<b>Timing</b>	<input checked="" type="checkbox"/>	<b>Stereotypes and assumptions</b>
<input checked="" type="checkbox"/>	<b>Cost</b>	<input checked="" type="checkbox"/>	<b>Consultation and involvement</b>
<input type="checkbox"/>	<b>specific barriers to the strategy, policy, services or function</b>		
<b>Please specify</b>			

<p><b>8. Positive and negative impact</b> 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</p>
<p><b>8a. Positive impact: Cost and Customer Care</b></p> <p>The financial assessment has positive benefits for service users – Visiting Officers will undertake a benefits check and also assist in the claiming of benefits. The additional income will be re-invested into adult social care services which will benefit the citizens of Leeds. In addition, some stakeholders noted that charging for services may result in service users having some ownership of these services and result in them having more of an interest in the quality of the services.</p>
<p><b>Action required: Cost and Customer Care</b></p> <p>Promotion of the financial assessment process to increase take up of this assessment.</p>

<p><b>8b. Negative impact: Cost and Customer Care</b></p> <p>Some people will pay more for their services but only up to what the financial assessment says that they can afford, except for people who only use the Care Ring service. The financial assessment process will include a benefits check and support in making claims. The people that we provide services to are older and disabled people. In looking at the data that we have in relation to people who receive services, the people who will most affected will be older people. Older people are more affected because they generally have higher incomes and higher savings. These are fixed factors that we cannot change.</p>
<p><b>Action required:</b></p>

We have developed proposals that will help to mitigate against the possibility that people will choose to reduce or cancel their services. A procedure for assessing the impact on service users of any cessation of services has been developed to ensure that any risks/potential risks to the customer or their carer are identified and addressed. A review will be undertaken 6 months after any implementation of the proposals to look at the impact that the changes may have had on service users and the services generally. The Director of Adult Social Services has discretion to waiver/reduce fees based on individual circumstances.

Prior to the implementation of any agreed proposals, members of staff working with service users and carers will be briefed on the proposals and reminded to be alert for any changes to people's circumstances, such as no heating on in cold weather, no/limited amount of food in the house.

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

Yes  No

Please provide detail:

Action required:

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

Yes  No

Please provide detail:

Action required:

**11. Could this activity be perceived as benefiting one group at the expense of another?**

Yes  No

Please provide detail:

Action required:

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

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

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>
<b>Cost</b> To propose a revised (lower) charge for the CareRing service.	Recommendation to be made to Executive Board in April 2013	Content of the report and approval by Executive Board.	Ann Hill
<b>Cost</b> To remove the cost of renting the CareRing and Telecare equipment for people who are eligible for Adult Social Care Services.	Recommendation to be made to Executive Board in April 2013	Content of the report and approval by Executive Board.	Ann Hill
<b>Cost</b> On review of the costs associated with the Shared Lives service, to exclude assessment and care management costs, thereby reducing the cost of the service. This will address affordability issues.	Recommendation to be made to Executive Board in April 2013	Content of the report and approval by Executive Board.	Ann Hill
<b>Cost</b> Promote the financial assessment for people who have chosen not to have one so far.	On-going and as required.	We know who the individuals are who may be affected so we can monitor the increased uptake from this group of people	Ann Hill

Action	Timescale	Measure	Lead person
<b>Cost and Customer Care</b> On review of the purpose of the `Just checking` Telecare service, to alter the initial proposals and propose that no charge is made.	Recommendation to be made to Executive Board in April 2013	Content of the report and approval by Executive Board.	Ann Hill
<b>Cost and Customer Care</b> To propose that people using mental health day services receive a financial assessment to identify their ability to contribute towards the cost of the services.	Recommendation to be made to Executive Board in April 2013	Content of the report and approval by Executive Board.	Ann Hill
<b>Cost and Customer Care</b> To implement Director's Discretion to waiver/reduce contributions as appropriate and based on individual circumstances.	Already in place and will be on-going	The number of applications to the Director of Adult Social Services	Ann Hill
<b>Cost and Customer Care</b> As people's income falls, for example due to the benefits changes, they will need and receive a financial re-assessment and their contribution will reduce.	Already in place and will be on-going	The number of people who receive a re-assessment due to a change in financial circumstances.	Ann Hill

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>
<p><b>Cost and Customer Care</b> To ensure that assessment staff are appropriately trained/briefed to provide a clear and consistent message around disability related expenses. Training will focus on how members of staff undertaking financial assessments can encourage service users to provide full information on expenses relating to their disability or frailty.</p>	<p>By the time that the policy is implemented</p>	<p>Feedback through the comments and complaints process; feedback through the customer satisfaction questionnaires.</p>	<p>Ann Hill</p>
<p><b>Cost, Customer Care and Timing</b> To implement the charges for CareRing and Telecare, Mental Health Day Services and the Shared Lives services on a phased basis to address the affordability concerns</p>	<p>Recommendation to be made to Executive Board in April 2013. Start to implement 1<sup>st</sup> January 2014 Phasing in to July 2014.</p>	<p>Content of the report and approval by Executive Board.</p>	<p>Ann Hill</p>
<p><b>Customer Care and Timing</b> Review the impact of the policy on people who use non-residential services. To include any potential service users who decline a service.</p>	<p>From the date that information is provided to service users about changes to a minimum of 6 months after.</p>	<p>The number of people who have ceased services. The number of people who have reduced their services</p>	<p>Ann Hill</p>

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>
<p><b>Customer Care</b> To inform members of staff working with service users and carers of the changes to the Charging Policy, should they be agreed at Executive Board and to ask them to be aware of any potential</p>	<p>Prior to implementation of the changes</p>	<p>Briefing document sent out to members of staff.</p>	<p>Ann Hill Janet Somers</p>
<p><b>Consultation and Involvement, Information and communication</b> Provide Service Users with an additional opportunity to let us know what impact any changes may have on them.</p>	<p>Post approval from Executive Board and pre-implementation of the changes.</p>	<p>Letter sent to all Service Users who will be potentially affected by the proposals. Number of people who utilise this opportunity.</p>	<p>Janet Somers</p>
<p><b>Information and communication</b> Ensure that our communications with service users are clear and appropriate. Involve the Service Expert Advisory Group and Editorial Board to advise on the communications.</p>	<p>Post Executive Board approval – letters/information to go out to service users and carers about the decisions.</p>	<p>Number of people that contact the helpline (post letter send out)</p>	<p>Ann Hill Janet Somers</p>
<p><b>Information and communication</b> To liaise with carers on behalf of service users where requested by the service user.</p>	<p>Post Executive Board approval – letters/information to go out to service users and carers about the decisions.</p>	<p>Complaints received</p>	<p>Ann Hill Janet Somers</p>

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>
<p><b>Information and communication</b> Need to communicate how the benefits for Leeds City Council on the implementation of the proposals will be realised – “more and better services”. We need to be able to show how the extra income has been used.</p>	<p>On an on-going basis starting with the initial feedback from the consultation.</p>		<p>Ann Hill</p>
<p><b>Impact on Carers</b> Review the carers respite aspects of the provision of day care services to ensure that carers are not negatively impacted upon</p>	<p>Identify carer respite – review the implementation of this aspect of the policy up to 6 months after implementation.</p>	<p>Work has been completed within the timescale.</p>	<p>Ann Hill</p>
<p><b>Information and communication and Stereotypes and assumptions</b> Produce transparent clear policies around charging issues – use of disability related expense.</p>	<p>On-going and as required</p>	<p>That the policy is produced and the views of the Service Expert Advisory Group and the Editorial Board are taken into account.</p>	<p>Ann Hill</p>

<b>13. Governance, ownership and approval</b> State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment		
Name	Job Title	Date
Steve Hume	Chief Officer, Adult Social Services, Resources and Strategy	21 <sup>st</sup> March 2013

<b>14. Monitoring progress for equality, diversity, cohesion and integration actions</b> (please tick)	
<input type="checkbox"/>	As part of Service Planning performance monitoring
<input checked="" type="checkbox"/>	As part of Project monitoring
<input type="checkbox"/>	Update report will be agreed and provided to the appropriate board Please specify which board
<input type="checkbox"/>	Other (please specify)

<b>15. Publishing</b>	
This Equality, Diversity, Cohesion and Integration impact assessment will act as evidence that due regard to equality and diversity has been given.	
If this impact assessment relates to a <b>Key Delegated Decision, Executive Board, full Council</b> or a <b>Significant Operational Decision</b> a copy should be emailed to Corporate Governance and will be published along with the relevant report.	
A copy of <b>all other</b> Equality and Diversity, Cohesion and Integration impact assessment's should be sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a> . For record keeping purposes it will be kept on file (but not published).	
<b>Date impact assessment completed</b>	<b>20<sup>th</sup> March 2013</b>
If relates to a Key Decision – <b>date sent to Corporate Governance</b>	<b>27<sup>th</sup> March 2013</b>
Any other decision – <b>date sent to Equality Team (equalityteam@leeds.gov.uk)</b>	